

Phone # 570-784-7123
Fax # 570 784-1518

Town of Bloomsburg
301 E. Second Street
Bloomsburg, PA 17815

Building Permit #: _____
Date Issued: _____
Fees Collected: _____

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

***If there exists tax, sewer, or recycling delinquencies, no permit will be issued under any ordinance of the Town of Bloomsburg requiring a permit.**

I. LOCATION OF BUILDING OR IMPROVEMENT

Address _____

II. BUILDING TYPE AND COST OF {All applicants complete A-D}

A. Type of Improvement: New Building Addition Signs Demolition

B. Declare Cost (Omit cents)\$ _____

D. Description of Work (For Construction and/or Demolition, give complete specific detail)

IV. IDENTIFICATION

Owners Name: _____

Telephone #: _____

Owners Address : _____

Contractor Name: _____

Contractor Address & Phone: _____

Architect Name: _____

Architect Address & Phone: _____

AFFIDAVIT: I hereby certify that I am the owner or the authorized agent for the owner of the property upon which the work authorized by the permit sought will be performed. All the work will be performed in accordance with all applicable laws, ordinances and codes of the Commonwealth of Pennsylvania and this jurisdiction.

Signature of Owner or Authorized Agent _____

Address and Telephone Number _____

Application Date _____

OFFICE USE ONLY:

DESIGNATION: _____NOTABLE _____CONTRIBUTING _____SUPPLEMENTAL _____INTRUSION_____

NOTABLE FACTS: _____

NOTICE: THE LAWS STATE THAT ANYONE WISHING TO APPEAL THE ISSUANCE OF THIS PERMIT MAY DO SO **THIRTY (30) DAYS** FROM ISSUE DATE. DURING THE 30 DAY PERIOD YOU WILL BE PROCEEDING AT YOUR OWN RISK.

