

Permit #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Total Fee: \_\_\_\_\_

TOWN OF BLOOMSBURG  
PERMIT PROCESS APPLICATION

1. PROPERTY INFORMATION: RESIDENTIAL: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_

Site Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Flood Plain:  Yes  No

Current Certificate of Occupancy:  Yes  No

2. OWNER INFORMATION:

\_\_\_\_\_  
First Name Mi. Last Name Phone

\_\_\_\_\_  
Street Address City State Zip

3. APPLICANT/AGENT INFORMATION:

\_\_\_\_\_  
First Name Mi. Last Name Phone

\_\_\_\_\_  
Street Address City State Zip

4. CERTIFICATION:

I hereby certify that I am the owner of record of the named property, or 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 I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable law of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT/AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: All Fees Must Be Paid Upon Submission Of Application(s)**

5. PROJECT DESCRIPTION: (additional plans may be attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION/PROJECT: \$ \_\_\_\_\_

**6. ZONING PERMIT INFORMATION:**

New Building  Addition  Signage  Fence  Deck  Accessory Structure/Shed  Use Change  
 Other \_\_\_\_\_

Current Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Site Plan Submitted (Minimum of 2 Sets):  Yes  No

Zoning Permit Fee: \_\_\_\_\_

**7. BUILDING PERMIT INFORMATION: TYPE OF IMPROVEMENT:**

New Construction  Repairs/Renovations  Alterations

Construction Plans Submitted (2 Sets):  Yes  No

Building Permit Fee: \_\_\_\_\_

**8. DEMOLITION PERMIT INFORMATION:**

Residential  Commercial (DEP Notification -  Yes  No)

Total Square Footage of Structure (include on levels): \_\_\_\_\_

Method of Demolition: \_\_\_\_\_

Disposal of Debris (Location): \_\_\_\_\_

Demolition Permit Fee (10¢ per square foot): \_\_\_\_\_

**9. CONTRACTOR INFORMATION: (Please list additional contractor information on a separate sheet(s) if applicable)**

Contractor or Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Person in Charge of Work: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor/Firm Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Workman's Compensation Insurance Carrier Name: \_\_\_\_\_

---

**APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING THE BUILDING INSPECTOR  
A MINIMUM OF 48 HOURS IN ADVANCE FOR ALL REQUIRED INSPECTIONS**

**ALL APPROVED APPLICATIONS SHALL REQUIRE A FINAL INSPECTION  
TO OBTAIN A CERTIFICATE OF OCCUPANCY**