

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

**APPLICATION FOR BUILDING PERMIT FOR FENCE
INSTALLATION OR REPLACEMENT/ INTERIOR
RENOVATIONS TO STRUCTURE**

1. IS THE PROPERTY A CONDEMNED PROPERTY IN THE CITY OF SCRANTON? yes no
2. Map Id Number(*Required*) _____
3. Name of Property Owner: _____
4. Address of Property Owner: _____
5. Telephone Number of Owner: _____
6. Location of Job Site: _____
7. Is the property Currently Fire Damaged? Yes No
8. Existing use of Property: _____

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.

9. Brief description of work being performed (*if fence is being installed, please indicate what type of fence, height of fence along with location of fence*)

10. Total cost of the proposed building operation (not including electrical, mechanical or plumbing), labor and materials for construction

11. Is there a dumpster for this job on the street? **Yes No**
If yes, an additional dumpster permit is required. The cost is \$10.00 a day.

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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)

12. Contractor's License Number _____
Contractor's Name _____
Contractor's Address _____
Contractor's Telephone 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 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.**

SIGNATURE

DATE

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

OFFICIAL USE ONLY

APPROVED: YES NO

DATE

SIGNATURE OF ZONING OFFICER

APPROVED: YES NO

DATE

SIGNATURE OF BUILDING CODE OFFICIAL