

BUILDING / ZONING PERMIT APPLICATION

Borough of Bath

215 E. Main St.
Bath, PA 18014
Phone: 610-837-6525

BRH PERMIT # _____

CMI # _____

ISSUE DATE: _____

DATE RECEIVED: ___/___/___

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY INFORMATION

ST NUMBER: _____	STREET: _____	SUITE/APT: _____	ZONING DIST: _____
TAX ID #: _____	LOT SIZE: _____	SQ. FT.: _____	
BUSINESS NAME: _____	SUBDIVISION: _____	LOT SIZE: _____	
PRESENT USE OF STRUCTURE/BUILDING, DESCRIBE: _____			

APPLICANT INFORMATION

APPLICANT IS: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DESIGN PROFESSIONAL <input type="checkbox"/> OTHER _____			
NAME: _____		PHONE: _____	
ADDRESS: _____		CELL: _____	
CITY: _____		FAX: _____	
STATE: _____		EMAIL: _____	
SIGNATURE: _____		ZIP: _____	

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of the Borough of Bath. Owners of the property pertaining to and stated on this application, upon approval of this application's request, do hereby grant permission to Borough Officials to enter said property for purposes of inspection for compliance with Borough ordinances and codes.

OWNER INFORMATION CHECK HERE IF SAME AS APPLICANT

NAME: _____		PHONE: _____		CELL: _____	
ADDRESS: _____		FAX: _____		EMAIL: _____	
CITY: _____		STATE: _____		ZIP: _____	
SIGNATURE: ** _____		**REQUIRED ON ALL APPLICATIONS			

CONTRACTOR INFORMATION CHECK HERE IF SAME AS APPLICANT

NAME: _____		PHONE: _____		CELL: _____	
ADDRESS: _____		FAX: _____		EMAIL: _____	
CITY: _____		STATE: _____		ZIP: _____	
SIGNATURE: _____		PA HOME IMPROVEMENT CONTRACTOR REG # _____			

DETAILED DESCRIPTION OF PROJECT: _____

COST INCLUDING LABOR AND MATERIALS: \$ _____

INT. FLOOR SPACE _____ SQ.FT. # OF BEDROOMS _____ # OF STORIES _____ HEIGHT _____ FT.

TOTAL SQ. FT. OF NEW CONSTRUCTION (INCLUDE BASEMENT, GARAGE, PORCH/DECK, ALL FLOORS): _____ SQ. FT.

APPLICATION FOR: (CHECK ALL THAT APPLY)		PROPOSED USE:	
<ul style="list-style-type: none"> <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> EXTERIOR ALTERATION <input type="checkbox"/> INTERIOR ALTERATION/REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> FENCE <input type="checkbox"/> PATIO/DECK <input type="checkbox"/> SHED 	<ul style="list-style-type: none"> <input type="checkbox"/> ADDITION TO BUILDING <input type="checkbox"/> ACCESSORY STRUCTURE <input type="checkbox"/> TEMPORARY BUILDING <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> PARKING LOT <input type="checkbox"/> ROAD OPENING (HOP) <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING 	<ul style="list-style-type: none"> <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTI FAMILY DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APARTMENT BLDG. <input type="checkbox"/> STORAGE <input type="checkbox"/> ACCESSORY 	<ul style="list-style-type: none"> <input type="checkbox"/> PLACE OF ASSEMBLY <input type="checkbox"/> BUSINESS (OFFICE). <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> INDUSTRIAL. <input type="checkbox"/> MERCANTILE (STORE) <input type="checkbox"/> OTHER SEE DESC
<ul style="list-style-type: none"> <input type="checkbox"/> INGROUND POOL <input type="checkbox"/> ABOVEGROUND POOL 	<ul style="list-style-type: none"> <input type="checkbox"/> TENNANT FIT OUT <input type="checkbox"/> OTHER (SEE DESC.) 	<p>SEE REVERSE SIDE FOR ADDITIONAL INFORMATION</p>	

(OVER)

MISCELLANEOUS INFORMATION

Please check if Public Utilities have been disconnected before Demolition:

Electric Water Gas TV Cable Phone

Will blasting be required? YES NO If yes, provide certified blaster & State Blasting Permit # _____

