

MUNICIPALITY OF MONROEVILLE BUILDING PERMIT APPLICATION

LOG # _____

PERMIT # _____

APPLICANT MUST COMPLETE ALL ITEMS IN SECTIONS A-E

LOCATION OF BUILDING/ PROPERTY

ADDRESS: _____

BLOCK & LOT: _____

A. TYPE OF IMPROVEMENT

<input type="checkbox"/>	NEW CONSTRUCTION	<input type="checkbox"/>	ADDITION	FIRE CODE
<input type="checkbox"/>	ACCESSORY STRUCTURE (DECK, POOL)	<input type="checkbox"/>	DEMOLITION	ALARM/SYSTEM
<input type="checkbox"/>	ALTERATION	<input type="checkbox"/>	FIRE DAMAGE	HOOD
<input type="checkbox"/>	REPAIR OR REPLACEMENT (ROOF/POOL)	<input type="checkbox"/>	OCCUPANCY	SPRINKLER
				OTHER FCP

OTHER: _____

BRIEF DESCRIPTION OF WORK: _____

IF COMMERCIAL OCCUPANCY, PLEASE INCLUDE BUSINESS NAME:

B. OWNERSHIP

<input type="checkbox"/>	PRIVATE (INDIVIDUAL, CORPORATION, ETC.)
<input type="checkbox"/>	PUBLIC (FEDERAL, STATE, OR LOCAL GOVERNMENT)

C. USE

<input type="checkbox"/>	RESIDENTIAL
<input type="checkbox"/>	COMMERCIAL

D. COSTS

TOTAL COST OF IMPROVEMENT \$ _____

E. DIMENSIONS

A. NUMBER OF STORIES _____	C. TOTAL SQ. FT. OF FLOOR AREA _____	D. TOTAL SQ. FT. OF CONSTRUCTION _____
B. TOTAL LAND AREA _____		

APPLICATIONS REQUIRE THE FOLLOWING:

1. **2 SETS** OF CONSTRUCTION/INSTALLATION DRAWING(S) & MATERIALS LIST(S)

****PROFESSIONAL ENGINEER/ARCHITECT SEAL IS REQUIRED ON ALL COMMERCIAL DRAWINGS**

EQUIPMENT CUT SHEETS, HYDRAULIC CALCULATIONS (IF APPLICABLE), ETC.

****2 COPIES OF THE SITE PLAN FOR COMMERCIAL PLANS, SHOWING ACCESSIBILITY PARKING DETAILS**

2. 2 COPIES OF THE PLOT PLAN OR SURVEY

3. WORKER'S COMPENSATION INSURANCE CERTIFICATE OR AFFIDAVIT OF EXCEPTION

4. MATERIAL SAFETY DATA SHEET(S), IF APPLICABLE

5. PLAN REVIEW FEE DUE AT TIME OF APPLICATION (SEE FEE SCHEDULE)

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

DATE

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MUNICIPALITY OF MONROEVILLE BUILDING PERMIT APPLICATION

IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS

OWNER

NAME _____ E-MAIL _____
 ADDRESS _____
 PHONE NUMBER _____ PRINTED CONTACT NAME _____

LEASEE (IF APPLICABLE)

NAME _____ E-MAIL _____
 ADDRESS _____
 PHONE NUMBER _____ PRINTED CONTACT NAME _____

CONTRACTOR/INSTALLER (BUILDER/FIRE PROTECTION INSTALLER)

BUSINESS NAME _____ CONTRACTOR LICENSE # _____
 ADDRESS _____ E-MAIL _____
 PHONE NUMBER _____ PRINTED CONTACT NAME _____

ARCHITECT/ENGINEER

BUSINESS NAME _____ E-MAIL _____
 ADDRESS _____
 PHONE NUMBER _____ PRINTED CONTACT NAME _____

FOR BUILDING DEPT. USE ONLY

INSPECTIONS:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DENIAL: _____ OTHER: _____

CONSTRUCTION DETAILS:

BUILDING USE GROUP: _____
 APPLICABLE CODES: _____
 CONSTRUCTION TYPE: _____
 OCCUPANCY LOAD: _____

FEES:

PLAN REVIEW: _____
 BUILDING: _____
 FIRE CODE: _____
 OCCUPANCY: _____
 COPIES: _____

REVIEWED BY: _____

DATE: _____