

FOR BOROUGH OFFICE USE ONLY – DO NOT WRITE IN THIS BLOCK

Property Address: _____ Permit #: _____ Res/Com: _____
Applicant Name: _____ Property ID #: _____

BOROUGH OF CATASAUQUA

90 BRIDGE STREET, CATASAUQUA, PA 18032

PH: 610-264-0571 FAX: 610-264-8228

EMAIL: INFO@CATASAUQUA.ORG

PERMIT APPLICATION PACKET

Submission Checklist

- Application Fee/Plan Review Fee (\$75.00, will be applied to total cost of Permit; non-refundable).
- Application completed in ink and signed by the applicant and property owner, if the applicant is not the property owner, or provide written authorization from the owner to act as their agent. Make sure all applicable items are completed and all necessary plans/documents are included.
- Completed plot plan with all required information attached.
- (3) Sets of detailed Construction Plans as applicable for all new construction, including additions and decks.
- Ground Coverage Percentage for new primary structures and/or additions to primary structures (impervious coverage divided by lot area), if applicable.
- Contractor Certificate of Insurance naming Catasauqua Borough as certificate holder.
- Workers Compensation Certificate of Insurance or Completed & Notarized WC Exemption Form (see attached form).

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Zoning Action Taken: Approved Denied N/A Date: _____

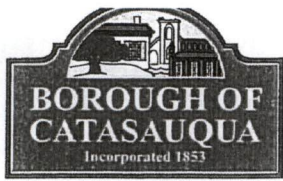
PA UCC Action Taken: Approved Denied N/A Date: _____

Fire Marshall: Approved Denied N/A Date: _____

Zoning Hearing Board: Approved Denied N/A Date: _____

Planning Commission: Approved Denied N/A Date: _____

Other: Approved Denied N/A Date: _____



BOROUGH OF CATASAUQUA

90 Bridge Street • Catasauqua, PA 18032-2598
(610) 264-0571 • FAX (610) 264-8228 • www.catasauqua.org



1307 West Lehigh Street
Bethlehem, PA 18018
610-866-9663 Office
info@keycodes.net

www.keycodes.net

A# _____

Municipality: _____

COMMERCIAL PERMIT APPLICATION

1. **Project Address:** _____ **Date:** _____

2. **Owner:** _____ **Phone #:** _____ **Cell** _____

3. **Store Name:** _____ **Suite #** _____

4. **Address:** _____ **State:** _____ **Zip** _____ **Email** _____

5. **Applicant:** _____ **Phone#** _____ **Cell** _____

6. **Address:** _____ **State:** _____ **Zip** _____ **Email** _____

7. **New Construction** **Alteration** **Sprinkler** **Other**

8. **Proposed Work:** _____

9. **Project Information:**

USE GROUP _____
CONSTRUCTION TYPE _____
NUMER OF STORIES _____
SQUARE FEET _____

ACCESSIBILITY COST _____
ESTIMATED COST _____
SPRINKLER HEADS _____

10. **Plans:** **3 COMPLETE SETS** **PROFESSIONAL SEAL** **CODE EDITION** _____

All structural information Sub-contractor name: _____ Phone: _____

Electrical plan Sub-contractor name: _____ Phone: _____

Plumbing Plan Sub-contractor name: _____ Phone: _____

Mechanical Plan Sub-contractor name: _____ Phone: _____

Energy Sub-contractor name: _____ Phone: _____

Accessibility

Fire Protection

11. **Applicant Signature:** _____ **Date:** _____

Print Name: _____

OFFICE USE

DATE RECEIVED: _____

APPROVED / DENIED DATE _____

INSPECTOR: _____