

CITY OF ALTOONA, PENNSYLVANIA

APPLICATION FOR BUILDING PERMIT, ZONING REVIEW AND PLAN EXAMINATION

IMPORTANT – Applicant must complete all shaded items which apply and place signature on back page.

AT (LOCATION) _____ LOT SIZE _____

APPLICANT NAME _____

APPLICANT ADDRESS _____ PHONE NO. _____

OWNER NAME _____

OWNER ADDRESS _____ PHONE NO. _____

TYPE OF IMPROVEMENT	PROPOSED USE	
<input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Addition No. of units _____ <input type="checkbox"/> New Building <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Foundation Only <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use <input type="checkbox"/> Sign	<p style="text-align: center;">RESIDENTIAL</p> <input type="checkbox"/> One family <input type="checkbox"/> Two or more family No. of units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Shed <input type="checkbox"/> Pool <input type="checkbox"/> Other (specify) _____ _____	<p style="text-align: center;">NON-RESIDENTIAL</p> <input type="checkbox"/> Amusement/recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service station/repair garage <input type="checkbox"/> Tanks, Towers <input type="checkbox"/> Hospital/Institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public Utility <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Other (specify) _____ _____
OWNERSHIP (check one)		
<input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State, or local government)		

COST	(omit cents)	JOB DESCRIPTION – Describe in detail proposed work. If applying for addition, new building, pool, garage, shed, or sign, please use back page to draw sketch of proposed work. _____
General Construction (To be inserted but not included in above cost)	\$ _____	
Electrical	\$ _____	
Plumbing	\$ _____	
Heating/Air Conditioning	\$ _____	
Other (elevator, etc.)	\$ _____	
TOTAL COST	\$ _____	_____

IDENTIFICATION					
	Name	Mailing Address	Zip Code	Lic. No.	Telephone No.
Contractor					
Architect/Engineer					
Plumber					
Electrician					

SELECTED CHARACTERISTICS OF BUILDING - For new buildings, additions, and demolitions

PRINCIPAL TYPE OF FRAME <input type="checkbox"/> Masonry, (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other (specify) _____ _____ _____	TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (Septic Tank, etc.) <hr/> TYPE OF WATER SUPPLY <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (well, cistern)	DIMENSIONS Number of stories _____ Total square feet of floor area, all floors, based on exterior dimensions _____ Total land area, square feet _____
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PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other (Specify) _____ _____	TYPE OF MECHANICAL Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF OFF STREET PARKING SPACES Enclosed _____ Outdoors _____ RESIDENTIAL BUILDINGS ONLY Number of Bedrooms _____ Number of Bathrooms Full _____ Partial _____
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ZONING INFORMATION – TO BE COMPLETED BY ZONING OFFICER

Zoning District _____ Subdivision _____ Parcel _____ Block _____
 Drawing Specifications Comply with Zoning Requirements? Yes _____ No _____
 Nonconforming Buildings and Uses? Yes _____ No _____ (If yes, check an item below)

____ NONCONFORMING VACANT LOT
 ____ NONCONFORMING BUILDING USED FOR A PERMITTED USE
 ____ NONCONFORMING USE OF A BUILDING
 ____ NONCONFORMING USE OF LAND
 ____ NONCONFORMING BUILDING USED FOR A NONCONFORMING USE

PLAN REVIEW RECORD – FOR OFFICE USE

Plan Review Required	√	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING							
PLUMBING							
ELECTRICAL							
MECHANICAL							
PLANNING							
ENGINEERING							
SEWER TAP							
WATER TAP							
DEP MODULES							
STORM WATER							
EROSION/SEDIMENT							
FLOOD PLAIN							
FIRE PROTECTION							

