



Jacobus Borough

Established 1836

126 N. Cherry Lane, Jacobus Pa. 17407
Phone: (717) 428-1752 Fax: (717) 428-0588

BUILDING PERMIT APPLICATION

RESIDENTIAL

(This application for Zoning / UCC Building permit shall be made by the owner or lessee of the building or structure, or agent of either.)

DATE OF APPLICATION: _____

LOCATION OF PROPOSED WORK: _____ **ZONING DISTRICT:** _____

Site Address _____ or Lot # _____ Subdivision _____

Owner _____ Phone No. _____ Fax No. _____

Mailing Address: _____

Principal Contractor _____ Phone No. _____ Fax No. _____

CONSTRUCTION COSTS:

Estimated market value of proposed construction: \$ _____

DESCRIPTION OF PROPOSED WORK:

- New Building
- Addition
- Demolition
- Relocation
- Change of use
- Foundation only
- Plumbing
- Mechanical
- Electrical
- Swimming Pool or Spa
- Porch or Deck

DESCRIPTION OF BUILDING USE AND CHARACTERISTICS:

- Residential Structure Type:** Detached Single-Family Dwelling Detached Two-Family Dwelling
- Multiple Family Dwelling (no more than 3 stories in height with separate means of egress) Accessory to Residential Structure

Note: Structure types not listed above are considered non-residential under UCC regulations and require a Commercial UCC Building Permit.

Water Service: Public Private **Sewer Service** Public Private On Lot (Septic Permit No. _____)

A COPY OF BUILDING PLANS / CONSTRUCTION DOCUMENTS SHALL BE ATTACHED for all new construction, additions, or alterations of existing structures. The Building Plans / Construction documents shall include; Site plan, Construction drawings and Specifications, Floor plan, Elevations, Wall sections and details, etc.

The Zoning / UCC permit is not valid until fees for all required inspections and any other applicable fees are paid. The Zoning / UCC permit is valid for 1 year from the issue date. The Zoning / UCC permit becomes invalid if work is not commenced within 180 days of issuance or if the work is abandoned for more than 180 days after work begins.

The permit applicant hereby certifies that all information on this application is correct and the work will be completed in accordance with the "Approved" construction documents and the requirements of PA Act 45 (Uniform Construction Code) and any additional building code requirements adopted by the municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, 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 other governing body.

The contractor(s) must provide proof of workman's Compensation Insurance.

I certify that the Building Code Official or his authorized representative and any authorized building inspection personnel shall have authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the building codes and other ordinances and regulations applicable to this permit. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Signature of Owner or Authorized Agent: _____ **Date:** _____

Print Name of Owner or Authorized Agent: _____

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

ZONING PERMIT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		UCC INSPECTIONS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		C OF D/U REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	JACOBUS FEES	PAID		YORK TOWNSHIP FEES	PAID
Zoning Permit (JB)	_____	<input type="checkbox"/>	Plan Review (YT)	_____	<input type="checkbox"/>
UCC Admin Fee (JB)	_____	<input type="checkbox"/>	Inspections (YT)	_____	<input type="checkbox"/>
L & I Fee (L&I)	_____	<input type="checkbox"/>	Re-inspections (YT)	_____	<input type="checkbox"/>
C of D (JB)	_____	<input type="checkbox"/>	Other	_____	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	Other	_____	<input type="checkbox"/>
TOTAL FEES (JB):	_____	<input type="checkbox"/>	TOTAL FEES (YT)	_____	<input type="checkbox"/>
					NOTES:

PERMIT NO.: _____ **APPROVED** **DENIED**

Reason for Denial _____

SITE INSPECTION DATE: _____ **PERMIT ISSUE DATE:** _____ **EXPIRATION DATE:** _____

Building Code Official / Zoning Officer _____ **Date:** _____