

Phone # 570-339-4486
 Fax # 570 339-6022

BOROUGH OF MOUNT CARMEL
 50 WEST 3RD STREET
 MOUNTCARMEL, PA 17851 -2083

Permit #
 Date
 Fee:

I. LOCATION OF BUILDING OR IMPROVEMENT

Address _____ Tax Parcel # _____

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

<p>A. Type of Improvement</p> <p><input type="checkbox"/> New Building <input type="checkbox"/> Demolition <input type="checkbox"/> Addition <input type="checkbox"/> Signs <input type="checkbox"/> Alteration <input type="checkbox"/> Other <input type="checkbox"/> Repair, Replacement</p>	<p>D. Description of Work (For Construction and/or Demolition, give complete specific detail)</p> <div style="border: 1px solid black; height: 100px;"></div>
<p>B. Ownership Private (individual, corporation, nonprofit institution, etc.) Public (federal state, or local government)</p>	<p>Is a dumpster required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Permits required for dumpsters placed on any public streets.</p>
<p>C. Declare Cost (Omit cents)</p> <p>\$ _____</p>	

III. COMPLETE ONLY FOR NEW BUILDINGS AND ADDITIONS- Selected Characteristics of Building

<p>Dimensions Height in Feet Number of Stories Total of square feet of all floor areas (inc. garage & basement) based on exterior dimensions.</p> <p>B. Number of off-street parking spaces 1. Enclosed 2. Outdoors</p>	<p>C. Type of sewage disposal 1. Public or private company 2. Private (septic tank)</p> <p>D. Type of water supply Public or private company 2. Private (well, cistern)</p> <p>E. Submission of Construction Documents (2 Complete Sets)</p>
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IV. IDENTIFICATION

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

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.
I CONFIRM THAT I MUST CONTACT NORTHUMBERLAND COUNTY DEPT. OF ECONOMIC DEVELOPMENT & PLANNING FOR STORMWATER MANAGEMENT, IN ORDER TO SEEK APPLICATION FOR STORMWATER MANAGEMENT PLAN. (570-988-4220)

Signature of Owner or Authorized Agent	Address and Telephone Number	Application Date
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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.