

CITY OF ALTOONA



APPLICATION FOR BUILDING PERMIT, ZONING REVIEW AND PLAN EXAMINATION

AT (Location) _____ LOT SIZE _____

APPLICANT NAME _____

APPLICANT ADDRESS _____ PHONE NO. _____

OWNER NAME _____

OWNER ADDRESS _____ PHONE NO. _____

CURRENT USE & OWNERSHIP

What is the primary use for the property? (e.g. residence, bakery, car repair, etc.?) _____

What is the secondary use for the property? _____

Private ownership _____ Public ownership (federal, state, local govt.) _____

TYPE OF WORK

- Repair/Replacement
- Alteration
- Demolition (see Page 2)
- Addition
- New Building
- Moving (relocation)
- Change of Use
- Sign
- Other _____

PROPOSED USE

RESIDENTIAL

- One Family
- Two or More Family (Units _____)
- Garage
- Carport
- Shed
- Pool
- Other _____

PROPOSED USE

COMMERCIAL

- Amusement/Recreational
- Church, other religious
- Industrial
- Services Station/Repair Garage
- Tanks, Towers
- Office, bank, professional
- Public utility
- School, Educational
- Stores, Mercantile
- Other _____

COST

(omit cents)

General Construction	\$ _____
<i>(The following not to be included in General Cost)</i>	
Electrical	\$ _____
Plumbing	\$ _____
Heating/Air Conditioning	\$ _____
Other (elevator, etc.)	\$ _____
TOTAL COST	\$ _____

JOB DESCRIPTION

– Describe in detail the proposed work. If applying for a residential addition, garage, shed, or pool, please use back page to draw sketch of proposed work. New residential construction requires separate drawings. Commercial work will require the submittal of four (4) sets of stamped drawings.

IDENTIFICATION

	Name	Address	Phone	Email
Contractor				
Architect/Engineer				
Plumber				
Electrician				
Mechanical/HVAC				

All contractors must be licensed to conduct work in the City of Altoona. Separate license requirements apply for Plumbers and Electricians. Please call the Inspections Department at 949-2455 for questions regarding licensing.

SELECTED CHARACTERISTICS			
PRINCIPLE TYPE OF FRAME <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other _____	TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public <input type="checkbox"/> Private (septic tank, etc.)	DIMENSIONS Number of stories _____ Total Sq. Ft. _____ Total Land Area Sq. Ft. _____	PRINCIPLE TYPE OF HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> Other _____
	TYPE OF WATER SUPPLY <input type="checkbox"/> Public <input type="checkbox"/> Private (well, etc.)		

DEMOLITION WORK

- Demolition which results in any potential encroachment into the public right-of-way requires approval from the Department of Public Works prior to the issuance of a demolition permit.
- A site plan shall be submitted with this application which will show the location of the proposed demolition, adjacent streets and above grade infrastructure. In addition, a narrative shall be included which describes the methods to be used to ensure the protection of motorists and pedestrians and the prevention of damage to public improvements.
- The public rights-of-way (sidewalk, adjoining walkways, streets, and alleys) shall be kept free of debris, equipment and materials at all times to ensure an unobstructed pathway for pedestrians and motorists.
- Equipment on tracks is not permitted to operate on paved streets without approved protection to the street in place.
- Financial security in excess of the base permit fee may be required to protect City-owned public improvements.
- Owner or General Contractor shall notify the Department of Public Works (814-949-2446) 24 hours prior to the start of the demolition and 24 hours prior to the sewer cap inspection.

Failure to adhere to these requirements constitutes a violation of the IBC and subjects the applicant to fines and penalties.

OFFICE USE ONLY

Plan Review Required	Plan Review Conducted By/Date	Notes
BUILDING		
DEMOLITION		
PLUMBING		
ELECTRICAL		
MECHANICAL		
PLANNING		
ENGINEERING		
SEWER TAP		
WATER TAP		
DEP MODULES		
STORM WATER		
EROSION/SEDIMENT		
FIRE PROTECTION		
FLOOD PLAIN		

Additional Permits or Approvals	Obtained	Additional Permits or Approvals	Obtained
CURB OR SIDEWALK CUT		FLOOD PLAIN	
ELEVATOR		ZONING	
ELECTRICAL		SEWER	
HVAC		SIGN/BILLBOARD	
STREET GRADES		USE OF PUBLIC AREAS	
GRADING		OTHER	

ZONING

Zoning District _____ Subdivision _____ Parcel _____ Block _____

Drawing specifications comply with Zoning requirements: Yes _____ No _____

Nonconforming Buildings and Uses? Yes _____ No _____ (If yes, check an item below)

_____ Non-conforming vacant lot _____ Nonconforming Use of a Building

_____ Nonconforming Building Used for a Permitted Use _____ Nonconforming Building Used for a Nonconforming Use

_____ Nonconforming Use of Land

Does request require Zoning Hearing Board Action? Yes _____ No _____ (If Yes, indicate date of action and attach decision) _____

FOR APPLICANT USE – PLEASE CHECK ONE

SITE OR PLOT PLAN _____

SEE ATTACHED DRAWINGS _____

I (we) verify and swear/affirm that the statements made in this Application are true and correct to the best of my (our) personal knowledge or information and belief. I (we) understand that false statements (perjury) herein, are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities. In addition, any such false statements shall be cause for the City of Altoona to revoke any permit, permission and/or approval granted pursuant to said Application and/or stop work with regard to the same without further action by the City of Altoona and shall also subject the individual(s) making such false statements to the penalties set forth in the applicable ordinances under which said permit, permission and/or approval is granted.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____