



CCBCEA d/b/a Laurel Municipal Inspection Agency

140 E. Carroll Street, Po Box 375

Carrolltown, PA 15722

Phone: (814) 471-0424 Email: info@LMIagency.org

RESIDENTIAL APPLICATION

County: _____ Municipality: _____

Job Location/911 Address: _____ Zip: _____

Owner: _____ Phone # _____

Mailing Address: _____

Email Address: _____

Principal Contractor: _____ Phone # _____ HIC # _____

Mailing Address: _____

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.

Proposed Building Area: _____ sq.ft.

Total Building Area: _____ sq.ft.

Number of Stories: _____

Height of Structure above Grade: _____

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 _____