

**CITY OF JOHNSTOWN, PENNSYLVANIA
APPLICATION FOR BUILDING PERMIT, ZONING REVIEW
AND PLAN EXAMINATION**



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.

LOCATION/SITE ADDRESS _____ LOT SIZE _____

APPLICANT NAME _____

APPLICANT ADDRESS _____ PHONE NO. _____

OWNER NAME _____

OWNER ADDRESS _____ PHONE NO. _____

ZONING INFORMATION - TO BE COMPLETED BY ZONING

Zoning District _____ Tax Map ID _____ Parcel _____ Block _____

Drawing Specifications Comply with Zoning Requirements? Yes _____ No _____

Nonconforming Buildings and Uses? Yes _____ No _____ (If yes, check an item below)

- ___ NONCONFORMING VACANT LOT
- ___ NONCONFORMING BUILDING USED FOR A PERMITTED USE
- ___ NONCONFORMING USE OF A BUILDING
- ___ NONCONFORMING BUILDING USED FOR A NONCONFORMING USE

ZONING APPROVAL

DOES REQUEST REQUIRE ZONING HEARING BOARD ACTION? Yes _____ No _____
(If Yes, indicate date of action and attach decision)

- A. VARIANCE _____
- B. SPECIAL EXCEPTION _____
- C. SPECIAL PERMISSION _____
- D. APPEAL _____

CIRCLE ONE: APPROVED DENIED

IF DENIED, REASON FOR DENIAL _____

ZONING OFFICER SIGNATURE _____ DATE: _____

BUILDING PERMIT APPROVAL _____ DATE: _____

BUILDING PERMIT APPROVED BY: _____ DATE: _____

DATE BUILDING PERMIT ISSUED: _____

NOTES AND DATA - FOR DEPARTMENT USE

TYPE OF IMPROVEMENT	PROPOSED USE	
<input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Addition No. of units _____ <input type="checkbox"/> New Building <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use <input type="checkbox"/> Sign <input type="checkbox"/> Demolition Proposed Use of Site _____ _____ _____	RESIDENTIAL <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family No. of units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Shed <input type="checkbox"/> Pool <input type="checkbox"/> Other (specify) _____ _____ _____	NON-RESIDENTIAL <input type="checkbox"/> Amusement/recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station/Repair Garage <input type="checkbox"/> Tanks, Towers <input type="checkbox"/> Hospital/institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Public Utility <input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Storage/warehousing <input type="checkbox"/> Other _____
OWNERSHIP (check one)		
<input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State, or local government)		

Cost	(omit cents)	JOB DESCRIPTION
General Construction (To be inserted but not included in above cost)	\$ _____	Describe in detail proposed work. If applying for addition, new building, pool, garage, shed, or sign, please use back page to draw sketch of proposed work. _____ _____ _____ _____ _____
Electrical	\$ _____	
Plumbing *See page 6	\$ _____	
Heating/Air Conditioning	\$ _____	
Other (elevator, etc.)	\$ _____	
TOTAL COST	\$ _____	

IDENTIFICATION					
	Name	Mailing Address	Zip Code	Lic. No.	Telephone No.
Architect/Engineer					
Contractor					
Sub-Contractor					
Sub-Contractor					
Sub-Contractor					
Plumber					
Electrician					

Selected Characteristics of Building	- For new buildings, additions, and demolitions (Continued on next page)	
PRINCIPAL TYPE OF FRAME <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other (specify) _____	TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (Septic Tank, etc.) <hr/> TYPE OF WATER SUPPLY <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (well, cistern)	DIMENSIONS Number of stories _____ Total square feet of floor area, all floors, based on exterior dimensions _____ Total land area, square feet _____

Continued

<p><u>PRINCIPAL TYPE OF HEATING FUEL</u></p> <p><input type="checkbox"/> Gas <input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Electricity <input type="checkbox"/> Coal</p> <p><input type="checkbox"/> Other (specify)</p> <p>_____</p> <p>_____</p>	<p><u>TYPE OF MECHANICAL</u></p> <p>Will there be air conditioning?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>NUMBER OF OFF STREET PARKING SPACES</u></p> <p>Enclosed _____ Outdoors _____</p> <p style="text-align: center;">RESIDENTIAL BUILDINGS ONLY</p> <p>Number of Bedrooms _____</p> <p>Number of Bathrooms _____</p> <p style="text-align: center;">Full _____ Partial _____</p>
---	--	--

PLAN REVIEW RECORD - FOR OFFICE USE

Plan Review Required	<input checked="" type="checkbox"/>	Plan Review Fee	Date Submitted	By	Date Plans Approved	By	Notes
SITE PLANNING	<input type="checkbox"/>						
ENGINEERING	<input type="checkbox"/>						
STORM WATER	<input type="checkbox"/>						
EROSION/SEDIMENT	<input type="checkbox"/>						
FLOOD PLAIN	<input type="checkbox"/>						
SEWER & WATER TAPS	<input type="checkbox"/>						
TRAFFIC CONTROL	<input type="checkbox"/>						
BUILDING ARCHITECTURAL	<input type="checkbox"/>						
ELECTRICAL	<input type="checkbox"/>						
MECHANICAL	<input type="checkbox"/>						
PLUMBING	<input type="checkbox"/>						
STRUCTURAL	<input type="checkbox"/>						
FIRE PROTECTION	<input type="checkbox"/>						

ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	<input checked="" type="checkbox"/>	Date Obtained	Number	By	Permit or Approval	<input checked="" type="checkbox"/>	Date Obtained	Number	By
Curb or Sidewalk Cut	<input type="checkbox"/>					<input type="checkbox"/>			
Elevator	<input type="checkbox"/>					<input type="checkbox"/>			
Electrical	<input type="checkbox"/>					<input type="checkbox"/>			
Plumbing	<input type="checkbox"/>					<input type="checkbox"/>			
Grading	<input type="checkbox"/>					<input type="checkbox"/>			
Flood Plain	<input type="checkbox"/>					<input type="checkbox"/>			
Zoning	<input type="checkbox"/>					<input type="checkbox"/>			

VALIDATION

Building Permit Fee	\$			Sewer Tap Fee	\$		
Zoning Fee	\$			Floodplain Fee	\$		
Plumbing Permit Fee	\$			Plan Review Fee	\$		
Demolition Deposit	\$			Clerical Fee	\$		
Demolition Fee	\$			Other	\$		
Electrical Fee	\$						
Driveway Permit Fee	\$						
Water Tap Fee	\$			GRAND TOTAL	\$		

The applicant certifies that all information on this application is correct and the work will be completed in accordance with all "approved" construction documents and 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 assumes the responsibility of locating all property lines, setback lines, easements, right-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 other government body.

The applicant certifies he/she understands all the applicable codes, ordinances, regulations and further assumes financial responsibility for all necessary plan review fees and/or inspection fees required by PA Act 45 and/or the City of Johnstown

I certify that the code administrator or the code administrator's authorized representative shall 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 and /or Authorized Agent and /or contractor

Print Name of Owner and/or Authorized Agent and/or contractor

Address

Date

WORK PERFORMANCE

CHECK ONE

Residential

* I the homeowner certify that the information I have submitted is correct and that I am doing the work myself. I have not hired a contractor to do this work. I have accepted 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 homeowner certify that the information I have submitted is correct. I am not doing the work myself. I have hired a contractor to do this work. I have accepted financial responsibility for any/all plan review fees and/or inspection fees required by PA ACT 45 and/or the City of Johnstown.

Contract Name: _____
Address Line 1 _____
Address Line 2 _____
Contractor License _____

* I the contractor certify that the information I have submitted is correct and I am authorized to act on behalf of the owner. I have accepted financial responsibility for any/all plan review fees and/or inspection fees required by PA ACT 45 and/or the City of Johnstown.

Contract Name: _____
Address Line 1 _____
Address Line 2 _____
Contractor License _____

