				ŧ:								
	Date: Total Fee: TOWN OF BLOOMSBURG PERMIT PROCESS APPLICATION											
*If there exists tax, sew	ver, or recycling delinque	ncies, no permit will be issued unde requiring a permit.	er any ordinance of the To	wn of Bloomsburg								
1. PROPERTY INFOR	RMATION: RESI	DENTIAL: COMM	MERCIAL:									
Site Address:				•••••••••••••••••••••••••••••••••••••••								
Zoning District:		Flood Plain: 🛛 Yes	🗆 No									
Current Certificate o	of Occupancy: 🛛 Yes	s 🗆 No										
2. OWNER INFORM	ATION:											
First Name	Mi.	Last Name		Phone								
Street Address		City	State	Zip								
3. APPLICANT/AGEN	<u>IT INFORMATION</u> :											
First Name	Mi.	Last Name		Phone								
Street Address		City	State	Zip								
E-Mail Address	u - a a constanta		2122210100									
owner of record and t understand and assu the start of constructi	hat I have been author me responsibility for th	l of the named property, or that ized by the owner to make this a le establishment of official prope irm to all applicable law of this ju f my knowledge.	application as his autho erty lines for required se	rized agent and l tbacks prior to								
APPLICANT/AGENT	SIGNATURE:	<u> </u>	DATE:									
5. PROJECT DESCR	I <u>PTION</u> : (additional pl	ans may be attached)										
				<u></u>								
			10.40.400.000.000									
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ESTIMATED COST OF CONSTRUCTION/PROJECT: \$_____

6. ZONING PERMIT INFORMATION:

□ New Building □ Addition □ Signage □ Fence □ Deck □ Accessory □ Other	Structure/Shed 🛛 Use Change
Current Use:	
Proposed Use:	
Site Plan Submitted (Minimum of 3 Sets): 🛛 Yes 🗌 No	٦
Zoning Permit Fee:	
7. BUILDING PERMIT INFORMATION: TYPE OF IMPROVEMENT:	
□ New Construction □ Repairs/Renovations □ Alterations	· · ·
Construction Plans Submitted (Minimum 3 Sets):	
Building Permit Fee:	1
8. DEMOLITION PERMIT INFORMATION:	
🗆 Residential 🗆 Commercial (DEP Notification – 🗆 Yes 🗍 🗆 No)	
Total Square Footage of Structure (include on levels):	
/ / / / / / / / / / / / / / / / / / /	
Disposal of Debris (Location):	,
Utilities have been confirmed cleared (IE: Sewer, Gas, Electric, Water)	Norg-10201-1
9. <u>CONTRACTOR INFORMATION</u> : (Please list additional contractor information or	n 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 APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING T <u>A MINIMUM OF 48 HOURS IN ADVANCE FOR ALL REQUIRED I</u>	THE BUILDING INSPECTOR

ALL APPROVED APPLICATIONS SHALL REQUIRE A FINAL INSPECTION TO OBTAIN A CERTIFICATE OF OCCUPANCY

7

SAMPLE PLOT PLAN



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