

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

APPLICATION FOR A PLUMBING PERMIT

CITY OF SCRANTON

1. Is the Property Condemned? Yes No

- If yes, is the city treasurer holding a performance bond or cashier's check until the improvements are completed and approved? **Yes No**

2. Map Id Number(**Required**) _____

3. Name of Property Owner: _____

4. Authorized Agent of Property (If applicable) _____

5. Address of Property Owner: _____

6. Telephone Number of Owner: _____

7. Location of Job Site: _____

8. Is the Property Located in a Flood Zone? Yes No

9. Is the property Currently Fire Damaged? Yes No

- If yes, is the city treasurer holding insurance proceeds until the improvements are completed and approved? Yes No

10. Existing use of Property a Single Family Structure: Yes No

- If no, what is the current use of the structure? _____
- If multi dwelling, how many units? _____

11. Has this property been vacant for the past six (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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12. Total cost of the proposed Plumbing operation (not including building, electrical or Mechanical), of labor and materials for construction

13. Brief description of work being performed:

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)

14. Identification- To be completed by all applicants.

Contractor's License Number _____

Contractor's PA Registration Number _____

Contractor's Name _____

Contactors Address _____

Contractor's Number _____

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.

I swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I also realize that I will be subject to criminal penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

Signature of Contractor or Authorized Agent

Date

****NOTE: ALL WORK SHALL COMPLY WITH THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE, ACT 45 OF 1999****

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OFFICIAL USE ONLY

APPROVED: YES	NO	_____	_____
		DATE	SIGNATURE OF ZONING OFFICER
APPROVED: YES	NO	_____	_____
		DATE	SIGNATURE OF PLUMBING INSP
APPROVED: YES	NO	_____	_____
		DATE	SIGNATURE OF BUILDING CODE OFFICIAL