Permit #:	
Date:	
otal Fee:	

TOWN OF BLOOMSBURG PERMIT PROCESS APPLICATION

1. PROPERTY INFORM	MATION: RESI	DENTIAL:	COMMERCIAL:		
Site Address:					
Zoning District:		Flood Plain: □	Yes □ No		
Current Certificate of	Occupancy: Yes	s □ No			
2. <u>OWNER INFORMA</u>	ΓΙΟΝ:				
First Name	Mi.	Last Name		Phone	
Street Address		City	State	Zip	
3. <u>APPLICANT/AGENT</u>	<u> INFORMATION</u> :				
First Name	Mi.	Last Name		Phone	
 Street Address		City	State	Zip	
the start of construction information is true and	_		this jurisdiction. I further of	ertify that this	
APPLICANT/AGENT S	IGNATURE:		DATE:		
5. PROJECT DESCRIP	TION: (additional pla	ans may be attached)			
 ESTIMATED COST OF	CONSTRUCTION/PF	ROJECT: \$			

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 3 Sets): ☐ Yes ☐ No
Zoning Permit Fee:
7. BUILDING PERMIT INFORMATION: TYPE OF IMPROVEMENT:
□ New Construction □ Repairs/Renovations □ Alterations
Construction Plans Submitted (Minimum 3 Sets): ☐ Yes ☐ No
Building Permit Fee:
8. <u>DEMOLITION PERMIT INFORMATION:</u>
□ Residential □ Commercial (DEP Notification – □ Yes □ No)
Total Square Footage of Structure (include on levels):
Method of Demolition:
Disposal of Debris (Location):
Utilities have been confirmed cleared (IE: Sewer, Gas, Electric, Water)
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:

UNIFORM CONSTRUCTION CODE ALLOWS FIFTEEN DAYS FOR RESIDENTAL REVIEW AND THIRTY DAYS FOR COMMERCIAL REVIEW.

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