



# NEW STANTON

*All Roads Lead Home*

## Permit Application for Accessory Structures & Misc. Changes to Existing Structures

Application Date \_\_\_\_\_ Application Number \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number City State Zip Code

Application is hereby made to:

☐ Use ☐ Erect ☐ Repair ☐ Alter ☐ Extend ☐ Remove ☐ Demolish ☐ Change use of  
a structure or land located at \_\_\_\_\_ Borough of New Stanton for:

Residence ☐ Commercial Business ☐ Accessory Building ☐ Industry ☐ Other ☐  
at an estimated cost of \$ \_\_\_\_\_

Please write description of the project for this property, for which application is made herewith, is submitted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area zoned (as of this date) \_\_\_\_\_ Tax Map No \_\_\_\_\_

Use for which application is made is: Permitted ☐ Special Exception ☐ Conditional ☐

A plot plan ☒ is attached ☐ is not attached Floor plans ☒ are included ☐ are not

Plans ☐ have ☒ have not been approved by the Pennsylvania Department of Labor

**Disposition of Application** ☐ Approved ☐ Denied

If denied, state Ordinance number or name, article, section, subsection, paragraph on which denial of application is based.

**STATEMENT OF APPLICANT:** I do hereby agree to observe and adhere to any and all provisions of the Zoning Ordinance and Building Code of the Borough of New Stanton, Pennsylvania, where applicable under the issuance of this Building or Zoning Permit. And I do further agree that my failure to do so shall constitute a violation of this Permit, which Violation shall cause this Permit to become Null and Void, upon receipt of notification to that effect, in writing, from the Code Enforcement Officer or other Duly Authorized Agent of the Borough of New Stanton, Pennsylvania.

\_\_\_\_\_  
*Owner Signature*

OR

\_\_\_\_\_  
*Agent of Owner*

Date Issued \_\_\_\_/\_\_\_\_/20\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Payment Received \_\_\_\_\_  
Signature Title

Permit Issued by \_\_\_\_\_  
Signature Title



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*All Roads Lead Home*

*Both sides of application to be completed*

## APPLICANT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

ALTERNATE PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

PAGER ( ) \_\_\_\_\_

## OWNER (IF SAME AS APPLICANT CHECK ☐)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

ALTERNATE PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

PAGER ( ) \_\_\_\_\_

## CONTRACTOR (IF SAME AS APPLICANT CHECK ☐)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

ALTERNATE PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

PAGER ( ) \_\_\_\_\_

## LOCATION

PROPERTY LOCATED AT \_\_\_\_\_

CITY \_\_\_\_\_

ZIP \_\_\_\_\_

BETWEEN \_\_\_\_\_

(Cross Street)

AND \_\_\_\_\_

(Cross Street)

SUBDIVISION \_\_\_\_\_

PARCEL # \_\_\_\_\_

ZONING \_\_\_\_\_

TAX MAP # 09- \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_

DEED BOOK \_\_\_\_\_

VOLUME \_\_\_\_\_

OWNED SINCE \_\_\_\_\_

## TYPE OF SEWAGE

- ☐ ON LOT
- ☐ PUBLIC
- ☐ NOT APPLICABLE

## TYPE OF WATER

- ☐ PRIVATE
- ☐ PUBLIC
- ☐ NOT APPLICABLE

SEWAGE VERIFICATION REQUIRED AT TIME OF BUILDING PERMIT ISSUANCE



PROJECT DESCRIPTION

RESIDENTIAL

- ☐ 01 HOUSE
- ☐ 02 ADDITION
- ☐ 03 REMODELING
- ☐ 04 GARAGE
- ☐ 05 PORCH, PATIO, DECK
- ☐ 06 SWIMMING POOL
- ☐ 07 SHED OR STORAGE

COMMERICAL (BUSINESS)

- ☐ 10 BUILDING
- ☐ 11 ADDITION
- ☐ 12 REMODLING

(INDUSTRIAL)

