

Borough of Somerset

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT— Applicant to complete all items in sections: I, II, III, IV, and IX

I. LOCATION OF BUILDING

AT (LOCATION) _____ (No.) _____ (Street) _____ ZONE _____

BETWEEN _____ (Cross Street) _____ AND _____ (Cross Street) _____

SUBDIVISION _____ LOT SIZE _____

MAP NO. _____ PARCEL NO. _____ LOT _____ BLOCK _____

II. TYPE AND COST OF BUILDING - All applicants complete

A. TYPE OF IMPROVEMENT

- 1 New Building
- 2 Addition (If residential, enter number of new housing units added, if any in part D, 13)
- 3 Alteration (See 2 above)
- 4 Repair, replacement
- 5 Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
- 6 Moving (relocation)
- 7 Foundation Only

B. OWNERSHIP

- 8 Private (individual, corporation, nonprofit institution, etc.)
- 9 Public (Federal, State, or Local Government)

C. COST

10. Estimated cost to include below:

- | | |
|------------------------------------|----|
| a. Electrical | \$ |
| b. Plumbing | \$ |
| c. Heating, air conditioning | \$ |
| d. Other (elevator, etc.) | \$ |

11. Total Cost of Improvement ... \$

(Omit cents)

D. PROPOSED USE—For “wrecking” most recent

Residential

- 12 One Family
- 13 Two or more family -
Enter number of units _____
- 14 Transient hotel, motel, or dormitory -
Enter number of units _____
- 15 Garage
- 16 Carport
- 17 Other - Specify _____

Nonresidential

- 18 Amusement, recreation
- 19 Church, other religious
- 20 Industrial
- 21 Parking garage
- 22 Service Station, repair garage
- 23 Hospital, institutional
- 24 Office, bank, professional
- 25 Public utility
- 26 School, library, other educational
- 27 Stores, mercantile
- 28 Tanks, towers
- 29 Other - Specify _____

Describe in detail proposed construction project:

III. CHARACTERISTICS OF BUILDING

E. DIMENSIONS

- 30. Number of stories
- 31. Total square feet of floor area, all floors, based on exterior Dimensions
- Length**
- Width**
- Height**

32. Total Land Area

F. NUMBER OF OFF STREET PARKING SPACES

33. Enclosed _____ 34. Outdoors _____

G. RESIDENTIAL BUILDINGS ONLY

- 35. Number of bedrooms _____
- 36. No. of bathrooms - Full _____ Partial _____

OFFICE USE

PERMIT NUMBER _____

DATE ISSUED _____

APPROVED BY: _____

Date entered into database _____ by _____

USE GROUP _____

CONSTRUCTION TYPE _____

LIVE LOADING _____

OCCUPANCY LOAD _____

Permit Number _____

Location _____

Name _____

Date _____

IV. IDENTIFICATION - To be completed by all applicants

Owner or Applicant

Name _____ Phone No. _____
Address _____ Fax No. _____
City _____ State _____ Zip _____ Cellular No. _____
Email address _____

Contractor

Name _____ Phone No. _____
Address _____ Fax No. _____
City _____ State _____ Zip _____ Cellular No. _____
Email address _____ PA Registration No. _____

Architect or Engineer

Name _____ Phone No. _____
Address _____ Fax No. _____
City _____ State _____ Zip _____ Cellular No. _____
Email address _____

The Borough of Somerset requires a minimum of 30 days for plan review before issuance of building permit.

Must be signed

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Print Name of Applicant/Owner

Signature of Applicant/Owner

Address

Application Date

**Borough of Somerset
PO Box 71
347 West Union St.
Somerset, Pa 15501
Phone: (814) 445-5595 Fax: (814) 445-3931
www.somersetborough.com**

IX. SITE OR PLOT PLAN - For applicant use. Show lot lines and set backs



