

EAST TAYLOR TOWNSHIP  
 2402 William Penn Ave Johnstown PA 15909 (814) 322-1733  
**UNIFORM CONSTRUCTION PERMIT APPLICATION**

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

County \_\_\_\_\_ Municipality \_\_\_\_\_

Zone District \_\_\_\_\_ (Must be completed) You can obtain this at the municipal building.

Job Location/91 1 Address \_\_\_\_\_ Zipcode \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Architect: \_\_\_\_\_ Phone # \_\_\_\_\_

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"/> Pool	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Deck		

**Describe the proposed work:**

\_\_\_\_\_  
 \_\_\_\_\_

Estimated Cost of Construction \$ \_\_\_\_\_

**Description of Building Use (check one)**

RESIDENTIAL	NON-RESIDENTIAL
<input type="checkbox"/> One Family Dwelling (R3)	Specific Use _____
<input type="checkbox"/> Two Family Dwelling (R3)	Use Group _____
	Change in Use: YES _____ NO _____
	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) \_\_\_\_\_ Public \_\_\_\_\_ Private

Sewage Service (check) \_\_\_\_\_ Public \_\_\_\_\_ Private

**Does or will your building contain any of the following:**

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Type of Vent \_\_\_\_\_

Elevator/Escalators/Lifts/Moving walks: \_\_\_\_\_ YES \_\_\_\_\_ NO

Sprinkler System: \_\_\_\_\_ YES \_\_\_\_\_ NO

Pressure Valve \_\_\_\_\_ YES \_\_\_\_\_ NO

Refrigeration system: \_\_\_\_\_ YES \_\_\_\_\_ NO Will there be any electrical work involved: \_\_\_\_\_ YES \_\_\_\_\_ NO

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft.      Number of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ sq. ft.    Height of Structure Above Grade: \_\_\_\_\_  
Total Building Area: \_\_\_\_\_ sq. ft.    Area of Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN**

Is the site located within an identified flood hazard area? (check one) \_\_\_\_\_ YES \_\_\_\_\_ NO  
Will any portion of the flood hazard area be developed? (check one) \_\_\_\_\_ YES \_\_\_\_\_ NO

Owner/Agent shall verify that any proposed construction and/or development 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

Lowest Floor Level: \_\_\_\_\_ sq. ft.

**HISTORIC DISTRICT**

Is the site located within a Historic District? \_\_\_\_\_ YES \_\_\_\_\_ NO

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 the PA Act 45 ft (Uniform Construction Code) and any additional approved building code requirements adopted by the municipality. The property owner and the applicant assumes the responsibility of locating all property lines, setbacks, easements, right of ways, flood areas, act. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of any Municipality or any other governing body. The applicant certifies that 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 opportunity to enter the 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 Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**Directions to Site:**

### **SITE/PLOT PLAN**

1. Indicate set backs from property lines (front, rear, and sides) state approx. Distances when over 50'
2. Indicate Lot size measurements (front, rear and sides)
3. Indicate any roads or right of ways.
4. Indicate all other structures and structure's dimensions on the property (house, shed, garage, etc.)