

Ross Township

P.O. Box 276
Sailorsburg, PA 18353
570-992-4990

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV

I. LOCATION OF BUILDING	APPLICANT NAME _____
	PROPERTY OWNER NAME _____
	AT (LOCATION) _____ ZONING DISTRICT _____
	BETWEEN _____
SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____	

II. TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT	Residential	Non Residential
1. <input type="checkbox"/> New Building	12. <input type="checkbox"/> One Family	18. <input type="checkbox"/> Amusement, recreational
2. <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)	13. <input type="checkbox"/> Two or more family - Enter number of units _____	19. <input type="checkbox"/> Church, other religious
3. <input type="checkbox"/> Alteration (See 2 above)	14. <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____	20. <input type="checkbox"/> Industrial
4. <input type="checkbox"/> Repair, replacement	15. <input type="checkbox"/> Garage	21. <input type="checkbox"/> Parking Garage
5. <input type="checkbox"/> Wrecking (If multifamily residential enter number of units in building in Part D, 13)	16. <input type="checkbox"/> Carport	22. <input type="checkbox"/> Service Station, repair garage
6. <input type="checkbox"/> Moving (relocation)	17. <input type="checkbox"/> Other - Specify _____	23. <input type="checkbox"/> Hospital
7. <input type="checkbox"/> Foundation only		24. <input type="checkbox"/> Office, bank, professional
		25. <input type="checkbox"/> Public utility
		26. <input type="checkbox"/> School, library, other educational
		27. <input type="checkbox"/> Stores, mercantile
		28. <input type="checkbox"/> Tanks, towers
		29. <input type="checkbox"/> Other - Specify _____
OWNERSHIP		
8. <input type="checkbox"/> Private (individual, corporation, non-profit, institution, etc.)		
9. <input type="checkbox"/> Public (Federal, State, or local government)		
COST	(omit cents)	Nonresidential - Describe in detail proposed use of buildings, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.
10. Cost of improvement _____	\$ _____	
To be installed but not included in the above cost		
a. Electrical		
b. Plumbing		
c. Heating, air conditioning		
d. Other (elevator, etc..)		
11. TOTAL COST OF IMPROVEMENT	\$ _____	

III. SELECTED CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME	TYPE OF SEWAGE DISPOSAL	DIMENSIONS
30. <input type="checkbox"/> Masonry (wall bearing)	40. <input type="checkbox"/> Public or private company	48. Number of stories
31. <input type="checkbox"/> Wood frame	41. <input type="checkbox"/> Private (septic tank, etc.)	49. Total square feet of floor area, all floor, based on exterior dimensions
32. <input type="checkbox"/> Structural steel	TYPE OF WATER SUPPLY	50. Total land area, sq.ft.
33. <input type="checkbox"/> Reinforced concrete	42. <input type="checkbox"/> Public or private company	NUMBER OF OFF-STREET PARKING SPACES
34. <input type="checkbox"/> Other - Specify _____	43. <input type="checkbox"/> Private (well, cistern)	
PRINCIPAL TYPE OF HEATING FUEL	TYPE OF MECHANICAL	51. Enclosed
35. <input type="checkbox"/> Gas	Will there be central air conditioning?	52. Outdoors
36. <input type="checkbox"/> Oil	44. <input type="checkbox"/> Yes 45. <input type="checkbox"/> No	RESIDENTIAL BUILDING ONLY
37. <input type="checkbox"/> Electricity	Will there be an elevator?	
38. <input type="checkbox"/> Coal	46. <input type="checkbox"/> Yes 47. <input type="checkbox"/> No	
39. <input type="checkbox"/> Other - Specify _____		53. Number of bedrooms
		54. Number of bathrooms full . . . partial . . .

IV. IDENTIFICATION - To be completed by all applicants			
	Name	Address	Tel. No
1. Owner or Lessee			
2. Contractor			Builder's HIC No. →
3. Architect or Engineer			
I hereby certify 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/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.			
Signature of applicant		Address	Application date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - For office use							
Plans Review Required	Check	Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING							
PLUMBING							
MECHANICAL							
ELECTRICAL							
OTHER _____							

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS									
Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				
OTHER _____					OTHER _____				

VII. VALIDATION	
Building Permit Number _____ Building Permit Issued _____ Building Permit Fee _____ Certificate of Occupancy _____ Drain Tile _____ Plan Review Fee _____	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> FOR DEPARTMENT USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____ </div> Approved by: _____ _____ TITLE