



## APPLICATION FOR BUILDING PERMIT, ZONING REVIEW AND PLAN EXAMINATION

AT (Location) \_\_\_\_\_ LOT SIZE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ Email \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

OWNER NAME \_\_\_\_\_ Email \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

### CURRENT USE & OWNERSHIP

What is the primary use for the property? (e.g. residence, bakery, car repair, etc.?) \_\_\_\_\_

What is the secondary use for the property? \_\_\_\_\_

Private ownership \_\_\_\_\_ Public ownership (federal, state, local govt.) \_\_\_\_\_

### TYPE OF WORK

- ☐ Repair/Replacement
- ☐ Alteration
- ☐ Demolition (see Page 2)
- ☐ Addition
- ☐ New Building
- ☐ Moving (relocation)
- ☐ Change of Use
- ☐ Sign
- ☐ Other \_\_\_\_\_

### PROPOSED USE

#### RESIDENTIAL

- ☐ One Family
- ☐ Two or More Family (Units \_\_\_\_\_)
- ☐ Garage
- ☐ Carport
- ☐ Shed
- ☐ Pool
- ☐ Other \_\_\_\_\_

### PROPOSED USE

#### COMMERCIAL

- ☐ Amusement/Recreational
- ☐ Church, other religious
- ☐ Industrial
- ☐ Services Station/Repair Garage
- ☐ Tanks, Towers
- ☐ Office, bank, professional
- ☐ Public utility
- ☐ School, Educational
- ☐ Stores, Mercantile
- ☐ Other \_\_\_\_\_

### COST

General Construction	\$ _____
<i>(The following not to be included in General Cost)</i>	
Electrical	\$ _____
Plumbing	\$ _____
Heating/Air Conditioning	\$ _____
Other (elevator, etc.)	\$ _____
<b>TOTAL COST</b>	<b>\$ _____</b>

(omit cents)

### JOB DESCRIPTION

– Describe in detail the proposed work. If applying for a residential addition, garage, shed, or pool, please use back page to draw sketch of proposed work. New residential construction requires separate drawings. Commercial work will require the submittal of four (4) sets of stamped drawings.

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### IDENTIFICATION

Name

Address

Phone

Email

Contractor

Architect/Engineer

Plumber

Electrician

Mechanical/HVAC

*All contractors must be licensed to conduct work in the City of Altoona. Separate license requirements apply for Plumbers and Electricians. Please call the Inspections Department at 949-2455 for questions regarding licensing.*

SELECTED CHARACTERISTICS			
<b>PRINCIPLE TYPE OF FRAME</b> <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other _____	<b>TYPE OF SEWAGE DISPOSAL</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (septic tank, etc.)	<b>DIMENSIONS</b> Number of stories _____ Total Sq. Ft. _____ Total Land Area Sq. Ft. _____	<b>PRINCIPLE TYPE OF HEATING FUEL</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> Other _____
	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (well, etc.)		

#### DEMOLITION WORK

1. Demolition which results in any potential encroachment into the public right-of-way requires approval from the Department of Public Works prior to the issuance of a demolition permit.
2. A site plan shall be submitted with this application which will show the location of the proposed demolition, adjacent streets and above grade infrastructure. In addition, a narrative shall be included which describes the methods to be used to ensure the protection of motorists and pedestrians and the prevention of damage to public improvements.
3. The public rights-of-way (sidewalk, adjoining walkways, streets, and alleys) shall be kept free of debris, equipment and materials at all times to ensure an unobstructed pathway for pedestrians and motorists.
4. Equipment on tracks is not permitted to operate on paved streets without approved protection to the street in place.
5. Financial security in excess of the base permit fee may be required to protect City-owned public improvements.
6. Owner or General Contractor shall notify the Department of Public Works (814-949-2446) 24 hours prior to the start of the demolition and 24 hours prior to the sewer cap inspection.

*Failure to adhere to these requirements constitutes a violation of the IBC and subjects the applicant to fines and penalties.*

#### OFFICE USE ONLY

Plan Review Required	Plan Review Conducted By/Date	Notes
BUILDING		
DEMOLITION		
PLUMBING		
ELECTRICAL		
MECHANICAL		
PLANNING		
ENGINEERING		
SEWER TAP		
WATER TAP		
DEP MODULES		
STORM WATER		
EROSION/SEDIMENT		
FIRE PROTECTION		
FLOOD PLAIN		

Additional Permits or Approvals	Obtained	Additional Permits or Approvals	Obtained
CURB OR SIDEWALK CUT		FLOOD PLAIN	
ELEVATOR		ZONING	
ELECTRICAL		SEWER	
HVAC		SIGN/BILLBOARD	
STREET GRADES		USE OF PUBLIC AREAS	
GRADING		OTHER	

#### ZONING

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)

\_\_\_\_\_ Non-conforming vacant lot \_\_\_\_\_ Nonconforming Use of a Building

\_\_\_\_\_ Nonconforming Building Used for a Permitted Use \_\_\_\_\_ Nonconforming Building Used for a Nonconforming Use

\_\_\_\_\_ Nonconforming Use of Land

Does request require Zoning Hearing Board Action? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, indicate date of action and attach decision) \_\_\_\_\_



FOR APPLICANT USE – PLEASE CHECK ONE

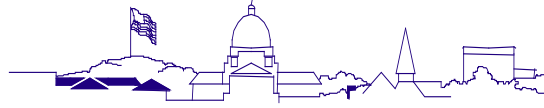
SITE OR PLOT PLAN\_\_\_\_\_

SEE ATTACHED DRAWINGS\_\_\_\_\_

I (we) verify and swear/affirm that the statements made in this Application are true and correct to the best of my (our) personal knowledge or information and belief. I (we) understand that false statements (perjury) herein, are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities. In addition, any such false statements shall be cause for the City of Altoona to revoke any permit, permission and/or approval granted pursuant to said Application and/or stop work with regard to the same without further action by the City of Altoona and shall also subject the individual(s) making such false statements to the penalties set forth in the applicable ordinances under which said permit, permission and/or approval is granted.

