

After completion of this checklist you must submit this with all other appropriate permit applications and supporting documents to the Municipality. Thereafter the Municipality will process the paperwork and provide further direction as needed and/or required.

► LAND USE PERMIT CHECKLIST ◀

Additional Sheets Attached: # _____

NOTE TO APPLICANT: Applicable items on this checklist shall be completed prior to your submission of an application for a building permit. Failure to complete any applicable item on this checklist shall be sufficient grounds for denial of the building permit application. Please contact your local municipal office or the local Pa Municipal Code Alliance, Inc. office if you have any questions about the process for obtaining a building permit.

Municipality _____

County _____

Tax Parcel I.D. _____

Land Use Permit # _____

Location of Property/Work Site (Complete Address Street City Zip)

NAME AND CONTACT INFORMATION OF THE APPLICANT:

Print Full Name _____

Phone (Cell and/or Land line) _____

Email Address _____

Complete Mailing Address: Street/P.O. Box _____ City _____ State _____ Zip _____

PROJECT DESCRIPTION: _____

Type of Construction: Single-Family Dwelling / Duplex Multi Family New Manufactured Home Relocated Manufactured Home

Commercial Other _____ **Total Square Footage of Earth Disturbance:** _____

Improvement Type: New Addition Alteration Repair/Replacement Relocation Other _____

Estimated start date _____ Estimated date of completion _____

Estimated value of construction _____ Number of Additional Bedrooms _____

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge. Ref. 18 Pa. Cons. Stat. § 4903.

Applicant's signature _____ Date _____

Everything Below is for Municipal Official Use ONLY

Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained prior to applying for a building permit. All items must be addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identify special requirements or conditions.

<input type="checkbox"/> Sewage facilities planning module, DEP Planning Code # _____	Date of approval _____
<input type="checkbox"/> Sub-division & Land Development, Municipal resolution # _____	Date of approval _____
<input type="checkbox"/> _____ County Planning Approval _____	Date of approval _____
<input type="checkbox"/> Sewage permit from Sewage Enforcement Officer, Permit # _____	Date of approval _____
<input type="checkbox"/> Storm water management module. Approved by: _____	Date of approval _____
<input type="checkbox"/> Conservation District notification per Chapter 102. _____	Date of approval _____
<input type="checkbox"/> NPDES Permit # _____ for earth disturbances 1 acre or more,	Date of approval _____
<input type="checkbox"/> Driveway Permit, Penn DOT # _____ or Local # _____	Date of approval _____
<input type="checkbox"/> Public water tap, Permit # _____	Date of approval _____
<input type="checkbox"/> Public sewer tap, Permit # _____	Date of approval _____
<input type="checkbox"/> Historical Architectural Review Board, <input type="checkbox"/> Check here for Special conditions.	Date of approval _____
<input type="checkbox"/> Zoning, Permit # _____ <input type="checkbox"/> Check here for Special conditions.	Date of approval _____
<input type="checkbox"/> Other; sluce pipe, road alteration, etc. <input type="checkbox"/> Check here for Special conditions.	Date of approval _____
<input type="checkbox"/> Floodplain mapping _____ Project may contain flood plain.	Date of review _____
<input type="checkbox"/> Municipal setback clearances, <input type="checkbox"/> Check here for Special conditions.	Date of approval _____
<input type="checkbox"/> Aviation Flight Path or Airport Impact Possible <input type="checkbox"/> Check here for FAA or Pa DOT approval	Date of approval _____
<input type="checkbox"/> Extra Pages attached to describe special conditions or circumstance. How many extra pages are attached? _____	

{SEAL}

Approved - Municipal Official's Signature & Title _____

Date _____

► This Signature indicates Municipal verification & approval of the Land Use Project which is
based upon the information provided to the municipality to date. ◀