

DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

APPLICATION FOR A BUILDING PERMIT

1.	Address of Job Site:	
2.	Is the Property Condemned? Yes No	
•	 If yes, is the city treasurer holding a performance bond or cashier's check until the improvement completed and approved? Yes No 	ents are
	• If yes, did this Department conduct an inspection at this location? Yes No	
3.	Property Map Id Number(<i>Required</i>)	
4.	Name of Listed Property Owner:	
	if the owner is other an a individual such as a company, corporation or other fictitious name, the application provide proof the application is being made by an authorized corporate officer of a Corporation/Compa authorized partner of a Partnership, LP or LLP.	
5.	Authorized Agent of Property	
6.	Address of Property Owner:	
7.	Owner Phone # ()Email	
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.	. Is Existing use of Property a Single Family Dwelling? Yes No	
	If multi dwelling, how many units? M YES M NO	
11.	. Is the Property/Space a New or Existing Business? Yes	No
	What type of business?	
	• If yes, is there a certificate of occupancy on file/filed for? Yes	No
12	2. Has this property been vacant for the past six (6) months? Yes	No
13.	. Were Construction Prints Submitted by a Licensed Architect/Engineer? Yes	No N/A
	If yes, are plans approved? Yes No	
<u>.</u>	<u>NO WORK IS TO BE STARTED UNTIL APPLICANT RECIEVES AN APPROVED PEI</u> AND IT IS POSTED AT THE JOB SITE.	<u>RMIT</u>

<u>*For New Structures, Additions, Decks, Patios, Driveways, Sidewalks,</u>	
Pools Only-A Plot Plan Must Also Be Attached	
14. The new structure will have a max width offeet and a max depth of	
feet and will occupy square feet of the land after	
construction or alteration is completed.	
15. The nearest distance of the new structure from the property boundary line of the lot	
will be as follows: feet from the rear lot line; feet from the left	
lot side line; feet from the right side lot line; feet from the front	
lot line.	

16. Detailed description of building work *(only)* being performed:

17. Total cost of the proposed building portion (*not including electrical, mechanical or plumbing, for which separate permits are required*) of all labor and materials for construction:

\$_____

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

**ALL PERMITS ARE TO BE FILLED OUT IN FULL. FAILURE TO DO SO MAY RESULT IN THE RETURN OF THE PERMIT. **

PERMITS WILL BE ISSUED TO LICENSED CONTRACTORS OR HOME OWNER OCCUPANTS ONLY, HOME OWNER MUST LIVE AT THE PROPERTY IN ORDER TO PERFORM APPROVED WORK.

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.

18. Contractor Identification- To be completed by all applicants. (To be filled out in full)

Contractor's Name (Not business name)	
Contactors Address	
Contractor's Business Name:	
Contractor's Phone ()	_Email
City of Scranton Contractor's License Number _	
Contractor's PA Registration Number	

If Applicable

	neer's Addr	ess:		
Architect's/Eng	ineer's Phor	ne: ()	Email	
				NOT COMMENCED WITHIN 180 D
	ON OR WORK IS	SUSPENDED OR ADANDO	NED FOR A PERIOD OF 18	O DAYS AT ANY TIME AFTER WO
		PROVIDED IN ABOVE DO FON ZONING ORDINANCE		EMENTS AND CONDITIONS 993.
*FURTHER, ANY REI APPROVE ANY REL THE CITY OF SCRAM	IEF REQUIREME	NTS REQUIRED BY OTHER	S BUILDING PERMIT, DOE CITY ORDINANCES, INCL	S NOT WAIVE OR IMPLICITLY UDING BUT NOT LIMITED TO
*FURTHER, IF ANY C MISREPRESENTATIO	OF THE ANSWER ON, SHALL VOID	S TO QUESTIONS HEREIN THIS PERMIT AND THE SA	OR INFORMATION PROVI ME WILL BE REVOKED	DED ARE FALSE OR A
		tify that the informat self. I have not hire		is correct and true and erform the work.
Signature of Pr	operty Owne	er or Authorized Age	nt	Date
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