

# RESIDENTIAL PERMIT APPLICATION

PERMIT NUMBER:				DATE/TIME RECEIVED:	
SITE			PARCEL		
ADDRESS:			NUMBER:		
APPLICANT INFORMATION				LOT/UNIT:	
APPLICANT/BUSINESS		TELEPHONE: <input type="radio"/> HOME <input type="radio"/> CELL			
NAME: ADDRESS:		E-MAIL: <input type="radio"/> WORK <input type="radio"/> PERSONAL			
CITY, STATE, ZIP:		FAX:			
DESCRIPTION OF WORK:					
OWNER INFORMATION					
<input type="radio"/> CHECK IF INFORMATION PROVIDED ABOVE IS THE SAME					
NAME:		TELEPHONE: <input type="radio"/> HOME <input type="radio"/> CELL			
ADDRESS:		E-MAIL: <input type="radio"/> WORK <input type="radio"/> PERSONAL			
CITY, STATE, ZIP:		FAX:			
PROJECT INFORMATION (IF APPLICABLE)					
CONTRACTOR/BUILDER:			CONTRACTOR/BUILDER CONTACT NUMBER:		
AREA OF A HOME/DWELLING (IN SQUARE FEET):					
1ST STORY:		2ND STORY:	GARAGE:	BASEMENT:	TOTAL AREA:
PROJECT TOTAL AREA (FOR ALL OTHER PROJECTS):			PROJECT CONSTRUCTION VALUE:		
<b>A PLAT OF SURVEY MUST ACCOMPANY ALL PERMIT APPLICATIONS FOR CONSTRUCTION OF ANY NEW STRUCTURE OR ANY ALTERATION TO EXISTING STRUCTURES, INCLUDING DECKS, SWIMMING POOLS, SHEDS, ETC. ROOFING OR SIDING PROJECTS DO NOT REQUIRE A PLAT OF SURVEY.</b>					
<b>TERMS:</b> In consideration of this application and attached forms being made a part hereof, and the issuance of this permit, I/we agree to the following terms: All work performed under said permit shall be in accordance with the plans which accompany this permit application, except for such changes as may be authorized or required by the Building Official; the proposed work is authorized by the owner of record, and that I/we have been authorized by the owner to make the application and/or schedule all necessary inspections as an agent; all work will conform to all applicable codes, laws, and ordinances of the City of Bellefonte. I/we as owner of record or authorized agent are responsible to abide by all covenants and association restrictions as may apply to the proposed work associated with this permit. I/WE AGREE TO NOT OCCUPY THE BUILDING UNTIL ALL INSPECTIONS HAVE BEEN PERFORMED AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.					
SIGNATURE/AUTHORIZED AGENT _____ DATE: _____					
REVIEW CONCLUSIONS <i>(all staff comments on back of application)</i>					
BUILDING CODE COMPLIANCE: _____ DATE: _____					
<input type="radio"/> APPROVED <input type="radio"/> NOT APPROVED					
ZONING CODE COMPLIANCE: _____ DATE: _____					
<input type="radio"/> APPROVED <input type="radio"/> NOT APPROVED					
RE-SUBMITTAL:		DATE: _____ <input type="radio"/> APPROVED <input type="radio"/> NOT APPROVED		DATE/TIME ISSUED:	

STAFF REVIEW (FOR CITY STAFF USE ONLY)

ZONING REVIEW

ALL NEW DWELLING UNIT PERMITS

SUBDIVISION:	ZONING:	BUILDING HEIGHT:
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SETBACKS

REQUIRED:	FRONT	REAR	SIDE	CORNER
PROPOSED:	FRONT	REAR	SIDE	CORNER

LOT COVERAGE

LOT SIZE:	ALLOWABLE PERCENT:	PROPOSED COVERAGE:	PROPOSED PERCENT:
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CALCULATIONS:

DECK/SHED/POOL/PATIO/OTHER

- ☐ MORE THAN 5 FEET FROM SIDE AND REAR LOT LINES
- ☐ MORE THAN 10 FEET FROM THE MAIN STRUCTURE
- ☐ LESS THAN 15 FEET IN HEIGHT (MEASUREMENT DEFINED IN SECTION 10-2-3)

LOT COVERAGE:	CALCULATIONS:	NOTES:
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BUILDING CODE REVIEW

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RE-SUBMITTAL INFORMATION

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