

**City of DuBois – PERMIT APPLICATION**

P. O. Box 408, 16 West Scribner Ave - DuBois, PA. 15801

Phone: 814-371-2000

Fax: 814-375-2307

Permit No. \_\_\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Municipality: \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

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

Lot# \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Principal

Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT (Circle all that apply)**

New Building    Addition    Alteration    Repair    Demolition    Relocation  
Change of Use    Plumbing    Electrical    Mechanical    Other \_\_\_\_\_

Describe the Proposed work: \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION (Reasonable fair market value)** \_\_\_\_\_

**DESCRIPTION OF BUILDING USE (Check one then complete applicable info)**

RESIDENTIAL

Single Family Dwelling  
Duplex  
Townhouse  
Total Sq. ft. of finished living space \_\_\_\_\_

NON-RESIDENTIAL (Commercial)

Specific Use \_\_\_\_\_  
Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_  
Change of Use (indicate former and proposed): \_\_\_\_\_  
Maximum Occupant Load: \_\_\_\_\_  
Maximum Live Load: \_\_\_\_\_

**Sprinkler system to be installed:** (Check one) Yes\_\_\_\_\_ No\_\_\_\_\_

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft.      Number of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ sq. ft.      Height Above Grade: \_\_\_\_\_ ft.  
Total Building Area: \_\_\_\_\_ sq. ft.      Area of Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN INFORMATION**

Is the site located within an identified flood plan area? (Check one) Yes\_\_\_\_\_ No\_\_\_\_\_

Note: All proposed development shall be in accordance with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act.

**HISTORIC DISTRICT INFORMATION**

Is the site located within a Historical District? (Check one) Yes\_\_\_\_\_ No\_\_\_\_\_

Note: If yes, you must provide proper Historical District certification per the UCC Law.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA Act 45 – Uniform Construction Code and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, right of ways, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant hereby certifies he/she understands all applicable codes, ordinances and regulations.

Application for a permit shall be made by the **owner or lessee of the building or structure, or authorized agent of either, or by the authorized registered Design Professional** employed in connection with the proposed work.

**I certify that the Code Administrator or the Code Administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the applicable codes to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions to Worksite:** \_\_\_\_\_

OFFICE USE ONLY below

Permit Fee: \$ \_\_\_\_\_ Plan Submittal Checklist Attached: yes\_\_\_\_\_ no \_\_\_\_\_

Plan Review Approval Date: \_\_\_\_\_

## MUNICIPAL PRIOR APPROVAL CHECKLIST

Name of Municipality \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Parcel# \_\_\_\_\_ Lot# \_\_\_\_\_

### This Section below to be completed by the Authorized Municipal Representative

#### CHECKLIST ITEMS

Is the project site located in a Flood Area? (Check one) yes \_\_\_\_\_ no \_\_\_\_\_

**(Circle one)**-----**Residential Project**      **or**      **Commercial Project**

Description of Work: \_\_\_\_\_

Zoning or Land Use Permit      Approved \_\_\_\_\_      Not applicable \_\_\_\_\_

Stormwater Management      Approved \_\_\_\_\_      Not applicable \_\_\_\_\_

Street cut/ Driveway      Approved \_\_\_\_\_      Not applicable \_\_\_\_\_

Sewage/Onlot Permit      Approved \_\_\_\_\_      Not applicable \_\_\_\_\_

Water Permit      Approved \_\_\_\_\_      Not applicable \_\_\_\_\_

PennDot Highway Occupancy      Approved \_\_\_\_\_      Not applicable \_\_\_\_\_

Floodplain Permit      Approved \_\_\_\_\_      Not applicable \_\_\_\_\_

Other \_\_\_\_\_      Approved \_\_\_\_\_      Not applicable \_\_\_\_\_

I certify that all required Municipal Codes, Ordinances and Regulations have been met and approval thereby is granted to issue the requested Permit.

Authorized Municipal Representative signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*NOTE THAT THIS PERMIT APPLICATION PACKAGE MUST BE COMPLETED AND THEN SUBMITTED WITH THE PROJECT CONSTRUCTION PLANS AND THE CORRESPONDING SUBMITTAL CHECKLIST\*\***

**PENNSAFE BUILDING INSPECTION SERVICES LLC**  
**COMMERCIAL POOL SUBMITTAL AND INSPECTION HANDOUT**

THE FOLLOWING ITEMS MUST BE SUBMITTED: All items must be checked off

- Application
- Site Plan of pool/spa location
- Two copies of plans and specifications.
- A swimming pool that is not accessory to a one- or two-family dwelling must comply with the current adopted edition of the IBC and the “American National Standards for Public Pools” issued by ANSI and APSP (ANSI/NSPI-1 2003) and the Public Bathing Law (35 P.S. §§ 672-680d).

THE FOLLOWING INSPECTIONS MUST BE SCHEDULED AND COMPLETED:

Inspection Category:

Inspector signoff and date

1. Underground Plumbing & Electrical
2. Rebar/Underslab Prior to Concrete
3. Frame (prior to backfill)
4. Electrical (after bonding prior to covering)
5. Final (when installation is complete) to include ADA

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This directory of inspections must be posted at the job site. All inspections must be approved in order to obtain a Certificate of Approval. In accordance with the UCC Law, no pool may be used until the Certificate of Approval has been issued.

**\*\*THIS COMPLETED FORM MUST BE SUBMITTED WITH THE PROJECT PLANS\*\***

**\*PROVIDE AT LEAST 24 HOURS ADVANCED NOTICE FOR SCHEDULING INSPECTIONS\***