New Stanton Borough BUILDING PERMIT APPLICATION

Both pages of application to be completed

APPLICANI		
NAME:	ADDRESS:	
CITY:	STATE:ZIP:	
PHONE/CELL:	ALTERNATE PHONE:	
OWNER(if same as applicant check)		
NAME:	ADDRESS:	
CITY:	STATE: ZIP:	
PHONE/CELL:	ALTERNATE PHONE:	
CONTRACTOR (if same as applicant check)		
NAME:	ADDRESS:	
CITY:	STATE: ZIP:	
PHONE/CELL:	ALTERNATE PHONE:	
<u>LOCATION</u>		
PROPERTY LOCATION::	CITY:	
ZONING ZONE:	TAX MAP #	
PROJECT DESCRIPTION		
RESIDENTIAL □ 01 HOUSE □ 02 ADDITION □ 03 REMODELING □ 04 GARAGE □ 05 PORCH, PATIO, DECK □ 06 SWIMMING POOL □ 07 SHED OR STORAGE	COMMERCIAL □ 10 BUILDLING □ 11 ADDITION □ 12 REMODLING	
INDUSTRIAL □ 20 BUILDING □ 21 ADDITION □ 22 REMODELING	OTHER □ 60 CELL TOWER □ 60 TANK □ 60 MISC. (describe) □ 60 EXMPT BUILDING □ 70 DEMOLITION	

New Stanton Borough BUILDING PERMIT APPLICATION

Both pages of application to be completed

COST	COF IMPROVEMENT \$	BUILDING MEASUREMENTS
		Length
		Width
		Height
SQUA	ARE FOOTAGE OF PROPOSED	STRUCTURE
	BASEMENT	
	1 ST FLOOR	
	2 nd FLOOR	
	DECK	
	GARAGE	
	OTHER ENCLOSED AREAS	
	TOTAL	
req	olications that are <u>inc</u>	complete or that do not contain all the rejected until the requested
	We require	a 24-hour notice on all inspections
Inspec	inspection please send an email to tions will only be performed after 5 el Stack, Building Inspector	penninspector1@yahoo.com 5:00 p.m. on weekdays and on weekends.
		DATE:/
	Signature of person completing this	form