<input type="checkbox"/> IN FLOOD PLAIN <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> PRIVATE WELL	<input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> PRIVATE SEPTIC <input type="checkbox"/> INDUSTRIALIZED	<input type="checkbox"/> MANUFACTURED <input type="checkbox"/> BASEMENT <input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> OTHER _____
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CONSTRUCTION TYPE:		HEATING FUEL:	
<input type="checkbox"/> WOOD <input type="checkbox"/> MASONRY <input type="checkbox"/> _____	<input type="checkbox"/> STRUCTURAL STEEL <input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY	
SIZE OF IMPROVEMENT	DISTANCE FROM LOT LINES		
WIDTH _____ LENGTH _____ HEIGHT _____	FRONT: _____ REAR: _____	LEFT SIDE: _____ RIGHT SIDE: _____	

SWIMMING POOL DETAILS

Type of Pool: Inground
 Above Ground (Including inflatables)

<input type="checkbox"/> FENCE - Type _____ HEIGHT _____	<input type="checkbox"/> GATE HEIGHT _____
<input type="checkbox"/> LADDER LINEAR FEET _____	<input type="checkbox"/> DECK LENGTH _____ WIDTH _____

POOL SIZE _____ FT. X _____ FT. OR DIAMETER _____ FT. = _____ SQ.FT.

OFFICE USE ONLY

DEPARTMENT	APPROVED BY	N/A	DENIAL	DATE	PERMIT FEES:		MISC.	
<input type="checkbox"/> ZONING		<input type="checkbox"/>	<input type="checkbox"/>		ZONING	\$.	<input type="checkbox"/>	CONTR. LICENSE
<input type="checkbox"/> CMI		<input type="checkbox"/>	<input type="checkbox"/>		BUILDING (UCC)	\$.	<input type="checkbox"/>	WORKER'S COMP
<input type="checkbox"/> PUBLIC WORKS		<input type="checkbox"/>	<input type="checkbox"/>		ADMIN	\$.	<input type="checkbox"/>	NOTARIZED FORM
<input type="checkbox"/> ENGINEERS		<input type="checkbox"/>	<input type="checkbox"/>		STATE FEE	\$ 4 . 00		
						\$.		
						\$.		
					DATE FEES PAID: _____			

PERMIT ISSUED BY: _____ DATE: _____

PERMIT DENIED BY: _____ DATE: _____

DENIAL REASON: _____

**NOTE: PAYMENT OF FEE DOES NOT GUARENTEE APPROVAL
FEES ARE NON-REFUNDABLE**

Application Guidelines

1). All Zoning Permit applications must be accompanied by three (3) copies of a Plot Plan (as specified in Section 4.1 (d) of the Zoning Ordinance). The Plot Plan shall:

- Be drawn to the scale of **1 inch equals 20 feet**.
- Show the exact size and location of all new construction as well as the location of all existing buildings, structures and signs.
- Show all the dimensions and area, in square feet and in acres, of the lot and buildings situate thereon.
- Show the distance of all lot lines to the building restriction line.
- Show the location of all streets.
- Show all established and proposed street, driveway, parking area and finished lot grades.
- The Plot Plan must show setback lines to all property lines, any easements on the property, locations of existing water and sewer lines, wells, utility lines, right-of-ways and any other existing structures and their dimensions on the property as may be required by the Borough.

2). Three (3) sets of construction documents, if applicable, must also accompany the Plot Plan and Zoning permit application.

3). In addition, a building, plumbing, mechanical, electrical, commercial certificate of compliance and/or road occupancy permit application may be required as appropriate, and are to be submitted at the same time.

4). Incomplete applications will not be accepted.

5). Copies of any outside agency approvals (if applicable) required for the use.

Fences: Show material type and height of fence on application. Please indicate if fence is to be pool-barrier compliant.

Signs: The dimensions, wording, and proposed location of the sign are required on the Plot Plan.

Fee Schedule/Requirements

- A. Zoning/Building application fee(s) will follow the Borough's Schedule of Fees to include Exhibit "A". Building/UCC Permits require a deposit; \$100 for Residential work and \$200 for Commercial work.
- B. If applicable, any and all fees for required inspections must be paid before any inspections are performed. *(Please contact Shawn Leidy with CodeMaster Inspection Services at 484-223-0763 for the amount. Inspection fees are payable to Borough of Bath.)*
- C. All contractors are required to supply workman's compensation and liability insurance certificate naming the Borough of Bath as additional insured.