- ☐ 20 BUILDING
- ☐ 21 ADDITION
- ☐ 22 REMODELING

OTHER

- ☐ 60 CELL TOWER
- ☐ 60 TANK
- ☐ 60 MISC. (DESCRIBE) \_\_\_\_\_
- ☐ 60 EXEMPT BUILDING \_\_\_\_\_
- ☐ 70 DEMOLITION

COST OF IMPROVEMENT \_\_\_\_\_

BUILDING MEASUREMENTS

Length \_\_\_\_\_  
Width \_\_\_\_\_  
Height \_\_\_\_\_

SQUARE FOOTAGE OF PROPOSED STRUCTURE

BASEMENT \_\_\_\_\_  
1<sup>ST</sup> FLOOR \_\_\_\_\_  
2<sup>ND</sup> FLOOR \_\_\_\_\_  
DECK \_\_\_\_\_  
GARAGE \_\_\_\_\_  
OTHER ENCLOSED AREAS \_\_\_\_\_

TOTAL \_\_\_\_\_

IN ADDITION TO THIS APPLICATION THE FOLLOWING IS REQUIRED

- \_\_\_\_\_ PLOT PLAN (must match building plans for proposed structure)
- \_\_\_\_\_ Two complete sets of building plans
- \_\_\_\_\_ Copy of Deed for property
- \_\_\_\_\_ Copy of Workers Compensation Insurance (If applicable)
- \_\_\_\_\_ PA ONE CALL serial # \_\_\_\_\_  
(1-800-242-1776)

*Building permit fee is to be paid when permit is issued*

Applications that are incomplete or that do not contain all the requested information will be rejected until the requested information or documentation is received.

**We require a 24 hr. notice on all inspections.**

For an inspection please call (724)493-7793 daytime (724)468-0475 evenings Inspections can only be performed after 5:00 Pm on weekdays and on weekends. Mike Stack Building Inspector

Signature of Person Completing This Form \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Date Received	Date Issued	Control #	Permit #
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Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 \_\_\_\_\_  
 Owner in Fee \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Tele. ( \_\_\_\_\_ ) Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

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Administrative Surcharge	
Minimum Fee	
Fee	
<b>TOTAL FEE</b>	

JOB SUMMARY (Office Use Only)			
PLAN REVIEW		Date	Initial
<input type="checkbox"/>	No Plans Required	_____	_____
<input type="checkbox"/>	All	_____	_____
<input type="checkbox"/>	Footings	_____	_____
<input type="checkbox"/>	Foundation	_____	_____
<input type="checkbox"/>	Frame	_____	_____
<input type="checkbox"/>	Other	_____	_____
Joint Plan Review Required:			
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator
SUBCODE APPROVAL			
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO
<input type="checkbox"/>	CA	<input type="checkbox"/>	CA
Date: _____			
Approved by: _____			
_____			

INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Failure	Approval
Footings	_____	_____	_____
Foundation	_____	_____	_____
Slab	_____	_____	_____
Frame	_____	_____	_____
Barrier-Free	_____	_____	_____
Insulation	_____	_____	_____
Finishes	_____	_____	_____
Energy	_____	_____	_____
Mechanical	_____	_____	_____
TCO	_____	_____	_____
Other	_____	_____	_____
Final	_____	_____	_____
Barrier-Free	_____	_____	_____

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure	Ft.	
Area — Largest Floor	Sq. Ft.	
New Bldg. Area/All Floors	Sq. Ft.	
Volume of New Structure	Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

## APPLICATION AND COMMENTARY

Section R-214.1 requires open sides of stairs with a total rise of more than 30 inches above the floor or grade below to have guardrails. Section R-214.2, specifies a required guardrail height of 36 inches for porches, balconies or raised floor surfaces and 34" for open sides of stairs.

