

BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN SIGNED



BEAVER COUNTY

All applicable items below must be completed

This side: OFFICE USE ONLY

| | | | | |
|---|--|--|---|------------------|
| DATE | | RECEIPT NO. | DATE ISSUED | PERMIT NUMBER |
| PROPOSED USE OF STRUCTURE | | BUILDING FEE SCHEDULE | | |
| BUILDING ADDRESS | | Square Ft. of Building Valuation | | |
| ADDRESS CERTIFICATE NUMBER | | <input type="checkbox"/> Rough Basement | Building Fees | |
| ASSESSORS PARCEL NO. | | <input type="checkbox"/> Finish Basement | Plan Check Fees | |
| LOT# | | Carport sq. ft. | Electrical Fees | |
| BLOCK | | Garage sq. ft. | Plumbing Fees | |
| SUBD. NAME & NUMBER | | Other | Mechanical Fees | |
| PROPERTY LOCATION | | Type of Bldg. | Water | |
| TOTAL PROPERTY AREA - IN ACRES OR SQ. FT. | | No. of Dwellings | No. of Buildings | Sewer |
| OWNER OF PROPERTY | | PHONE | No. of Stories | Strom Sewer |
| MAILING ADDRESS | | CITY | Max. OCC Load | Moving or Demo. |
| BUSINESS NAME ADDRESS | | BUSINESS LICENSE NO. | Fire Zone | Temp. Connection |
| ARCHITECT OR ENGINEER | | PHONE | Fire Sprinklers Req. <input type="checkbox"/> YES <input type="checkbox"/> NO | Reinspection |
| GENERAL CONTRACTOR | | PHONE | Building Inspector Signature | Other |
| BUSINESS ADDRESS | | STATE LIC. NO. | Comments | Other |
| ELECTRICAL CONTRACTOR | | PHONE | Plan Check Ok'd by | Total |
| BUSINESS ADDRESS | | STATE LIC. NO. | Special Approvals | Required |
| PLUMBING CONTRACTOR | | PHONE | Board of Adjustment | Received |
| BUSINESS ADDRESS | | STATE LIC. NO. | Health Dept. | Not Required |
| MECHANICAL CONTRACTOR | | PHONE | Fire Dept. | |
| BUSINESS ADDRESS | | STATE LIC. NO. | Soil Report | |
| PREVIOUS USE OF LAND AND OR STRUCTURE | | | Water or Well Permit | |
| DEWELL UNITS NOW ON LOT | | ACCESSORY BLDGS. NOW ON LOT | Electrical Dept. | |
| TYPE OF IMPROVEMENT/KIND OF CONST. | | | Flood Control | |
| <input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish | | | Sewer or Septic Tank | |
| NO. OF OFF STREET PARKING SPACES | | | Engineer (off site) | |
| SUB-CHECK | | ZONE | Gas | |
| COVERED | | UNCOVERED | Comments | |
| Disapproved | | Approved by _____ | Bond Required <input type="checkbox"/> YES <input type="checkbox"/> NO | Amount |
| Sub. Ck. By _____ | | Date | Signature of Approval | |

This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be compiled with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

NOTE: All inspections require 24 Hour Notice

Signature of Contractor or Authorized Agent _____ Date _____

Signature of Owner (if owner) _____ Date _____

| Setbacks in Feet | | | |
|------------------|------|------|------|
| Front | Side | Side | Rear |
| | | | |

Indicate Street if Corner Lot

