



CENTRE REGION CODE ADMINISTRATION
 2643 Gateway Drive Suite #2
 State College, PA 16801
 Tel: 814-231-3056

WWW.CENTREREGIONCODE.ORG

Building Permit No:
 Zoning Permit No:
 Water Permit:
 Sewer Permit:

APPLICATION FOR ZONING AND BUILDING PERMIT

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Municipality: _____ Tax Parcel No: _____
 Street Address: _____
 Rural Directions: _____

TYPE AND COST OF WORK OR IMPROVEMENT

Type of Property:

- Commercial
- Residential
- Current Rental
- Proposed Rental

Type of Improvement:

- New building
- Addition
- Alteration
- Repair, replacement
- Demolition
- Electrical ONLY
- Sprinkler System ONLY

Building Information:

Dimensions:

Height (feet): _____
 No of Stories: _____
 Total Square footage: _____

Type of sewage disposal:

- Public or private company
- Private (on lot septic tank, etc.)

Type of water supply:

- Public or private company
- Private (well, cistern)

Declared cost

\$ _____

Describe proposed work:

Role:	Name	Address	Phone No	Email
<i>Owner</i>				
<i>Tenant</i>				
<i>Contractor</i>				
<i>Design Professional</i>				

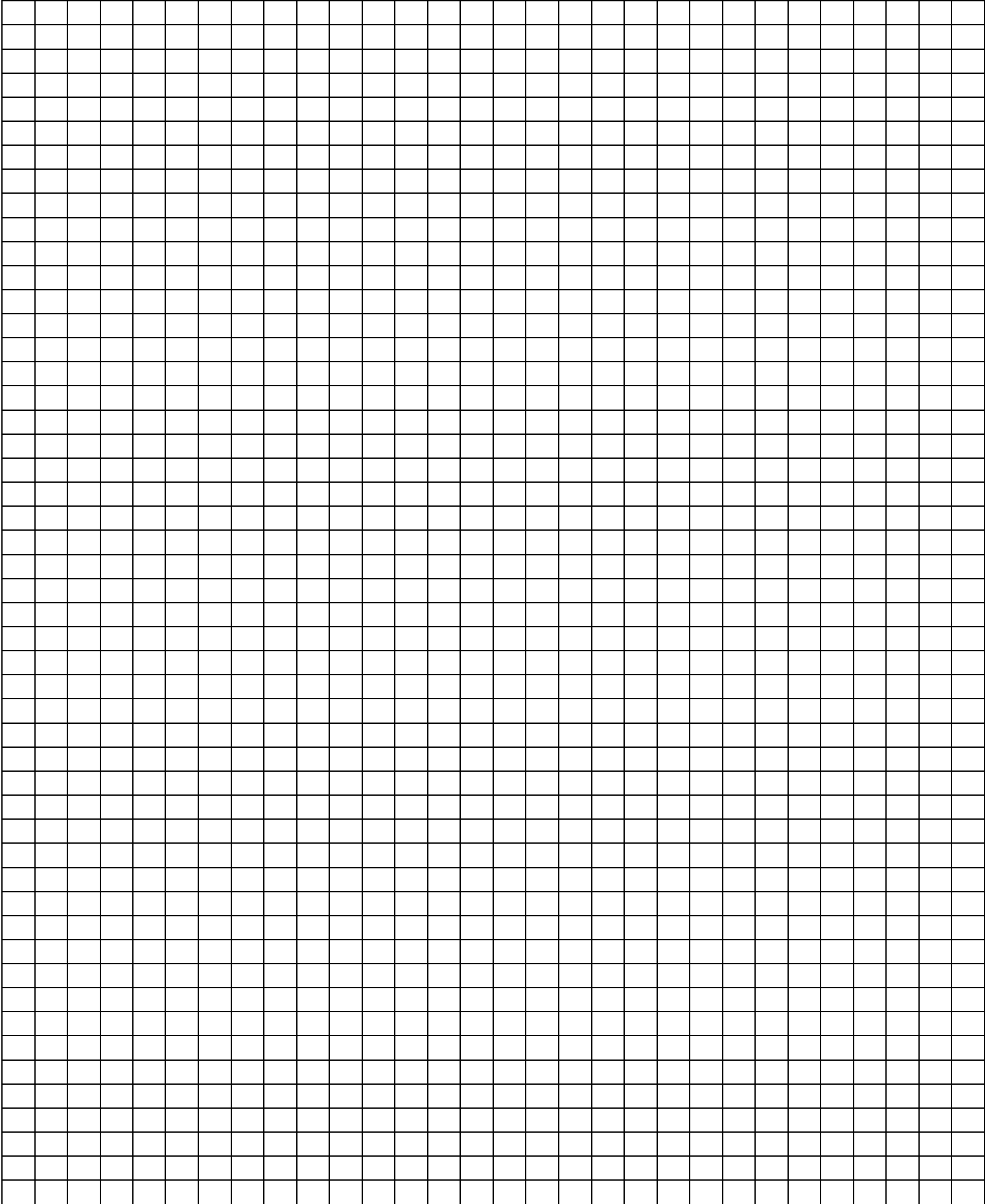
AFFIDAVIT

I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Pennsylvania and this jurisdiction.

Signature of applicant	Address	Application Date
Print Name	Email/Phone	Role

ADDRESS: _____

Site Plan – Required for zoning application. Applicant must fill in dimensions and indicate North.



ZONING PLANS EXAMINER NOTES

Zone: _____
 Lot Square Footage: _____
 Percent Coverage: _____

Off-street parking spaces
 Enclosed: _____
 Outdoors: _____

Set Backs	North √	Required	Provided
Front			
Right Side			
Left Side			
Rear			

Notes: _____

Approved: _____ Date approved: _____ Permit No.: _____

CODES PLANS EXAMINER NOTES

OCCUPANCY INFORMATION

Type of Construction: _____ Use Group: _____

FLOOR	# OF UNITS	MAX OCC LOADS	MAX LIVE LOAD (lbs per sq.ft.)	FLOOR	# OF UNITS	MAX OCC LOAD	MAX LIVE LOADS (lbs per sq.ft.)
BASEMENT				SEVENTH FLOOR			
FIRST FLOOR				EIGHTH FLOOR			
SECOND FLOOR				NINTH FLOOR			
THIRD FLOOR				TENTH FLOOR			
FOURTH FLOOR				ELEVENTH FLOOR			
FIFTH FLOOR				ROOF			
SIXTH FLOOR				OTHER			

Plan Approved: _____ Date Approved: _____

Building Permit No: _____ Date Permit Issued: _____
 Permit fee \$ _____ Deposit Paid \$ _____ Balance Due \$ _____
 Deposit Date _____ Check/Cash _____ By _____