

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Castle Shannon Borough, 3310 Mc Roberts Road, Castle Shannon, PA 15234 - 412-885-9200

BUILDING LOCATION _____ ZONING DISTRICT _____
(NO.) (STREET)

BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

<p>TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition</p> <p>3 <input type="checkbox"/> Alteration</p> <p>4 <input type="checkbox"/> Repair, Replacement</p> <p>5 <input type="checkbox"/> Wrecking</p> <p>6 <input type="checkbox"/> Moving</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <p>Residential</p> <p>10 <input type="checkbox"/> One Family</p> <p>11 <input type="checkbox"/> Two or more family</p> <p>12 <input type="checkbox"/> hotel, motel</p> <p>13 <input type="checkbox"/> Garage</p> <p>14 <input type="checkbox"/> Carport</p> <p>15 <input type="checkbox"/> Other - Specify - Attach</p>	<p>Nonresidential</p> <p>16 <input type="checkbox"/> Amusement, recreational</p> <p>17 <input type="checkbox"/> Religious structures</p> <p>18 <input type="checkbox"/> Industrial</p> <p>19 <input type="checkbox"/> Parking garage</p> <p>20 <input type="checkbox"/> Service station, garage</p> <p>21 <input type="checkbox"/> Hospital, Institutional</p> <p>22 <input type="checkbox"/> Office, bank, professional</p> <p>23 <input type="checkbox"/> Public utility</p> <p>24 <input type="checkbox"/> School, educational</p> <p>25 <input type="checkbox"/> Stores, mercantile</p> <p>26 <input type="checkbox"/> Tanks, towers</p> <p>27 <input type="checkbox"/> Other – Specify – Attach</p> <p>B. Ownership</p> <p>28 <input type="checkbox"/> Private, corp., nonprofit, etc.</p> <p>29 <input type="checkbox"/> Public, Federal, State</p>
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C. Cost

8. Cost of Improvement..... \$ _____
not included in the above cost

a) Electrical..... _____

b) Plumbing..... _____

c) Heating, a/c..... _____

d) Other (elevator, etc.)..... _____

9. Total Cost of Improvement \$ _____

Nonresidential – List proposed use of, and building plans for properties under this permit request. _____

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonary (wall bearing)</p> <p>31 <input type="checkbox"/> Wood Frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> other – specify– Attach</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories.... _____</p> <p>49. Total sq. ft. floor area. _____</p> <p>50. Total land area, sq. ft. _____</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> other – specify – Attach</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p>K. # OFF-ST. PARKING SPACES</p> <p>51. Enclosed..... _____</p> <p>52. Outdoors..... _____</p>
	<p>I. TYPE OF MECHANICAL</p> <p>Central A/C 44 <input type="checkbox"/>yes 45 <input type="checkbox"/>no</p> <p>Elevator 46 <input type="checkbox"/>yes 47 <input type="checkbox"/>no</p>	<p>L. RESIDENTIAL BUILDINGS</p> <p>53. # of Bedrooms.. _____</p> <p>54. # of Bathrooms -Full.. _____</p> <p style="text-align: right;">-Partial... _____</p>

Name	Mailing Address	city state zip tel. #
Owner or Lessee _____		
Contractor _____		
Architect or Engineer _____		
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.		
Signature of applicant _____	Address _____	Application date _____