

**Nanticoke City Department
Building Inspection**

PERMIT NO: _____

Application for Plan Examination and Building Permit

Urban Renewal
Project

IMPORTANT - Applicant to complete all items in sections I, II, III, IV, VI and X

I. LOCATION	NUMBER & STREET	WARD	LOT	BLOCK	CENSUS TRACT
Type of Permit	BUILDING <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> HEATING <input type="checkbox"/> OTHER <input type="checkbox"/>				

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <th style="text-align: left;">Residential</th> <th style="text-align: left;">Nonresidential</th> </tr> <tr> <td>12 <input type="checkbox"/> One family</td> <td>18 <input type="checkbox"/> Amusement, recreational</td> </tr> <tr> <td>13 <input type="checkbox"/> Two or more family - Enter number of units \rightarrow _____</td> <td>19 <input type="checkbox"/> Church, other religious</td> </tr> <tr> <td>14 <input type="checkbox"/> Transient hotel, motel or dormitory - Enter number of units \rightarrow _____</td> <td>20 <input type="checkbox"/> Industrial</td> </tr> <tr> <td>15 <input type="checkbox"/> Garage</td> <td>21 <input type="checkbox"/> Parking garage</td> </tr> <tr> <td>16 <input type="checkbox"/> Carport</td> <td>22 <input type="checkbox"/> Service station, repair garage</td> </tr> <tr> <td>17 <input type="checkbox"/> Other - Specify _____</td> <td>23 <input type="checkbox"/> Hospital, institutional</td> </tr> <tr> <td>_____</td> <td>24 <input type="checkbox"/> Office, bank, professional</td> </tr> <tr> <td>_____</td> <td>25 <input type="checkbox"/> Public utility</td> </tr> <tr> <td>_____</td> <td>26 <input type="checkbox"/> School, library, other educational</td> </tr> <tr> <td>_____</td> <td>27 <input type="checkbox"/> Stores, mercantile</td> </tr> <tr> <td>_____</td> <td>28 <input type="checkbox"/> Tanks, towers</td> </tr> <tr> <td>_____</td> <td>29 <input type="checkbox"/> Other - Specify _____</td> </tr> </table>	Residential	Nonresidential	12 <input type="checkbox"/> One family	18 <input type="checkbox"/> Amusement, recreational	13 <input type="checkbox"/> Two or more family - Enter number of units \rightarrow _____	19 <input type="checkbox"/> Church, other religious	14 <input type="checkbox"/> Transient hotel, motel or dormitory - Enter number of units \rightarrow _____	20 <input type="checkbox"/> Industrial	15 <input type="checkbox"/> Garage	21 <input type="checkbox"/> Parking garage	16 <input type="checkbox"/> Carport	22 <input type="checkbox"/> Service station, repair garage	17 <input type="checkbox"/> Other - Specify _____	23 <input type="checkbox"/> Hospital, institutional	_____	24 <input type="checkbox"/> Office, bank, professional	_____	25 <input type="checkbox"/> Public utility	_____	26 <input type="checkbox"/> School, library, other educational	_____	27 <input type="checkbox"/> Stores, mercantile	_____	28 <input type="checkbox"/> Tanks, towers	_____	29 <input type="checkbox"/> Other - Specify _____
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<p>B. OWNERSHIP</p> <p>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>																											

<p>C. COST</p> <p>10. Cost of improvement</p> <p style="margin-left: 20px;">a. Electrical</p> <p style="margin-left: 20px;">b. Plumbing</p> <p style="margin-left: 20px;">c. Heating, air conditioning</p> <p style="margin-left: 20px;">d. Other (elevator, etc.)</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p>	<p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building, at industrial plant. If use of existing building is being changed, enter proposed use.</p>
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III. SELECTED CHARACTERISTICS OF BUILDING - For new Structures, Alterations and Additions Furnish 3 sets of Drawings

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood Frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Length and Width</p> <p>51. Total land area, sq. ft.</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p>k. NUMBER OF OFF-STREET PARKING SPACES</p> <p>52. Enclosed</p> <p>53. Outdoors</p>
	<p>I. TYPE OF MECHANICAL</p> <p>will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>54. Number of bedrooms</p> <p>55. Number of full</p> <p style="margin-left: 20px;">bathrooms</p> <p style="text-align: right;">Partial</p>

Addendum to Building Permit



City
of
Nanticoke

15 East Ridge Street ■ Nanticoke, Pennsylvania 18534

For completion by municipal official
Municipality _____
Date Issued _____
Permit No. _____

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____
or Self-Insurer _____
Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Coverage Period Ends _____

Name of Contractor/Policyholder _____

Address _____

City _____ State _____ Zip Code _____

Contractor/Policyholder's federal or state employer identification number (EIN) _____

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policy holder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act of the terms of this permit will subject the contractor/policy holder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns property

Contractor/Applicant is a sole proprietorship without employees

Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

Other. Please explain:

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Applicant's federal or state employer identification number (EIN) _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/ applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Signature

Name (Please Print)

Title

Name of Company

Pennsylvania League of Cities and Municipalities.
Note: Applicant's Copy to be attached to permit and posted.
Municipality's Copy to be filed with its permit copy.

IDENTIFICATION – To be completed by all applicants				
	Name	Mailing address – Number, street, city, and State	ZIP code	Tel. No.
1. Owner Signature				
2. Contractor Signature				
3. Architect				
The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.				
Signature of applicant		Address		Application date

BUILDERS must provide a written warranty to the homeowner certifying that the home is in compliance with Act 222, of 1980 which sets minimal energy conservation standards. Builder's Signature _____

OWNER The provisions of Act 222 of 1980 must be complied with. Forms are available from Electric utility. Owner's Signature _____

V. ZONING PLAN EXAMINERS NOTES	
DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES	

IX. VALIDATION: Building Inspector
Building Permit number _____
Building Permit issued _____ 20__
Building Permit Fee \$ _____
Approved by:
TITLE

TENANT'S NAME
DATE STARTED
DATE OF COMPLETION
COMPUTER INFORMATION
ENTERED ON:
BY:
REF. NO.