

Permit Number: _____ Permit Fee: _____ Date: _____

Application for Zoning Compliance

1. Name of Applicant: _____		Project Location _____			Zone _____	Ward _____
Type of Permit	Building <input type="checkbox"/>	Electrical <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Mechanical <input type="checkbox"/>	New Business <input type="checkbox"/>	
	Driveway <input type="checkbox"/>	Dumpster <input type="checkbox"/>	Other-Describe <input type="checkbox"/>			

2. Identification - To Be Completed by All Applicants

Name: _____ Present Address: _____

Phone Number: _____ Email Address: _____

Owner: _____

General Contractor: _____

Electrical Contractor: _____

Plumbing Contractor: _____

Mechanical Contractor: _____

Architect: _____

3. Please briefly describe your project.

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4.A. Is your project in a flood plain?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	B. Do you have floodplain insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Type and Cost of Bldg. A. TYPE OF IMPROVEMENT <input type="checkbox"/> New Building <input type="checkbox"/> Demolition <input type="checkbox"/> Addition/Repair/Alternation - Explain _____ <input type="checkbox"/> Other - Explain: _____				B. PROPOSED USE <input type="checkbox"/> One Family <input type="checkbox"/> 2 or more <input type="checkbox"/> Garage <input type="checkbox"/> Other (Specify) _____		C. COST Building \$ _____ Electrical \$ _____ Plumbing \$ _____ Mechanical \$ _____ Other \$ _____ Total \$ _____	

6. Selected Characteristics of Building - New Bldgs., 1 Set of Drawings

PRINCIPAL TYPE OF FRAME <input type="checkbox"/> Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other (Specify) _____	HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other (Specify) _____	SEWAGE DISPOSAL <input type="checkbox"/> Central Sewer <input type="checkbox"/> On-Lot Sewer Do you have a sewer permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide copy)	WATER SUPPLY <input type="checkbox"/> Public <input type="checkbox"/> Well
DIMENSIONS Number of Stories _____ Total Sq. Ft. _____ Length: _____ Width: _____ Total Land Area (Sq. Ft.) _____			

of Parking Spaces: _____

7. Plumbing Data New Building/Addition/Repair/Alternation (Circle One)

# of Sinks _____	# of Urinals _____	Total Cost: \$ _____
# of Floor Drains _____	# of Bathtubs _____	Remarks: Desc. Of Work) _____
# of Showers _____	# of Toilets _____	

8. <u>Electrical Data</u> New Building/Addition/Repair/Alternation (Circle One)			
Service Size	AMPS	Motor Circuit	Recept. Outlets (QTY)
Range Circuit		Lighting Outlets:	Total Cost: \$ _____
Water Heater Circuit		Dryer Circuit	
Remarks: (Desc. Of Work:			

9. <u>Driveway Permit</u>	
<input type="checkbox"/>	If you live on a state road, please submit a copy of your Highway Occupancy Permit.
<input type="checkbox"/>	If you live on a county road, please submit a copy of your permit from Lackawanna County.
<input type="checkbox"/>	If you live on a Jessup Borough road, please contact the Jessup Borough DPW Foreman for an inspection prior to starting work on your driveway.

SKETCH of Proposed Building or Addition:

FRONTAGE

REAR

THE

Signature of Applicant	Date Work to be Started	Permit Number

For Office Use Only

Approved: _____ **Fee:** \$ _____

Permit Issued: _____ **Permit Expires:** _____

Permit Number: _____