NO WORK IS TO BE STARTED UNTIL APPLICANT RECEIVES AN APPROVED PERMIT AND IT IS POSTED AT THE JOB SITE

APPLICATION FOR A BUILDING PERMIT

CITY OF SCRANTON

I. Is the Property Condemned?	Yes	No	
 If yes, is the city treasurer holding a primprovements are completed and approvements. 		or cashier's chec	ck until the
2. Map Id Number(<i>Required</i>)			
Name of Property Owner:			
I. Authorized Agent of Property (If a	pplicable)		
5. Address of Property Owner:			
6. Telephone Number of Owner:			
7. Location of Job Site:			
3. Is the Property Located in a Floo	d Zone?	Yes	No
9. Is the property Currently Fire Dar	maged?	Yes	No
 If yes, is the city treasurer holding completed and approved? Yes 	•	eeds until the im	nprovements are
0. Existing use of Property a Single	Family Stru	cture: Yes	No
 If no, what is the current use of th 	e structure?		
If multi dwelling, how many units?	·		
1. Has this property been vacant fo	or the past six	k (6) months	? Yes No

NOTE: THE ANSWERS AND INFORMATION PROVIDED IN PARAGRAPH 8 ABOVE DO NOT WAIVE THE REQUIREMENTS AND CONDITIONS REQUIRED BY THE CITY OF SCRANTON ZONING ORDINANCE FILE COUNCIL 74 OF 1993.

FURTHER, ANY RELIEF GRANTED BY THE APPROVAL OF THIS BUILDING PERMIT, DOES NOT WAIVE OR IMPLICITLY APPROVE ANY RELIEF REQUIREMENTS REQUIRED BY OTHER CITY ORDINANCES, INCLUDING BUT NOT LIMITED TO THE CITY OF SCRANTON ZONING ORDINANCE.

FURTHER, IF ANY OF THE ANSWERS TO QUESTIONS HEREIN OR INFORMATION PROVIDED ARE FALSE OR A MISREPRESENTATION, SHALL VOID THIS PERMIT AND SAME WILL BE REVOKED.

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2. Total cost of the proposed building operation (not including electrical mechanical or plumbing), of labor and materials for construction				
13. Brief description of work being performed:				
14. Is there a dumpster for this job on the street? Yes No (# of Days (If yes, an additional dumpster permit is required. The cost is \$10.00 a day).				
PERMITS WILL BE ISSUED TO LICENSED CONTRACTORS OR HOME OWNER OCCUPANTS ONLY, HOME OWNER MUST LIVE AT THE PROPERTY IN ORDER TO RECEIVE THE PERMIT				
ALL LICENSED CONTRACTORS APPLYING FOR A PERMIT MUST SUBMIT A COMPLETE EXECUTED COPY OF THEIR CONTRACT AND INSURANCE FOR THE PROPOSED WORK BEFORE THE PERMIT IS ISSUED.				
NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICAL (HVAC)				
15. Identification- To be completed by all applicants. Contractor's License Number Contractor's DA Registration Number				
Contractor's PA Registration Number Contractor's Name				
Contactors Address				
Contractor's Number				
***If Applicable:				
Architect NameArchitect Telephone Number:				
7 11 OFFICOL TOLOPHOLO TRULLINGT				

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ADANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

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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 the work.*

Signatui	е			Date
complete to th subject to crin	e best of ninal pen	my knowledge	and belief. I also by 18 PA.C.C 49	s above are true and realize that I will be 03 and 4904 if I
**NOTE: ALL W	ORK SHA	r or Authorized ALL COMPLY WIT ACT 45 OF 1999	TH THE PENNSYL\	Date /ANIA UNIFORM
		OFFICIAL I		
		OTTICIAL	JOE ONE!	
PPROVED: YES	NO	DATE	SIGNATUR	E OF ZONING OFFICER
PPROVED: YES	NO			