

Mars BOROUGH

BUILDING PERMIT Application

NEW BUILDING: _____ ALTERATION: _____ ADDITION: _____ DEMOLITION: _____

PROPOSED USE: _____

1. STREET NAME: _____

STREET ADDRESS: _____

2. APPLICANT NAME: _____

PHONE NUMBER: _____

STREET ADDRESS: _____

FAX NUMBER: _____

CITY: _____

STATE: _____ ZIP CODE : _____

3. OWNERS NAME: _____

PH NUMBER: _____

STREET ADDRESS: _____

ZIP CODE : _____

4. PROPERTY PRESENTLY ZONED: _____

10. ITEMS SUBMITTED WITH APPLICATION (3 COPIES)

5. LOT SIZE: _____

Plans for structure: _____

Subdivision or plot plan: _____

6. PROPOSED STRUCTURE SIZE (FLOOR AREA)

GARAGE: _____

Water permit : _____

BASEMENT: _____

Sewer permit: _____

1st FLOOR: _____

Road entry permit: _____

2nd FLOOR: _____

Zoning Permit: _____

Other AREAS: _____

PA D.E.R.: _____

Total _____

PA Road entry : _____

Other: _____

7. STRUCTURE HEIGHT STORIES: _____

12. WORK START DATE: _____

8. NUMBER OF UNITS: _____

9. TYPE OF USE: _____

ARCHITECT: _____

PHONE NUMBER: _____

CONTRACTOR: _____

PHONE NUMBER: _____

THIS PERMIT WILL BECOME INVALID IF CONSTRUCTION HAS NOT BEEN STARTED WITHIN SIX (6) MONTHS FROM THE DATE OF THIS PERMIT.

THIS PERMIT ONCE ISSUED WILL EXPIRE TWELVE (12) MONTHS AFTER THE DATE OF ISSUANCE.

The applicant is _____ is not _____ a contractor within the meaning of the Pennsylvania Workers Compensation Law.

Federal or State Employer I. D. number: _____

Name of Workers Compensation Insurer: _____

Insurance Policy Number _____

Exemption _____ Contractor with no employees.

Special Provisions: _____

COST OF CONSTRUCTION: _____

Signature of Applicant

Date