

**CENTRE REGION CODE ADMINISTRATION**

2643 Gateway Dr., Suite #2  
State College, PA 16801  
Phone: 814-231-3056

Building Permit No.  
Zoning Permit No.

**Fax: 814-231-3088**

**EMAIL: permitapps@crcog.net**

**ELECTRONIC APPLICATION FOR BUILDING PERMIT**

**APPLICATION REQUIREMENTS:** Documents to be submitted with an application for –  
TEMPORARY POWER POLE- Allegheny Work Request Number  
ELECTRICAL SERVICE UPGRADES - Allegheny Work Request Number  
TENT - Zoning, Flame Resistant tag from tent  
DEMOLITION - Zoning (where required)  
GAS APPLIANCES - Zoning (where required), Manufacturer installation guide  
HVAC EQUIPMENT - Zoning (where required), HVAC Replacement Form (if applicable)

**LOCATION OF PROPOSED WORK**

Municipality \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_

Number and Street \_\_\_\_\_

Rural Directions \_\_\_\_\_

**TYPE AND COST OF WORK**

- Circle One:
1. Demolition
  2. Electrical only
  3. Tent
  4. Repair, Replacement
  5. Gas Line/Appliance

Declared Cost:  
\$ \_\_\_\_\_

Describe Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IDENTIFICATION**

Name	Mailing Address	Phone and Email
1. Owner		
2. Contractor		

**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 owner or authorized agent	Address	Email	Application Date

**VALIDATION**

Building Permit No. \_\_\_\_\_ Date Permit Issued \_\_\_\_\_ 20\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Approved \_\_\_\_\_