

Phone No.: 570-784-7123, ext. 115, 124 or 118  
Fax No.: 570 784-1518

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

Building Permit #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Fees Collected: \_\_\_\_\_

## APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

### I. LOCATION OF BUILDING OR IMPROVEMENT

Address \_\_\_\_\_

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

#### A. Type of Improvement

New Building	Demolition
Addition	Signs
Alteration	Other
Repair, Replacement	_____

#### B. Ownership

Private (individual, corp., nonprofit institution, etc.)  
Public (federal, state or local government)

#### C. Declare Cost (Omit cents)

\$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### IV. IDENTIFICATION

Name	Mailing address (number, street, city, state & zip)	Telephone Number
Owner	_____	_____
Contractor	_____	_____
Architect	_____	_____

### V. 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 \_\_\_\_\_ SIGNIFICANT \_\_\_\_\_ CONTRIBUTING \_\_\_\_\_ INTRUSION

NOTABLE FACTS: \_\_\_\_\_

SECTIONS I to V OF APPLICATION MUST BE COMPLETED FOR PROCESSING

**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.