

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

DATE TO BIA _____

DATE FROM BIA _____

<p>*OFFICE USE ONLY* PAYMENT INFO AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____</p>	<p>BOROUGH OF STROUDSBURG ZONING/CODES ENFORCEMENT 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com</p>	<p><input type="checkbox"/> EXPEDITED REVIEW IS REQUESTED. THIS REQUIRES FULL PAYMENT AND AN ADDITIONAL 25% FEE.</p> <p><i>Expedited Review does NOT guarantee issuance of permit.</i></p> <p>\$ _____ <i>Amount / Date</i></p>
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I. OWNER AND BUILDING / PROJECT INFORMATION

Property Owner's Name: _____	Email: _____
Property Owner's Mailing Address: _____	
Property Owner Phone Number: _____	Mobile Phone #: _____
Address of Project: _____	
Monroe County Tax I.D.#: 1873 _____	
TYPE OF PERMIT(S) REQUESTED: <input type="checkbox"/> Zoning <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical/HVAC	

II. TYPE OF PROPOSED WORK (check all that apply)

<input type="checkbox"/> Erect a structure <input type="checkbox"/> Add to a structure <input type="checkbox"/> Alter a structure <input type="checkbox"/> Demolish a structure	<input type="checkbox"/> Repair / Replace roof <input type="checkbox"/> Alter / install electrical <input type="checkbox"/> Alter / install plumbing <input type="checkbox"/> Alter / install heat / AC	<input type="checkbox"/> Install fence <input type="checkbox"/> Install swimming pool <input type="checkbox"/> Install shed / garage... <input type="checkbox"/> Alter / install fire suppression	<input type="checkbox"/> Home Occupation <input type="checkbox"/> Change of Use <input type="checkbox"/> Plan Review <input type="checkbox"/> Other: _____
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III. ZONING INFORMATION (Plot Plan Required)

Zoning District: _____	Property is: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed	# of Dwelling Units: _____
Present Use of Property: _____		Proposed New Use: _____
Number of Off-Street Parking Spaces: Existing: _____ Proposed: _____		
Business Name: (if applicable) _____		Number of Employees: _____
Size of New Structure: Length _____ Width _____ Height _____ Total Square Footage _____		
Percentage of lot to be covered by buildings: _____% Total Square Footage of Land Area: _____		
A dimensional plot plan is required (pg 3 of application or submit separate site plan).		

*** DETAILED * description of proposed ZONING changes (use separate sheet of paper if necessary):**

Please Note: Separate Zoning application form is required for •Special Use •Variance •Appeal •Signs

IV. BUILDING INFORMATION

(Construction Plans Required)

* DETAILED * description of proposed changes (include FULL NARRATIVE of construction details and materials/equipment being installed; use separate sheet of paper if necessary):

Percentage of lot to be covered by buildings: _____% Total Square Footage of Land Area: _____

V. COST OF IMPROVEMENTS & REQUIRED FEES

	Job Cost	Sq. Ft.	Details	Flat Fee	+ (Rate x Unit)	+ U.C.C. Fee	Permit Total
NEW construction Residential -complete outside dimensions						+\$4.50	
NEW construction Non-residential -complete outside dimensions						+\$4.50	
Alterations & Additions						+\$4.50	
Detached buildings (e.g. carport, garage, shed...)						+\$4.50	
Demolition			full / partial?			+\$4.50	
Electrical			# breakers / fixtures			+\$4.50	
Mechanical: Heating			new boiler?			+\$4.50	
Mechanical: Air Conditioning			# tons			+\$4.50	
Mechanical: HVAC			# tons			+\$4.50	
Plumbing			# of fixtures			+\$4.50	
Sprinkler system Fire Suppression System						+\$4.50	
Other: _____							
Zoning (Parking / Fence / Pool / Accessory Structures, Zoning Review, Change of Use,.....)						N/A	

TOTAL PERMIT FEES:

VIII. IDENTIFICATION / CONTACT INFO (to be completed by all applicants)

Note: Contractors must provide workman's comp insurance certificate if there are employees. If there are none, the Workmen's Comp Affidavit on the following page must be signed.

	Name	Mailing Address	Telephone & Email
1. APPLICANT			
2. COMMERCIAL TENANT OR BUSINESS OWNER			
3. CONTRACTOR OR GENERAL CONTRACTOR			
4. PLUMBING CONTRACTOR			
5. ELECTRICAL CONTRACTOR			
6. MECHANICAL CONTRACTOR			

I agree to conform to all applicable laws and ordinances of this jurisdiction. I understand that an application is not considered complete until all documents are submitted and full payment is received. I further understand that all deposits are non-refundable.

Signature of Applicant:

Date:

Signature of Property Owner:

Date:

IX. VALIDATION

Requires Review by:

Borough Council

Planning Commission

Zoning Hearing Board

HARB

X. NOTES & DATA (for department use)

Building Permit Data: Occupancy _____ Occupancy LD (commercial only) _____ Dwelling Units _____

Construction Code _____ Construction Type _____ Proposed Use _____ Use Group Class _____

NOTES:

XI. APPROVAL

Code Officer's Signature:

Date:

