



BUILDING SUBCODE



Date Received _____
Date Issued _____
Permit # _____

A. APPLICANT COMPLETE ALL APPLICABLE INFORMATION *(when changing contractors notify this office)*

Date _____ Tax Map # 64 _____
Work Site Location _____
Owner _____
Address _____
Tele (____) _____
Contractor _____
Address _____
Tele (____) _____ License # _____

B. BUILDING CHARACTERSTICS

No of Stories _____ Height _____
Area – Largest Floor _____ sq. ft. New Bldg. Area _____ sq. ft.
Est. Cost of Bldg. Work \$ _____

C. CERTIFICATION IN LIEU OF OATH

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

X _____

INSPECTORS

Building Inspector – Michael Stack (724) 493-7793
Electrical Inspector – Joseph McClain (724) 787-1199

Description of work preforming:

Type of work:

- ☐ New Building
☐ Addition
☐ Alteration
 ☐ Roofing
 ☐ Siding
 ☐ Fence
 ☐ Sign _____ sq. ft.
 ☐ Pool
 ☐ Demo
 ☐ Other _____

Fee (Office use only)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL FEE \$ _____