

GREEN TOWNSHIP
1492 ROUTE 240
Commodore, PA 15729
Phone: 724-254-9355

BUILDING PERMIT AND PLANS EXAMINATION APPLICATION
RESIDENTIAL & COMMERCIAL APPLICATION

1. LOCATION (911 ADDRESS) _____

City _____ State _____ Zip _____

Tax Parcel # 20- _____

2. Type of Improvement _____

3. Residential or Commercial (Please circle one)

4. **Is Project in flood hazard area: Yes or No** (If yes, submit one copy of the hazard certification mandated in section 1612.4 of the International Building Code)

5. Total Cost of Project \$ _____

6. Proposed Use of Building _____

*Does this require Land Development Approval? YES ___/NO ___

*If yes, has this received Land Development Approval? YES ___/NO ___

7. Characteristics of Building:

Type of Frame: _____

Sewage: Public or Private (Please circle one) Permit Number: _____

Water Supply: Public or Private (Please circle one)

Electricity Provider: _____

Type of Heating Fuel: _____ Central Air Conditioning: Yes or No

Total square feet of floor areas (all floors): _____

Number of stories: _____ Finished Basement: Yes or No

Residential Only: Number of Bedrooms: _____ Number of Bathrooms: _____

Commercial Only: Number of Off-Street Parking Spaces: _____

8. Brief Description of Project: _____

9. Identification:

Owner: _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell _____

E-mail address _____

Contractor: _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell _____

E-mail address _____

10. Applicant: (Please check one)

Owner _____ Contractor _____ Architect/Engineer _____ Other _____

11. Signature

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable codes and laws of this jurisdiction.

_____ Signature of Applicant

_____ Application Date

Print Name: _____

12. Contractor Registration Number: _____