

Permit #: _____
Date: _____
Total Fee: _____

TOWN OF BLOOMSBURG
PERMIT PROCESS APPLICATION

1. PROPERTY INFORMATION: RESIDENTIAL: _____ COMMERCIAL: _____

Project Address: _____

Zoning District: _____ Flood Plain: Yes No

Current Certificate of Occupancy: Yes No

2. OWNER INFORMATION: EMAIL ADDRESS: _____

First Name Mi. Last Name Phone

Street Address City State Zip

3. APPLICANT/AGENT INFORMATION: EMAIL ADDRESS: _____

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.

15-30 BUSINESS DAY REVIEW PROCESS {PENNSYLVANIA UCC}

APPLICANT/AGENT SIGNATURE: _____ DATE: _____

NOTE: All Fees Must Be Paid Upon Submission of Application(s)
15-30 Business Day Review Process (Pennsylvania UCC)

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 all 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**