



# LAUREL MUNICIPAL INSPECTION AGENCY

140 E. Carroll St Suite 202

PO Box 375

Carrolltown, PA 15722

Phone: (814) 471-0424 Fax: (814) 471-6801

## LOCATION OF PROPOSED WORK OR IMPROVEMENT

## RESIDENTIAL APPLICATION

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Job Location/911 Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Between: \_\_\_\_\_ AND \_\_\_\_\_  
(Intersection/Street) (Intersection/Street)

Parcel # \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_ HIC # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## TYPE OF WORK OR IMPROVEMENT (Check One)

- New Building  Addition  Alteration  Repair  Demolition  Relocation
- Foundation Only  Change of Use  Plumbing  Mechanical  Electrical  Swimming Pools
- Other

**Describe the proposed work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$** \_\_\_\_\_

## DESCRIPTION OF BUILDING USE (Check One)

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)

## BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: \_\_\_\_\_ Existing \_\_\_\_\_ Proposed \_\_\_\_\_  
 Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc) \_\_\_\_\_  
 Water Service (Check)  Public  Private  
 Sewer Service (Check)  Public  Private

### Does or will your building contain any of the following:

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Type Vent \_\_\_\_\_

## BUILDING DIMENSIONS

Existing Building Area: \_\_\_\_\_ sq. ft. Number of Stories: \_\_\_\_\_  
 Proposed Building Area: \_\_\_\_\_ sq.ft. Height of Structure above Grade: \_\_\_\_\_  
 Total Building Area: \_\_\_\_\_ sq.ft. Area of the Largest Floor: \_\_\_\_\_ sq.ft.

## Electric

\_\_\_\_\_ Amp \_\_\_\_\_ Company DR# \_\_\_\_\_ Electrician \_\_\_\_\_

Electrician Phone \_\_\_\_\_

**Bedrooms** Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Total \_\_\_\_\_

**FLOODPLAIN**

Is the site located within an identified flood hazard area? (Check One)  YES  NO  
Will any portion of the flood hazard area be developed? (Check One)  YES  NO  N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978) specifically Section 60.3

Lowest Floor Level: \_\_\_\_\_

**HISTORIC DISTRICT**

Is the site located within a Historic District?  YES  NO  
*If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.*

❖ **Certificate of Workers' Compensation or Affidavit of Exemption must be submitted with application if your work is being performed by a contractor.**

❖ **All roofing jobs must show receipt for the disposal of old roofing material.**

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and the PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and the applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of any Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either or by the *registered design professional* employed in connection with the proposed work.

**I certify that the code administrator or the code administrator's authorized representative shall have the opportunity to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Directions to site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO THE ABOVE REFERENCED ADDRESS**

Date Received \_\_\_\_\_

Signed \_\_\_\_\_