

Township of Foster

Building Permit Application

New Construction, Addition, Repairs, Signs

Zoning District: _____
(Dept. Use Only)

Building Permit #: _____
(Dept. Use Only)

LOCATION OF PROPOSED WORK OR IMPROVEMENTS:

County: _____

Site Address: _____

Tax Parcel #: _____ Owner: _____

Mailing Address: _____

City: _____ State: _____

Phone: Work: _____ Home: _____ Fax: _____

Principal Contractor: _____ Foster TWP. Lic.: _____

Contractors Address: _____

City: _____ State: _____

Phone: Work: _____ Home: _____ Fax: _____

Sub-Contractors Name: _____ F.T. Lic. #: _____

Sub-Contractors Name: _____ F.T. Lic. #: _____

Sub-Contractors Name: _____ F.T. Lic. #: _____

(Additional Sheet IF Necessary)

TYPE OF WORK OR IMPROVEMENT (Check One)

____ New Building ____ Addition ____ Alteration ____ Repair ____ Relocation ____ Sign ____ Other
____ Plumbing ____ Electrical ____ Mechanical

Zoning Permit Needed ____ Change of USE ____ Foundation Only ____

Describe the Proposed Work: _____

CONSTRUCTION:

Estimated Cost (Reasonable Fair Market Value) Attached Signed Estimated Copy \$ _____

When Will Work Begin: _____

Plot Plan (Attached): _____ Yes _____ No

Deed or Warranty (Attached): _____ Yes _____ No

Building Plans (Attached): _____ Yes _____ No Architect/Engineer Stamp: _____ Yes _____ No

(If Needed) - Elevator, Escalator, Lifts, Etc. Labor & Industry Approval: _____ Yes _____ No

WILL THERE BE ANY DEMOLITION OR CONSTRUCTION WASTE MATERIAL? _____ Yes _____ No

If YES, What is the material(s) and the location where it will be Disposed and Disposal Contractors Name: _____

WILL THERE BE WATER RUNOFF?: _____ Yes _____ No If Yes, Explain where it will go and how it will be controlled _____

EROSION & SEDIMENTATION PLAN: _____ Yes _____ No Attach Copy _____ Yes _____ No

DESCRIPTION OF BUILDING USE (Check one)

____ Residential ____ Non-Residential
____ One-Family Dwelling (R-1) Specify Use: _____
____ Two-Family Dwelling (R-2) Use Group: _____
____ Other (Explain) _____ Change in Use: _____ Yes _____ No
If YES, Indicate Former Use: _____

SIGNS: COMMERCIAL &/ INDUSTRIAL

Number: _____ (Attach Sign Drawing & Plot Plan Showing Locations of Each)

SIZE: 1.) _____ SQ. FT. _____ 1(FT.) x _____ H(FT.) # sides _____ 1 _____ 2
2.) _____ SQ. FT. _____ 1(FT.) x _____ H(FT.) # sides _____ 1 _____ 2

HISTORIC DISTRICT: _____ N/A

Is the site located within a Historic District: _____ Yes _____ No

The Applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved construction documents, PA. Act (Uniform Construction Code), and any additional approved Building Code requirements adopted by the Foster Municipality. The property owner and applicant assume the responsibility of locating all property lines, set back lines, easement, right-of-ways, flood areas, and 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 certifies he/she understands all the applicable codes, ordinances, and regulations. Applications for permit shall be made by owner, lessee of the building or structure, agent of either, or by the *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 code(s) applicable to such permit.

THE UNDERSIGNED APPLICANT UNDERSTANDS THAT FALSE STATEMENTS HEREON ARE MADE SUBJECT TO THE CRIMINAL PENALTIES OF 18 PA. C.S.A. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES THIS APPLIES TO FALSE STATEMENTS MADE ANYWHERE ON ANY PAGE OF THIS APPLICATION.

I HAVE READ AND UNDERSTAND ALL OF THE STATEMENTS MADE IN THIS ABOVE APPLICATION AND HAVE DISCUSSED ANY QUESTIONS WITH ISSUING OFFICER.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Date: _____

Directions to Site: _____

(FOR CODE ADMINISTRATION USE ONLY)

ADDITIONAL PERMITS/APPROVAL REQUIRED

Street Cut Permit:	_____ Yes	_____ No	_____ Approved	_____ Disapproved
TWP. Highway Occupancy:	_____ Yes	_____ No	_____ Approved	_____ Disapproved
Sewer Connection:	_____ Yes	_____ No	_____ Approved	_____ Disapproved
On Lot Septic:	_____ Yes	_____ No	_____ Approved	_____ Disapproved
PennDot Highway Occupancy	_____ Yes	_____ No	_____ Approved	_____ Disapproved
Dep. Floodway or Floodplain	_____ Yes	_____ No	_____ Approved	_____ Disapproved
Other: _____	_____ Yes	_____ No	_____ Approved	_____ Disapproved

APPROVALS:

Requires Inspection: _____ Yes _____ No

Date Received: _____ Time: _____ By: _____

Building Permit Approved: Date: _____ By: _____

W/ Conditions: _____

Building Permit Denied: Date: _____ Date Denied: _____ By: _____

_____ Incomplete _____ Needs Zoning Board Approval _____ Needs Planning Commission Approval

Code Administrator: _____

Date Issued: _____ Date Expires: _____ Permit No#: _____

Building Permit Fee: \$ _____

Receipt # _____

Occupancy Permit Fee: \$ _____

Receipt # _____

INSPECTION FEE: \$ _____

Receipt # _____

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of Documents	Submitted	Signed & Sealed	Date	Revision Date
Foundation Plans	Yes _____ No _____	Yes _____ No _____	_____	_____
Construction Drawings	Yes _____ No _____	Yes _____ No _____	_____	_____
Flood Hazard Area	Yes _____ No _____	Yes _____ No _____	_____	_____