

HAZLE TOWNSHIP BUILDING DEPT.

MAIL Address: P.O. BOX 506
HARLEIGH, PA 18225-0506

PHONE: 570 455-2030

FAX: 570 453-2402

Delivery Address: 101 W. 27th St., Hazle Township, PA 18202

BUILDING AND ZONING PERMITS

APPLICATION

REPAIRS, MINOR ALTERATIONS & SIGNS

ZONING DISTRICT: _____
(Dept. Use Only)

BUILDING PERMIT #: A _____
(Dept. Use Only)

LOCATION OF PROPOSED WORK OR IMPROVEMENT

COUNTY: LUZERNE

MUNICIPALITY: HAZLE TOWNSHIP

SITE ADDRESS: _____

OWNER: _____ E-Mail: _____

MAILING ADDRESS: _____

City _____ State _____ Zip _____ U.S. Veteran Yes ___ No ___

PHONE #: Work: _____ Home: _____ FAX: _____

All contractors & sub-contractors must have **either** a PAOAGHIC or a Hazle Township License.

PRINCIPAL CONTRACTOR: _____ Lic. # _____

CONTRACTOR'S ADDRESS: _____ E-Mail: _____

City _____ State _____ Zip _____

PHONE #: Work: _____ Home: _____ FAX: _____

SUB-CONTRACTORS NAME: _____ Lic. # _____

SUB-CONTRACTORS NAME: _____ Lic. # _____

SUB-CONTRACTORS NAME: _____ Lic. # _____

(Add Additional Sheet IF Necessary)

TYPE OF WORK OR IMPROVEMENT (*Check One*)

- New Building Addition Alteration Repair Demolition Relocation Sign
- Other ZONING PERMIT only Change of Use Foundation Only Plumbing Mechanical
- Electrical-AMPS _____

Describe the proposed work: _____

CONSTRUCTION

COST: \$ _____ **Attach Signed Contract**
(reasonable fair market value = Labor & Material)

WHEN WILL WORK BEGIN: _____ END: _____

PLOT PLAN ATTACHED: YES NO

SETBACKS: FRONT _____ SIDE(L) _____ SIDE(R) _____ REAR _____

BUILDING PLANS (Attached): YES NO N/A

WILL THERE BE ANY DEMOLITION OR CONSTRUCTION WASTE MATERIALS??????? (Shingles, wood, glass, asbestos, brick, concrete, soil, etc.) YES NO If **YES**, what is/are the material(s) and the location where it will be disposed and Disposal Contractors

Name: _____

Disposal Location: _____

WILL THERE BE WATER RUNOFF? YES NO If YES, Explain where it will go and how it will be controlled: _____

MECHANICAL: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

NON-RESIDENTIAL

One-Family Dwelling (R-3)

Specific Use: _____

Two-Family Dwelling (R-3)

Use Group: _____

SIGNS: COMMERCIAL&/INDUSTRIAL

NUMBER: _____ (Attach Sign Drawings and Plot Plan Showing Locations of Each)

SIZE: ① _____ sq.ft _____ L(ft.) X _____ H(ft.) # sides 1 2

② _____ sq.ft _____ L(ft.) X _____ H(ft.) # sides 1 2

③ _____ sq.ft _____ L(ft.) X _____ H(ft.) # sides 1 2

HISTORIC DISTRICT N/A

Is the site located within a Historic District: YES NO

If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved construction documents and PA Act 45 (Uniform Construction Code) and any

additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body.

The applicant certifies he/she understands all the applicable codes, ordinances and regulations. Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

I certify that the code administrator or the code administrators authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

THE UNDERSIGNED APPLICANT UNDERSTANDS THAT FALSE STATEMENTS HEREON ARE MADE SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa. C.S.A. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. THIS APPLIES TO FALSE STATEMENTS MADE ANYWHERE ON ANY PAGE OF THIS APPLICATION.

I HAVE READ AND UNDERSTAND ALL OF THE STATEMENTS MADE IN THIS ABOVE APPLICATION AND HAVE DISCUSSED ANY QUESTIONS WITH THE ISSUING OFFICER.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Date: _____

Directions to Site: _____

APPROVALS (Code Official Use Only)

REQUIRES INSPECTION: YES No

DATE RECIEVED: _____ TIME: _____ BY: _____

BUILDING PERMIT DENIED: Date _____ Date Returned _____

_____ Incomplete _____ Needs ZHB Approval _____ Needs Planning Commission Approval

_____ Other: _____

BUILDING PERMIT APPROVED: Date _____ By: _____

W/Conditions: _____

CODE ADMINISTRATOR _____

Date Issued _____ Date Expires _____ PERMIT # _____

BUILDING PERMIT FEE \$ _____ RECEIPT # _____

PLUMBING PERMIT (if applicable) \$ _____ RECEIPT # _____

MECHANICAL PERMIT (if applicable) \$ _____ RECEIPT # _____

ELECTRICAL PERMIT (if applicable) \$ _____ RECEIPT # _____