

# CONSTRUCTION PERMIT APPLICATION

ALLEGHENY TOWNSHIP  
136 Community Building Road  
Leechburg, PA 15656

DATE APPLICATION RECEIVED: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

## BUILDING PERMIT

One Family Dwelling

Two Family Dwelling

Commercial Use

New Construction

Alteration

Repair

Demolition

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

TOTAL SQ. FT. OF CONSTRUCTION: \_\_\_\_\_ ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

Plan Review Required

ARCHITECT/ENGINEER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

BUILDER NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

\*\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*\*

BUILDING PERMIT APPLICATION

APPROVED  DENIED

BUILDING PERMIT FEE \$ \_\_\_\_\_

BY: \_\_\_\_\_

PLAN REVIEW FEE \$ \_\_\_\_\_

DATE: \_\_\_\_\_

MUNICIPAL FEE \$ \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

TRAINING FEE \$ \_\_\_\_\_

TOTAL PERMIT FEE \$ \_\_\_\_\_

# ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

- ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIU OF THIS FORM
- APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P. S. § 670-420, AS WELL AS COMPLIANCE WITH THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

===== **FOR MUNICIPAL USE ONLY** =====

**ZONING SIGNOFF**

APPROVED

DOES NOT APPLY

ADDITIONAL COMMENTS: \_\_\_\_\_

**HISTORICAL DISTRICT SIGNOFF**

APPROVED

DOES NOT APPLY

ADDITIONAL COMMENTS: \_\_\_\_\_

**FLOOD HAZARD AREA**

YES

NO

IF YES COMPLIANCE WITH § 403.62a(d)(1)(2)(3) IS REQUIRED

ADDITIONAL COMMENTS: \_\_\_\_\_

BY: SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_