

Covington Township Building Permit Application

20 Moffat Drive

Covington Township, PA 18444

Phone: (570) 842-8336 Fax: (570) 842-2144

Application No. _____

Date: _____

Site Address:			
Tax Parcel #:	Lot #:	Subdivision/Land Development:	
Owner:	Home Phone:	Cell Phone:	Fax:
Mailing Address:			
Principal Contractor:	Work Phone:	Cell Phone:	Fax:
Mailing Address:			
Architect:	Work Phone:	Cell Phone:	Fax:
Mailing Address:			
Insurance Carrier:	Work Phone:	Cell Phone:	Fax:
Mailing Address:			

Type of Work or Improvement (check one)

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition	<input type="checkbox"/> Relocation
<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	

Describe the proposed work:

Estimated Cost of Construction (reasonable fair market value): \$ _____

Description of Building Use (check one)

RESIDENTIAL		NON-RESIDENTIAL
<input type="checkbox"/> One-Family Dwelling (R-3)		Specific Use:
<input type="checkbox"/> Two-Family Dwelling (R-3)		Use Group:
<input type="checkbox"/> Multi-Family Dwelling (R-2)		Change in Use: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hotels (R-1)		If YES, Indicate Former:
		Maximum Occupancy Load:
		Maximum Live Load:

Building/Site Characteristics

Number of Residential Dwelling Units: (_____) Existing: (_____) Proposed: (_____)
Mechanical: Indicate Type of Heating Ventilation/Air Conditioning (i.e. Electric, gas, oil, etc.): (_____)
Water Service: (check) <input type="checkbox"/> Public <input type="checkbox"/> Private Sewer Service: (check) <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic Permit # _____)

Does or will your building contain any of the following?

Fireplace(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Fuel: (_____) BTU'S: (_____) Type Vent: (_____)
Elevator/Escalators/Lifts/Moving Walks: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure Vessels: <input type="checkbox"/> Yes <input type="checkbox"/> No
Refrigeration Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No

Building Dimensions:

Existing Building Area: (_____) square feet	Number of Stories: (_____)
Proposed Building Area: (_____) square feet	Height of Structure above Grade: (_____) feet
Total Building Area: (_____) square feet	Area of the Largest Floor: (_____) square feet

Floodplain

Is the site located within an identified flood prone area? (check one) () Yes () No

Will any portion of the flood prone area be developed? (check one) () Yes () No

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d).

Historic District

Is this site located within a Historic District? () Yes () No

If any construction is within a Historic District, the municipality may require a certificate of appropriateness.

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, laws 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 Administrator's 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

Signature of Owner or Authorized Agent_____
Print Name of Owner or Authorized Agent_____
Address_____
Date

STATE OF PENNSYLVANIA

COUNTY OF LACKAWANNA

}

S.S.:

_____, being duly sworn according to law says that he/she is the owner or duly authorized representative of the owner of the land described and is familiar with the matters of the fact above set forth, and the same are true and correct and that the structure above described will be erected or altered in accordance with all existing laws and ordinances applicable to same in case this application is approved.

Sworn to and subscribed before me this _____ th day of _____ in the year 20_____.

Notary Public _____

My Commission expires: _____

Date

Building Permit () Approved _____

Date

() Denied _____

Date

Reason denied: _____