

*Duryea Borough*  
Code Enforcement Office

315 Main Street Duryea Pennsylvania 18642 Phone: (570)655-2829 Fax: (570)457-4792

**APPLICATION FOR BUILDING PERMIT**

<b>I.</b>	<b>IMPORTANT</b> – Applicant to complete all items in section I, II, III, & IV
<b>Location</b>	Number & Street
<b>Type of Permit</b>	Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Demolition <input type="checkbox"/> Other <input type="checkbox"/>

**II. TYPE & COST OF BUILDING – All Applicants Complete Parts A-C**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p><input type="checkbox"/> New Building</p> <p><input type="checkbox"/> Addition (If residential, enter no. of new housing units added, if any, in Part C 10)</p> <p><input type="checkbox"/> Repair, Replacement, Remodeling</p> <p><input type="checkbox"/> Demolition (if multifamily residential, enter no. of units in Part C 10)</p> <p><input type="checkbox"/> Moving of Building</p> <p><input type="checkbox"/> Foundation Only</p>	<p><b>B. PROPOSED USE</b> – For “Wrecking” Most Recent Use</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%; text-align: center;"><u>RESIDENTIAL</u></th> <th style="width:50%; text-align: center;"><u>NON-RESIDENTIAL</u></th> </tr> <tr> <td style="vertical-align: top;"> <p><input type="checkbox"/> Single Family Dwelling</p> <p><input type="checkbox"/> Two or more family – Enter Number of units ___</p> <p><input type="checkbox"/> Larger Scale Residential Development</p> <p><input type="checkbox"/> Garage, Carport, Driveway</p> <p><input type="checkbox"/> Porch, Patio</p> <p><input type="checkbox"/> Swimming Pool</p> <p><input type="checkbox"/> Mobile Home Court</p> <p><input type="checkbox"/> Yard Screening</p> <p><input type="checkbox"/> Home Occupation</p> <p><input type="checkbox"/> Funeral Home</p> <p><input type="checkbox"/> Nursing Home, Day Care Center</p> <p><input type="checkbox"/> Other – specify: _____</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Amusement, Recreational, Educational</p> <p><input type="checkbox"/> Church, other Religious</p> <p><input type="checkbox"/> Advertising signs</p> <p><input type="checkbox"/> Parking garage</p> <p><input type="checkbox"/> Auto Service &amp; Repair</p> <p><input type="checkbox"/> Hospital, Institutional</p> <p><input type="checkbox"/> Hotel, Motel</p> <p><input type="checkbox"/> Public Utility</p> <p><input type="checkbox"/> Professional Office</p> <p><input type="checkbox"/> Stores, Mercantile</p> <p><input type="checkbox"/> Tanks, Towers</p> <p><input type="checkbox"/> Eating &amp; Drinking establishment</p> <p><input type="checkbox"/> Storage, Warehouse, Distribution center</p> <p><input type="checkbox"/> Nursery, Greenhouse</p> <p><input type="checkbox"/> Other, specify: _____</p> </td> </tr> </table>	<u>RESIDENTIAL</u>	<u>NON-RESIDENTIAL</u>	<p><input type="checkbox"/> Single Family Dwelling</p> <p><input type="checkbox"/> Two or more family – Enter Number of units ___</p> <p><input type="checkbox"/> Larger Scale Residential Development</p> <p><input type="checkbox"/> Garage, Carport, Driveway</p> <p><input type="checkbox"/> Porch, Patio</p> <p><input type="checkbox"/> Swimming Pool</p> <p><input type="checkbox"/> Mobile Home Court</p> <p><input type="checkbox"/> Yard Screening</p> <p><input type="checkbox"/> Home Occupation</p> <p><input type="checkbox"/> Funeral Home</p> <p><input type="checkbox"/> Nursing Home, Day Care Center</p> <p><input type="checkbox"/> Other – specify: _____</p>	<p><input type="checkbox"/> Amusement, Recreational, Educational</p> <p><input type="checkbox"/> Church, other Religious</p> <p><input type="checkbox"/> Advertising signs</p> <p><input type="checkbox"/> Parking garage</p> <p><input type="checkbox"/> Auto Service &amp; Repair</p> <p><input type="checkbox"/> Hospital, Institutional</p> <p><input type="checkbox"/> Hotel, Motel</p> <p><input type="checkbox"/> Public Utility</p> <p><input type="checkbox"/> Professional Office</p> <p><input type="checkbox"/> Stores, Mercantile</p> <p><input type="checkbox"/> Tanks, Towers</p> <p><input type="checkbox"/> Eating &amp; Drinking establishment</p> <p><input type="checkbox"/> Storage, Warehouse, Distribution center</p> <p><input type="checkbox"/> Nursery, Greenhouse</p> <p><input type="checkbox"/> Other, specify: _____</p>
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<p><b>C. COST</b></p> <p>1. Cost of Improvement</p> <p align="center">(To be installed but not included in the above cost)</p>	\$	<p>All applicants must submit a brief description of the proposed work. For new buildings and additions, the applicant must also submit a plot diagram drawn to scale showing the proposed work, existing structures on site, distances from lot lines, established street grades, two (2) copies of specifications and of plans drawn to scale. The Code Enforcement Officer may also require additional information. For new buildings and additions, this application must be signed by the local Zoning Officer before submission for a building permit. For all new buildings, the applicant must secure a “Sewer Permit” before submission for a building permit. If you have any questions regarding this application or items to be submitted with it, please phone the Code Enforcement Office.</p>
Electrical		
Plumbing		
Heating, Air Conditioning		
Other (Elevator, etc.)		
<b>TOTAL COST OF IMPROVEMENT</b>	\$	

**III. PROPOSED WORK** – Describe Job and Materials to be used:  
**NOTE!!! NO BUILDING PERMIT WILL BE ISSUES FOR NEW CONSTRUCTION UNLESS YOU HAVE ZONING PERMITS AND SEWER PERMITS (IF APPLICABLE).**

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**IV. IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS!!**

	NAME	MAILING ADDRESS	ZIP CODE	PHONE NO.
1. Owner / Lessee				
2. Contractor			Builder's License No.	
3. Architect / 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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date
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**DO NOT WRITE BELOW THIS LINE**

V. PLAN REVIEW RECORD – For Office Use by Code Enforcement Officer


VI. REMARKS:


*PERMITS ARE GOOD FOR SIX (6) MONTHS FROM DATE OF ISSUE. IT IS THE APPLICANTS' RESPONSIBILITY TO NOTIFY THE BOROUGH OFFICE WHEN WORK IS COMPLETE AND TO SCHEDULE INSPECTIONS.*

VII. VALIDATION

Building Permit Number: \_\_\_\_\_

Building Permit Issued: \_\_\_\_\_

Building Permit Fee \$: \_\_\_\_\_

Approved By: \_\_\_\_\_

RECAP OF COSTS

Permit (Borough) \$ \_\_\_\_\_

Inspection Fees (M.D.I.A.) \$ \_\_\_\_\_

Building \_\_\_\_\_ Plan Review \_\_\_\_\_ Energy \_\_\_\_\_

Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_

Other \_\_\_\_\_

State Permit Fee \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Borough \$ \_\_\_\_\_

Chk# \_\_\_\_\_ Cash \_\_\_\_\_ Chk# \_\_\_\_\_ Cash \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_