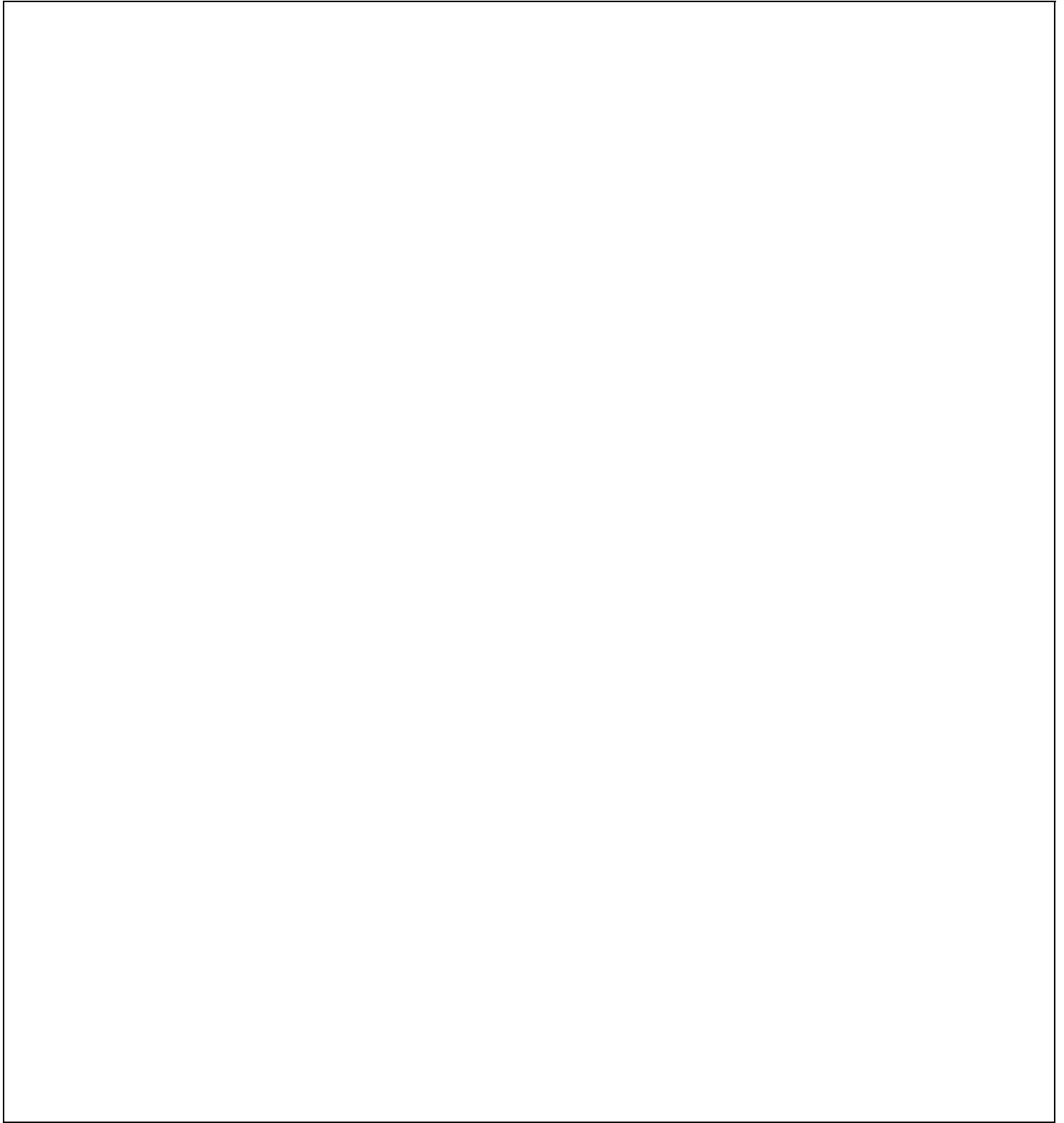
ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	√	Date Obtained	Number	By	Permit or Approval	√	Date Obtained	Number	By
CURB OR SIDEWALK CUT									
ELEVATOR									
ELECTRICAL									
FURNACE									
GRADING									
FLOOD PLAIN									
ZONING									

FOR APPLICANT USE – PLEASE CHECK ONE

SITE OR PLOT PLAN (SKETCH BELOW)

SEE ATTACHED DRAWINGS



SIGNATURE OF APPLICANT _____ DATE: _____