

ST. CLAIR TOWNSHIP
550 Seward Street
Seward, PA 15954
Phone: 814-446-5211

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: _____

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: _____