

Permit No. \_\_\_\_\_

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

# APPLICATION FOR



# BUILDING PERMIT

## OFFICE OF THE DIRECTOR OF CODE PROGRAMS

Date \_\_\_\_\_

Application is hereby made by \_\_\_\_\_  
(Name of Owner)

for a permit to erect/alter a structure as described in the accompanying plans and specifications, which structure is to be located as shown on the accompanying plot plan. The accompanying plans and specifications, and the representations therein contained, are made a part of this application, in reliance upon which, and as an inducement thereof, the City of Sharon is requested to issue a Building Permit.

Purpose of Permit \_\_\_\_\_  
General Construction, Plumbing, Heating, Electric, Remodeling

No. Stories \_\_\_\_\_ No. Rooms \_\_\_\_\_ No. Families \_\_\_\_\_

Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Contract or Estimated Cost \_\_\_\_\_

City Lot No. \_\_\_\_\_ Address \_\_\_\_\_

Additional Specifications \_\_\_\_\_

Located in a \_\_\_\_\_ Zoning District.

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_

Name of Contractor \_\_\_\_\_ Address \_\_\_\_\_

Architect, Engineer or Designer \_\_\_\_\_ Address \_\_\_\_\_

Pennsylvania Department of Labor & Industry Approval No. and Date, (if applicable) \_\_\_\_\_

It is understood that in case of any false statement or misrepresentation of fact in this application for a building permit or in the Building Plans submitted on which basis the permit is issued shall constitute sufficient grounds for its revocation.

It is understood also that any construction work other than described in this application or in the building plans or any deviation from the minimum lot and yard requirements or any other violation of the building or Zoning Codes subjects the applicant and/or the person responsible to a notice from the Building Code Director or Zoning Administrator directing discontinuance and abatement of such violation.

Any proposed change in construction or Zoning limitations shall be submitted to the Building Code Director and/or Zoning Administrator for review before proceeding therewith. **IF OTHERWISE ELIGIBLE, DO YOU REQUEST REAL ESTATE TAX ABATEMENT?**

Application Approved by: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

Signed \_\_\_\_\_  
(CIRCLE ONE) Owner / Agent

Tax Abatement Notification  
Certified No.: \_\_\_\_\_

\_\_\_\_\_  
Address

Date of Mailing: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

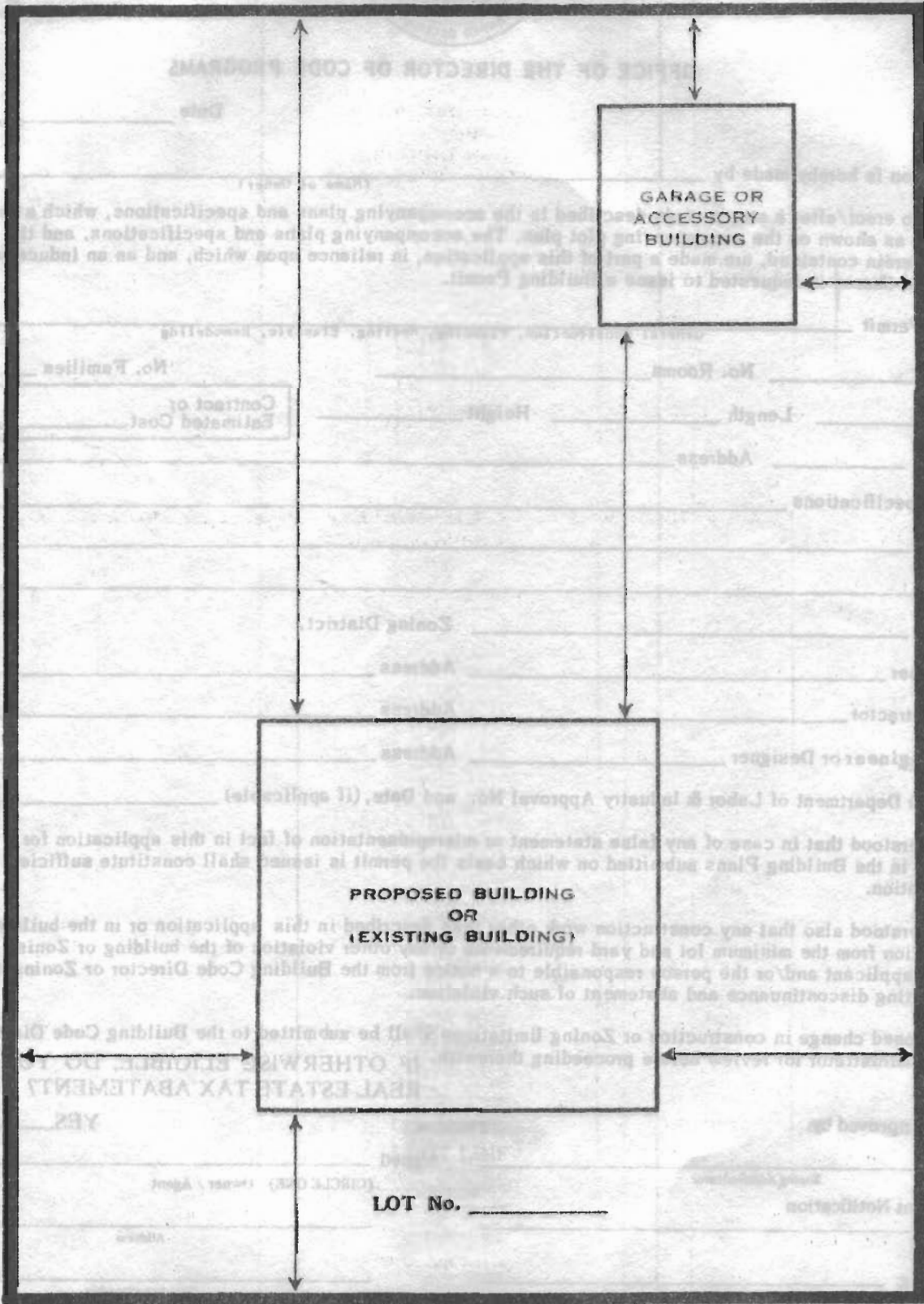
**NOTE: Permit is good for one year from date of issuance. If work has not started, a new application must be submitted.**

See other side

SHOW NORTH DIRECTION

# PLOT PLAN

REAR LOT LINE \_\_\_\_\_ FEET



FRONT LOT LINE \_\_\_\_\_ FEET

LOT No. \_\_\_\_\_

STREET NAME \_\_\_\_\_

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