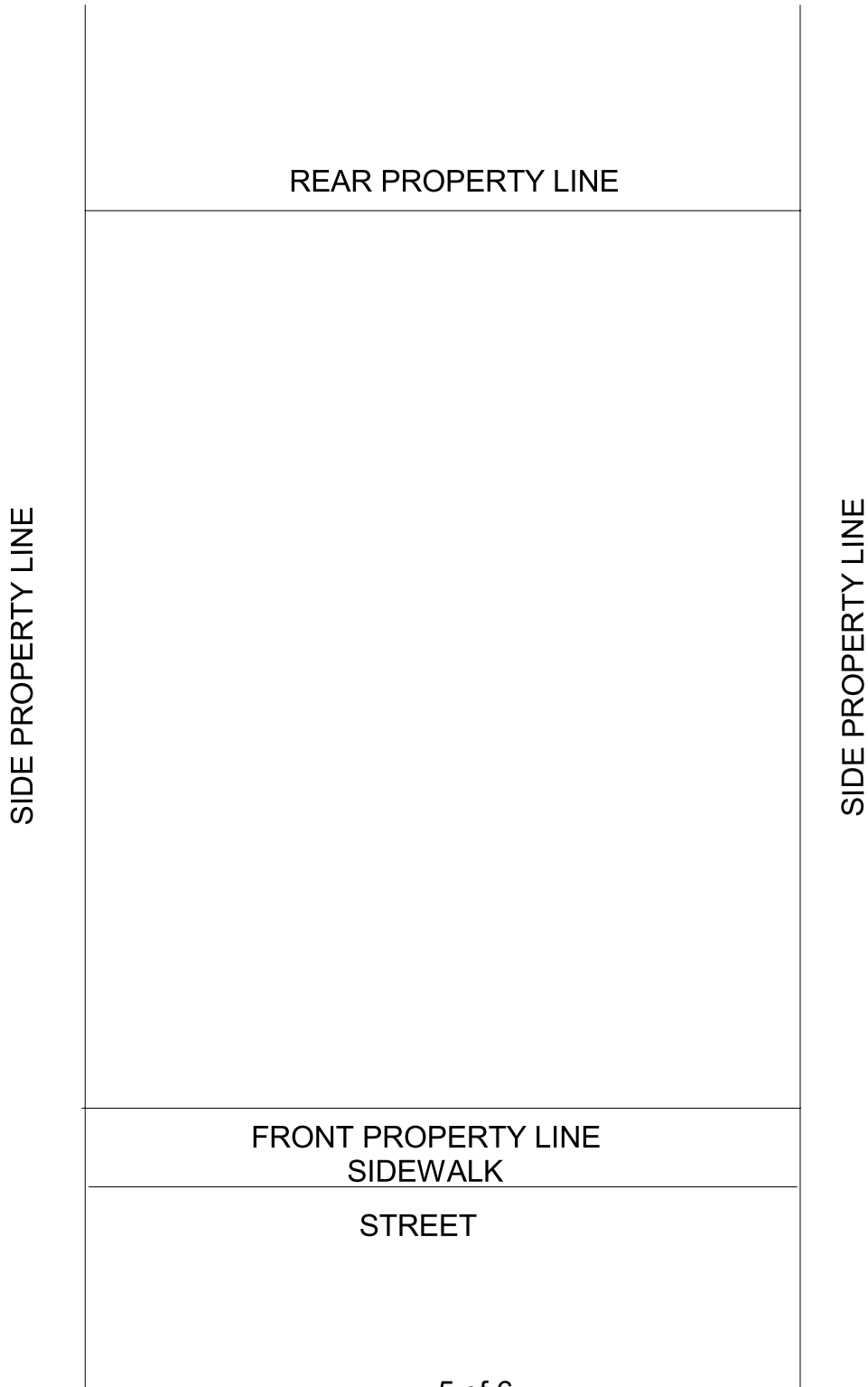
Commercial

I am the owner and/or authorized business manager/agent acting on behalf of owner and do certify that the information submitted is correct. In this capacity I accept responsibility for any/all drawing review fees and/or inspection fees as required by PA Act 45 and/or the City of Johnstown.

I am the authorized contractor/subcontractor acting on behalf of owner/agent and do certify that the information submitted is correct. In this capacity I accept responsibility for any/all drawing review fees and/or inspection fees as required by PA Act 45 and/or the City of Johnstown.

Plot Plan

1. This page shall be used for the drawing of a site plan for all major construction and in such other cases as the Building Inspector deems necessary.
2. The site plan shall show the location and size of the lot, locations and sizes of the buildings and structures upon the premises (both existing and proposed) and their relationship to adjoining premises and public roads.



Plumbing Permitting Fees

(Upon completion of this schedule, insert the total permit dollar amount onto page 2 in the "Plumbing" line of the "Cost" section)

<u>Item/Description</u>	<u>Unit Meas.</u>	<u>Fee</u>	<u>No. of Units</u>	<u>Permit Fee</u>
Plumbing Permit Administration Fee - All	Each	\$10.00	1	\$10.00
Plumbing Fixture, Floor Drain or Trap	Each	\$4.00	_____	_____
New/Replaced Sanitary House Sewer	Each	\$10.00	_____	_____
New/Replaced Storm House Sewer	Each	\$10.00	_____	_____
Water Tank, Thermal Tank and Vent	Each	\$10.00	_____	_____
Install/Alter/Repair Water Piping	Each	\$8.00	_____	_____
Install/Alter/Repair Water Treatment Equipment	Each	\$8.00	_____	_____
Repair or Alteration of Sanitary, Storm & Vent Piping	Each	\$8.00	_____	_____
Vacuum Breakers or Backflow Protection Devices Installed Subsequent to Installation of Piping/Equip.:				
One to Five	Each	\$4.00	_____	_____
Six or More	Each	\$4.00	_____	_____
Roof Drain (Including Indirect Equipment Drains)	Each	\$4.00	_____	_____
Downspout Connected to Underground Storm Sewer	Each	\$4.00	_____	_____
Sanitary or Storm Sewer House Repair	Each	\$8.00	_____	_____
Manhole or Catch Basin	Each	\$8.00	_____	_____
Sub-soil or French Drain System to be Installed	Each	\$8.00	_____	_____
Medical Gas Station Box:				
Three or Less Outlets	Each	\$4.00	_____	_____
Four or More	Each	\$8.00	_____	_____
Vacuum Pump	Each	\$8.00	_____	_____
New Water Supplied Boiler Connection	Each	\$8.00	_____	_____
New or Replaced Water Service Line	Each	\$10.00	_____	_____
Sanitary or Storm Sewer Cap	Each	\$8.00	_____	_____
Radon System Installed	Each	\$8.00	_____	_____
(Insert amount onto page two of the permit application) →		Totals:	<u>_____</u>	<u>\$ _____</u>