

Borough of Berwick

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, IV, and IX.

I. LOCATION OF BUILDING	AT (LOCATION) _____ Zoning District: _____
	(No.) _____ (Street) _____
	BETWEEN _____ AND _____ (Cross Street) (Cross Street)
SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____	

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D			
A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If Residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, Replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation	D. PROPOSED USE - For "Wrecking" most recent use <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Residential 12 <input type="checkbox"/> One Family 13 <input type="checkbox"/> Two or more family - Enter number of units ----> 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units ----> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ </td> <td style="width: 50%; vertical-align: top;"> Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, Library, or other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other: - Specify: _____ </td> </tr> </table>	Residential 12 <input type="checkbox"/> One Family 13 <input type="checkbox"/> Two or more family - Enter number of units ----> 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units ----> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, Library, or other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other: - Specify: _____
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B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)			

C. COST 10. Cost of Improvement To be installed but not included in the above cost. a. Electrical..... b. Plumbing, c. Heating, Air Conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT	(Omit cents) \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.
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III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecing, complete only Part J, for all others, skip to IV.

E. PRINCIPAL TYPE OF FRAME 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood Frame 32 <input type="checkbox"/> Structural Steel 33 <input type="checkbox"/> Reinforced Concrete 34 <input type="checkbox"/> Other - Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or Private Company 41 <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or Private Company 43 <input type="checkbox"/> Private (well, cistern)	J. DIMENSIONS 48. Number of stories, 49. Total square feet of floor area, all floors, based on exterior dimensions 50. Total land area, sq. ft..... K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed, 52. Outdoors, L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms..... 54. Number of Bathrooms Full..... Partial.....	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____	I. TYPE OF MECHANICAL Will there be central Air Conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be on elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No		

IV: IDENTIFICATION - To be completed by all applicants			
Name	Mailing Address - Number, Street, City, and State	Zip Code	Telephone Number
1. Owner or Lessee			
2. Contractor		Builder's License No.:	
3. Architect or Engineer			
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/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.			
Signature of Application		Address	Application Date

*****DO NOT WRITE BELOW THIS LINE*****

V. PLAN REVIEW RECORD - For Office Use							
Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS									
Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN / BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREA				
OIL BURNER					WRECKING				
OTHER: _____					OTHER: _____				

VII: VALIDATION		FOR DEPARTMENT USE ONLY	
Building Permit Number: _____		Use Group	_____
Building Permit Issued: _____		Fire Grading	_____
Building Permit Fee: \$ _____		Live Loading	_____
Certificate of Occupancy: \$ _____		Occupancy Load	_____
Drain Title: \$ _____		Approved by:	_____
Plan Review Fee: \$ _____			_____
			TITLE

VIII. ZONING PLAN EXAMINERS NOTES	
District	
Use	
Front Yard	
Side Yard	Side Yard
Rear Yard	
Notes	

IX. SITE OR PLOT PLAN - For Applicant Use	
	