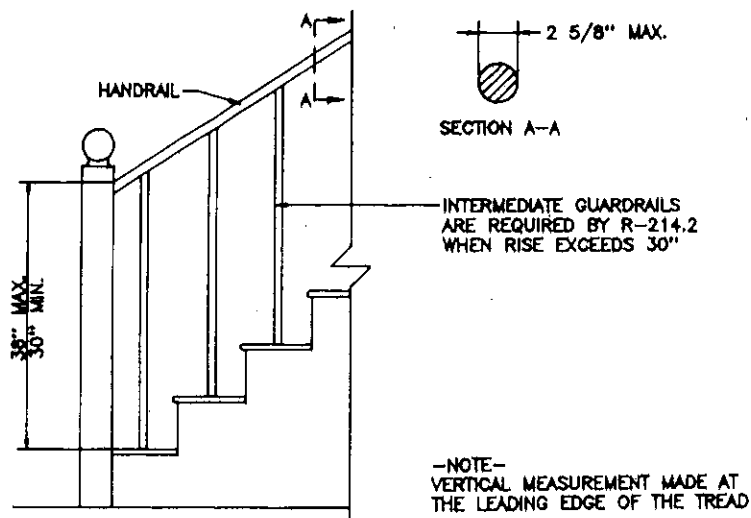


Figure No. 214.1  
HANDRAILS

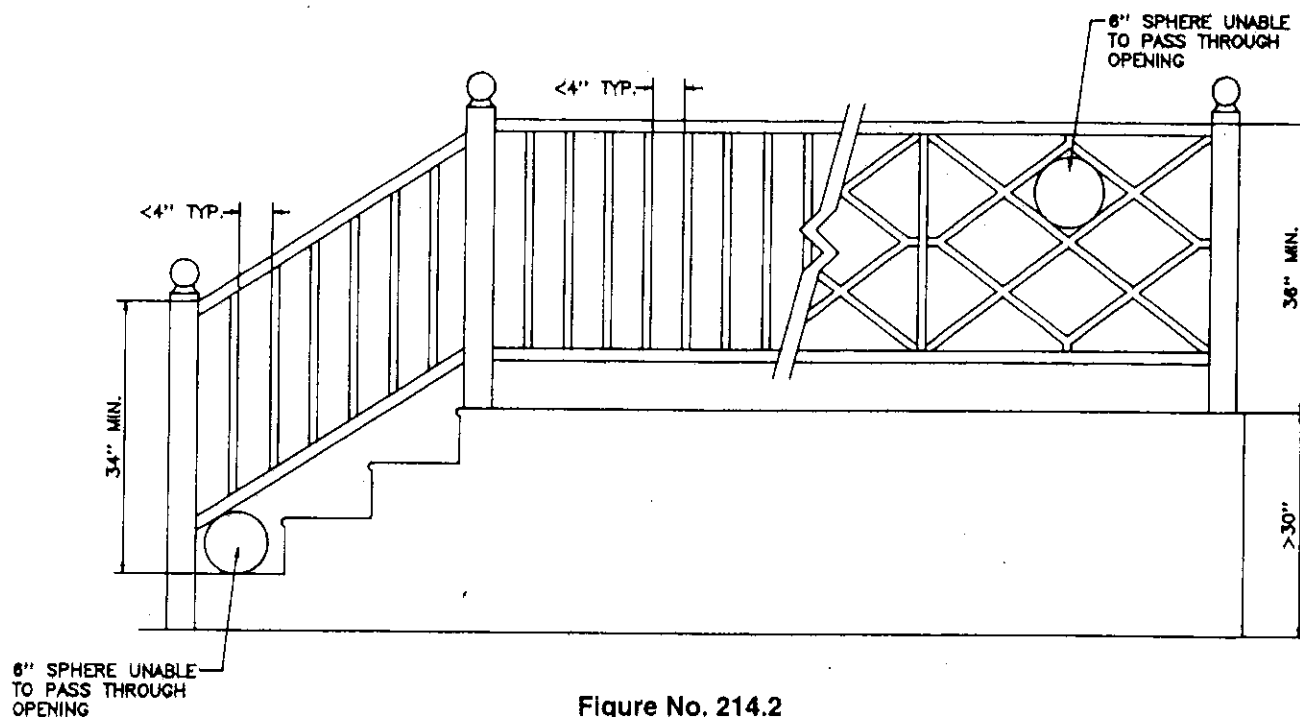


Figure No. 214.2  
GUARDRAILS  
(See Figure No. 214.1 for handrail requirements)