

CITY OF LATROBE
901 Jefferson Street
Latrobe, PA 15650
Phone: (724) 539-8548

BUILDING PERMIT AND PLANS EXAMINATION APPLICATION

RESIDENTIAL & COMMERCIAL APPLICATION

1. LOCATION (911 ADDRESS) _____

City _____ State _____ Zip _____

Tax Parcel # _____

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 1612.5 of the International Building Code)

5. Total Cost of Project \$ _____

6. Proposed Use of Building _____

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: _____
