FAIRFIELD TOWNSHIP 159 Midget Camp Road Bolivar, PA 15923

Phone: 724-235-2140

BUILDING PERMIT AND PLANS EXAMINATION APPLICATION

RESIDENTIAL & COMMERCIAL APPLICATION

| 1. | LOCATION (911 ADDRESS) | | | | |
|----|--|--------------------------------|--|--|--|
| | CityState | Zip | | | |
| | Tax Parcel # | | | | |
| 2. | Type of Improvement | | | | |
| 3. | Residential or Commercial (Please circle one) | | | | |
| 4. | c. 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 \$ | | | | |
| ó. | 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: | | | | |
| | 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 Park | ring Spaces: | | | |
| 3. | 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) | | | |
| | OwnerContractor | Architect/Engin | neerOther | |
| | | | | |
| 11. | . Signature | | | |
| | I hereby certify that the proposed | work is authorized b | by the owner of record and tha | t |
| | I have been authorized by the own | | | |
| | and we agree to conform to all app | | _ | |
| | 0 11 | | , | |
| | | | | |
| | Signature of Appl | licant | Application Date | |
| | | | | |
| | Print Name: | | | |
| | | | | |
| 12 | Contractor Registration Number: | | | |

TKL Code Inspection Service, Inc. Phone: 724-801-8204

Phone: 724-801-8204 Fax: 724-801-8205 www.tklinspection.com