## **CITY OF JOHNSTOWN, PENNSYLVANIA**

401 Main Street, Room 202, Johnstown, PA 15901 Phone: (814) 539-2504 Fax: (814) 410-0991

## **APPLICATION FOR BUILDING PERMIT**

Application for a permit shall be made by the owner, agent or lessee of the building or structure, or by the registered design professional employed in connection with the proposed work.

		Lot Size
Applicant Name _ Applicant Address _		Phone
Owner Name Owner Address		Phone
Ownership:	Private (Individual,	Corporation, Non-Profit Institution etc.)
	Public (Federal, S	tate or Local Government)
PROPOSED USE	Residentia	Commercial
THIRD PARTY PLAN	REVIEW AND INSPECT	ION (Information provided by Zoning Office)
	Laurel Mur	nicipal ABD
	Applicable	
	Electrical I	nspection Zoning Inspection
Do Drawing specificatio	e property registered histons comply with zoning requirming buildings or structur	
FLOOD PLAIN INFO	RMATION Applicant m	nust provide Flood-Proofing and Elevation Certificates.
	Applicable	Not Applicable
Flood Plain Classification	on	Finished Construction Elevation
Market Value Determina	ation	Type of Flood-Proofing
	FEMA	Map #
STORM WATER MA	NAGEMENT	
Management Ordinand		,250 sq. ft. must address the City of Johnstown Storm Water effective January 1, 2015, and have approval by a Civil Engineer. application.
_	Applicable	Not Applicable

TYPE OF IMPROVEM	ENTS			
Repair/Re	placement		Foundation O	only
Alteration			Change of Us	se/Occupancy
Addition (	# of Units)		Sign	
New Cons	struction		Demolition	
Relocation			Fence	
CONSTRUCTION CO	STS			
General Constructi	on	\$		
Demolition		\$		
Heating/Air Conditi	oning	\$		
Electrical		\$		
Plumbing		\$		
Other		\$		
TOTAL COSTS		\$		
TOTAL COSTS		Φ		
IDENTIFICATION	NAME	ADDRESS	PHONE #	LICENSE #
IDENTIFICATION  Contractor Sub-contractor	NAME	ADDRESS		LICENSE #
IDENTIFICATION  Contractor Sub-contractor Plumber	NAME	ADDRESS	PHONE #	LICENSE #
IDENTIFICATION  Contractor Sub-contractor	NAME	ADDRESS	PHONE #	LICENSE #
IDENTIFICATION  Contractor Sub-contractor Plumber	NAME	ADDRESS	PHONE #	LICENSE #
IDENTIFICATION  Contractor Sub-contractor Plumber Electrician	NAME  ON (Completed by	ADDRESS y Zoning Office)	PHONE #	LICENSE #
IDENTIFICATION  Contractor Sub-contractor Plumber Electrician  ZONING INFORMATIO	NAME  ON (Completed by	ADDRESS  y Zoning Office)  Map	PHONE #	LICENSE #
IDENTIFICATION  Contractor Sub-contractor Plumber Electrician  ZONING INFORMATIO  Zoning District  Does Applicant's re	NAME  ON (Completed by  Tax equest require Zo	ADDRESS  y Zoning Office)  Map  oning Hearing Bo	PHONE #	LICENSE #  Block
IDENTIFICATION  Contractor Sub-contractor Plumber Electrician  ZONING INFORMATIO  Zoning District Does Applicant's re Variance	NAME  ON (Completed by  Tax  equest require Zo  Special Ex	ADDRESS  y Zoning Office)  Map  oning Hearing Bo	PHONE #  Parcel  pard action? Yes  Conditional Use/Spec	Block No cial Permission_
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The Applicant certifies that all information on this application is true and correct and the work will be completed in accordance with all approved construction documents and the PA ACT 45 Uniform Construction Code and any additional approved building code requirements adopted by the City of Johnstown. The property and/or business owner and/or applicant will be responsible of locating all property lines, setback lines, easements, rights-of -way, flood areas etc. 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 the City of Johnstown or any other government body.

The Applicant certifies he/she understands all the applicable codes, ordinances and regulations and is financially responsible for all necessary plan review fees and/or inspection fees required by the PA ACT 45 Uniform Construction code and/or the City of Johnstown and gives permission for the code administrator or the code administrator's authorized representative to have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit .

Signature of Owner		Print Name of Owner
Or Authorized Agent/	Contra	actor or Authorized Agent/Contractor
Address		Date Signed
Email Address		
WORK PERFORMA	NCE	
Residential		
		I, the Owner/ Applicant, certify that the information I have submitted is true and correct and that I am doing the work myself, without a Contractor. I accept financial responsibility for any/all plan review fees and/or inspection fees required by PA ACT 45 and/or the City of Johnstown.
		I, the Owner/ Applicant, certify that the information I have submitted is true and correct and I have hired a Contractor to do the work. I accept financial responsibility for any/all plan review fees and/or inspection fees required by PA ACT 45 and/or the City of Johnstown.
		I, the Contractor, certify that the information I have submitted is true and correct and I am authorized to act on behalf of the Owner/Applicant. I accept financial responsibility for any/all plan review fees and/or inspection fees required by PA ACT 45 and/or the City of Johnstown.
Commercial		

- I am the Contractor and/or authorized business manager/agent acting on behalf of the Owner and do certify that the information submitted is true and correct. In this capacity I accept financial responsibility for any/all plan review fees and/or inspection fees required by PA ACT 45 and/or the City of Johnstown.
- □ I am the authorized Contractor/Sub-Contractor acting on behalf of the Applicant and do certify that the information I have submitted is true and correct. In this capacity I accept financial responsibility for any/all plan review fees and/or inspection fees required by PA ACT 45 and/or the City of Johnstown.

## **SITE PLAN**

<u> </u>
This page shall be used for the drawing of all major construction and in such other cases as the Building Inspector deems necessary. This plan shall show the locations and sizes of the building and structures, both existing and proposed and their relationship to adjoining premises and public roads.
Rear Property Line
Front Property Line
Sidewalk
Street