SIGNATURE OF APPLICANT\_\_\_\_\_ DATE\_\_\_\_\_

SIGNATURE OF OWNER\_\_\_\_\_ DATE\_\_\_\_\_



**CITY OF ALTOONA, PENNSYLVANIA  
PUBLIC WORKS DEPARTMENT**

**DEMOLITION PERMIT APPLICATION PROCEDURES**

NPK 1/20/16

- 1. NAME AND PHONE NUMBER OF PRIMARY AND SECONDARY CONTACT FOR THE PROJECT.**
- 2. PROJECT NARRATIVE TO INCLUDE PROJECT SCHEDULE, DATES FOR ROAD AND SIDEWALK CLOSURES, A SEQUENCE OF OPERATIONS THAT DESCRIBES EQUIPMENT UNLOADING AREAS, EQUIPMENT STAGING AREAS, DIRECTION OF WORK, AND MATERIAL LOADING ZONES.**
- 3. SITE PLAN OF PROJECT LOCATION TO INCLUDE PROPERTY LINES, TOTAL AREA ANTICIPATED TO BE IMPACTED BY DEMOLITION ACTIVITY, INCLUDING FALL ZONES, ABUTTING STREETS SHOWING ABOVE-GROUND INFRASTRUCTURE INCLUDING BUT NOT LIMITED TO STREET LIGHTS, UTILITY POLES, HYDRANTS, TRAFFIC SIGNALS, SIDEWALKS, AND OVERHEAD WIRES THAT WILL STAY IN PLACE.**
- 4. NARRATIVE OF THE STEPS TO BE TAKEN TO PROTECT PEDESTRIANS, VEHICLE TRAFFIC AND INFRASTRUCTURE DURING THE PROJECT.**
- 5. NARRATIVE OF EROSION AND SEDIMENTATION CONTROLS (ON AREAS OF POSSIBLE ACCELERATED EROSION), PERMANENT GROUND COVER MATERIAL AND PERMANENT STABILIZATION MEASURES.**
- 6. LOCATION AND DESCRIPTION OF TEMPORARY SIGNAGE TO BE UTILIZED IF ANY WORK WILL BE IMPACTING THE PUBLIC RIGHT-OF-WAY, WHETHER SIDEWALK OR STREET.**

**FAILURE TO PROVIDE AND/OR COMPLETE INFORMATION MAY DELAY APPROVAL OF THE PROJECT. QUESTIONS MAY BE DIRECTED TO THE PUBLIC WORKS DEPARTMENT OFFICE BY CALLING 814-949-2446.**

**(SEE OTHER SIDE)**

## **SEWER CAP INSPECTION PROCEDURES**

**APPLICANT, IF OTHER THAN THE DEMOLITION CONTRACTOR, MUST GIVE A COPY OF THESE PROCEDURES TO THE DEMOLITION CONTRACTOR.**

- 1. ALL SEWER CAPS SHALL BE CAPPED OUTSIDE OF THE FOUNDATION WALL UNLESS THE FOUNDATION ABUTS A SIDEWALK OR OTHER STRUCTURE/OBSTRUCTION THAT WOULD INHIBIT THE CAPPING OF THE SEWER OUTSIDE THE FOUNDATION.**
- 2. IN THE EVENT OF AN OBSTRUCTION, THE SEWER SHALL BE CAPPED ON THE INSIDE OF THE FOUNDATION, AS DIRECTED BY THE ENGINEERING INSPECTOR.**
- 3. CONTRACTOR MUST CONTACT THE ENGINEERING INSPECTOR FOR INSTRUCTIONS ON HOW TO CAP THE SEWER LATERAL.**
- 4. AT NO TIME SHALL THE SEWER BE CAPPED OR BACKFILLED UNTIL INSPECTED AND APPROVED BY THE INSPECTOR FROM THE PUBLIC WORKS DEPARTMENT OFFICE.**
- 5. THE PIPE MUST BE INSPECTED PRIOR TO THE CAP AND THE CAP MADE IN THE PRESENCE OF THE ENGINEERING INSPECTOR.**
- 6. THE CONTRACTOR MUST PROVIDE ADEQUATE, SAFE ACCESS TO THE PIPE/CAP FOR INSPECTION. THE ENGINEERING INSPECTOR HAS THE RIGHT TO REFUSE INSPECTION IF ADEQUATE, SAFE ACCESS IS NOT PROVIDED.**
- 7. CALL THE PUBLIC WORKS DEPARTMENT AT 814-949-2446 TO SCHEDULE THE INSPECTION. A 24-HOUR ADVANCED NOTICE MUST BE GIVEN TO THE ENGINEERING OFFICE PRIOR TO THE SCHEDULED INSPECTION OF THE SEWER CAP.**
- 8. WORK TO BE PERFORMED UNDER AND SUBJECT TO THE PROVISIONS AND REQUIREMENTS OF THE CITY OF ALTOONA RELATING THERETO, AND IN ACCORDANCE WITH ALL RULES AND REGULATIONS OF THE CITY OF ALTOONA.**
- 9. APPLICANT REQUIRED TO CONTACT THE PA ONE CALL SYSTEM PRIOR TO BEGINNING EXCAVATION.**