

BOROUGH OF CATASAUQUA

90 Bridge Street, Catasauqua, PA 18032 - 610-264-0571 - FAX - 610-264-8228

OFFICE OF CODE ENFORCEMENT

PERMIT APPLICATION

PLEASE PROVIDE AN ELECTRONIC COPY OF ALL PLANS OVER 11"X13".

I. Zoning Section

DATE RECEIVED _____

A Zoning Permit must be secured prior to:

- a) The construction, alteration, erection, or enlarging of a building or structure.
- b) Establishing a new use, change of use, or change of occupancy of any building or structure.

AN ADMINISTRATIVE FEE/SURCHARGE IS IMPOSED FOR BEGINNING WORK WITHOUT POSSESSING THE APPROVED PERMIT.

A. IDENTIFICATION

- 1. Owner _____
- 2. Owner's Address _____
- 3. Owner's Phone No. _____ Email: _____
- 4. This permit application is for the following address:

- 5. Tax Map: _____ Block _____ Lot _____
Subdivision _____

B. PURPOSE

- 1. This application is for: (Check all categories that apply)
 - a. New Building or Structure
 - b. Addition
 - c. Alteration
 - d. Razing
 - e. Change of Use
 - f. Change of Occupancy
 - g. New Use
- 2. A Construction Permit Application is required for Items a, b, c & d above.

C. DESCRIPTION

- 1. Attach two copies of a site plan, drawn to scale, which show the following:
 - a. Width, depth and area of lot
 - b. All buildings and structures (existing and proposed), including dimensions of the buildings and structures
 - c. Distance of buildings from property lines (include front, rear, and side yard setbacks)
 - d. Adjoining streets, alleys, or easements
 - e. North point

NOTE: Site Plans are not necessary for a change of occupancy.

- 2. If this application is for a 'Change of Use' or 'New Use', briefly describe the use

BOROUGH USE ONLY:

- | | |
|------------------|-----------------------|
| _____ 1st Denial | _____ Correction List |
| _____ 2nd Denial | _____ Zoning |
| _____ 3rd Denial | _____ Construction |
| _____ 4th Denial | _____ Process |

II. Certification in Lieu of Oath

A. OWNER SECTION:

I hereby certify that I am the owner of the property listed on Part 1, Section A, "Identification".

I further certify that the information presented on all applicable applications, specifications and drawings is accurate and true.

I attest that all work will conform to the Zoning Ordinance and Construction Codes as adopted by the Borough of Catasauqua known as Ordinance 679 and 645, respectively, and revised June 5, 1995 by Ordinance 1032. I and any and all contractors under my supervision will perform any and all construction pursuant to the laws mentioned.

SIGNATURE _____ DATE _____

B. AGENT SECTION:

I hereby certify that the work is authorized by the owner of record for the property listed on Section A.4 "Zoning Permit Application".

I further certify that the owner has authorized me to make this application as his agent, and I will present a true and correct copy of this certification to the owner.

AGENT NAME _____ TELEPHONE _____

ADDRESS _____

SIGNATURE _____ DATE _____

III. Construction Section

AN ADMINISTRATIVE FEE/SURCHARGE IS IMPOSED FOR BEGINNING WORK WITHOUT POSSESSING THE APPROVED PERMIT.

A. IDENTIFICATION (Owner, owner's address and phone no. are listed on Zoning Permit Application "Identification" section)

1. Jobsite Address _____
2. General Contractor _____
3. Contractor's Address _____
4. Contractor's Phone _____

B. PROPOSED WORK

1. **Complete this section if you are building a single family dwelling. Two sets of drawings must be submitted with application.**
 - a. Type of primary heating/air conditioning (check one)
 Gas Oil Electric Solid (Wood, coal, etc.)
 Solar Other _____
 - b. Will you or the owner install any (Check all that apply)
 Wood Stoves Coal Stoves
 Solar apparatus not shown on the plans?
 Township sewer On site septic
 - c. Type of sewage disposal (check one)
2. **Complete this section if you are building an addition to, remodeling, renovating a single family dwelling, or erecting/renovating any accessory structures to a single family dwelling (sheds, garages, etc.). Two sets of drawings must be submitted with application.**
 - a. Type of work (Check all that apply)
 Minor Work (Single trade) Small Job (Value of \$5,000 or less)
 Addition Alteration
 Repair Demolition
 Roofing/Siding Garage
 Shed Other _____
 - b. If the type of work is not minor (single trade), what other trades or subcodes are involved?
 Building Electrical Plumbing
 Heating/Ventilation/Air Conditioning Other _____
3. **Complete this section for any construction which does not involve a single family dwelling. Two complete sets of working drawings must be submitted with application.**
 - a. Use Group:
 Two-family dwelling Religious Assembly
 Multi-family dwelling Stadium
 Hotel/Motel Business (Offices)
 Theater Educational (Schools)
 Restaurant/Night Club Factory/Manufacturing
 High Hazard/High Rise Institutional (Detention Ctr./Jail)
 Hospital Group Home/Retirement Center
 Mercantile Store Warehouse
 Other _____
 - b. Type of work New building Addition Renovation
 Demolition Repair Other
 - c. Type of construction Wood Frame Brick, block masonry
 Steel Frame Concrete, masonry & steel
 Other (Describe) _____

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C. ESTIMATED COST

- | | |
|-------------------|--------------------------|
| 1. Building _____ | 4. Electrical _____ |
| 2. Plumbing _____ | 5. Fire Protection _____ |
| 3. HVAC _____ | 6. Other _____ |

D. PERMIT SUBCODES

Check all subcodes for which you are requesting permits.

- Building Electrical Plumbing Mechanical (HVAC) Fire Protection

E. COMPLETE THIS SECTION WITH APPLICABLE CONTRACTORS' NAMES, ADDRESSES AND PHONE NUMBERS

1. Electrical Contractor _____
Address _____
Phone _____

2. Plumbing Contractor _____
Address _____
Phone _____

3. Mechanical Contractor _____
Address _____
Phone _____

4. Fire Protection _____
Address _____
Phone _____

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Borough of Catasauqua

**WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS
IN ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44**

INSURANCE INFORMATION — Attach Certificate of Insurance

Name of Contractor _____

Federal or State Employer Identification No. _____

Contractor is a qualified self-insurer for workers' compensation

*Workers' Compensation Insurer _____
Policy Number and Expiration Date _____

EXEMPTION— Contractor is claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor is prohibited by law from employing any individual perform work pursuant to this permit unless the contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____

Signature of Notary Public

Signature of Contractor
Claiming Exemption

Contractor's name printed _____

Complete Address _____

County and Municipality _____

SAMPLE PLOT PLAN

