

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

<b>*OFFICE USE ONLY*</b> <b>PAYMENT INFO</b> AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____	<b>BOROUGH OF STROUDSBURG</b> <b>ZONING/CODES ENFORCEMENT</b> <b>700 SARAH STREET</b> <b>STROUDSBURG, PA 18360</b> Phone (570) 421-5444 Fax (570) 421-2690 <u><a href="http://www.StroudsburgBoro.com">www.StroudsburgBoro.com</a></u>	<i>Date Stamp</i> <i>(if rec'd w/o payment)</i>  # _____ of Plans Rec'd by: _____
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## I. OWNER AND BUILDING / PROJECT INFORMATION

Property Owner's Name: _____	Email: _____
Property Owner's Mailing Address: _____	
Property Owner Phone Number: _____	Mobile Phone #: _____
Address of Project: _____	
Monroe County Tax I.D.#: 1873 _____	
TYPE OF PERMIT(S) REQUESTED: <input type="checkbox"/> Zoning <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical/HVAC	

## II. TYPE OF PROPOSED WORK      ( check all that apply )

<input type="checkbox"/> Erect a structure <input type="checkbox"/> Add to a structure <input type="checkbox"/> Alter a structure <input type="checkbox"/> Demolish a structure	<input type="checkbox"/> Repair / Replace roof <input type="checkbox"/> Alter / install electrical <input type="checkbox"/> Alter / install plumbing <input type="checkbox"/> Alter / install heat / AC	<input type="checkbox"/> Install fence <input type="checkbox"/> Install swimming pool <input type="checkbox"/> Install shed / garage... <input type="checkbox"/> Alter / install fire suppression	<input type="checkbox"/> Home Occupation <input type="checkbox"/> Change of Use <input type="checkbox"/> Plan Review <input type="checkbox"/> Other: _____
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## III. ZONING INFORMATION      (Plot Plan Required)

Zoning District: _____	Property is: __Residential __Commercial __Mixed	# of Dwelling Units: _____
Present Use of Property: _____		Proposed New Use: _____
Number of Off-Street Parking Spaces: Existing: _____ Proposed: _____		
Business Name: (if applicable) _____		Number of Employees: _____
Size of New Structure: Length _____ Width _____ Height _____ Total Square Footage _____		
Percentage of lot to be covered by buildings: _____% Total Square Footage of Land Area: _____		
A dimensional plot plan is required (pg 3 of application or submit separate site plan).		

**\* DETAILED \* description of proposed ZONING changes      (use separate sheet of paper if necessary):**


**Please Note: Separate Zoning application form is required for •Special Use •Variance •Appeal •Signs**

## IV. BUILDING INFORMATION

(Construction Plans Required)

\* DETAILED \* description of proposed changes (include FULL NARRATIVE of construction details and materials/equipment being installed; use separate sheet of paper if necessary):


Percentage of lot to be covered by buildings: \_\_\_\_\_%      Total Square Footage of Land Area: \_\_\_\_\_

## V. COST OF IMPROVEMENTS & REQUIRED FEES

	Job Cost	Sq. Ft.	Details	Flat Fee	+ (Rate x Unit)	+ U.C.C. Fee	Permit Total
<b>NEW construction Residential</b> -complete outside dimensions						+\$4.50	
<b>NEW construction Non-residential</b> -complete outside dimensions						+\$4.50	
<b>Alterations &amp; Additions</b>						+\$4.50	
<b>Detached buildings</b> (e.g. carport, garage, shed...)						+\$4.50	
<b>Demolition</b>			full / partial?			+\$4.50	
<b>Electrical</b>			# breakers / fixtures			+\$4.50	
<b>Mechanical: Heating</b>			new boiler?			+\$4.50	
<b>Mechanical: Air Conditioning</b>			# tons			+\$4.50	
<b>Mechanical: HVAC</b>			# tons			+\$4.50	
<b>Plumbing</b>			# of fixtures			+\$4.50	
<b>Sprinkler system</b> <b>Fire Suppression System</b>						+\$4.50	
<b>Other:</b> _____							
<b>Zoning</b> (Parking / Fence / Pool / Accessory Structures, Zoning Review, Change of Use,.....)						N/A	

**TOTAL PERMIT FEES:**



## VIII. IDENTIFICATION / CONTACT INFO (to be completed by all applicants)

**Note:** *Contractors must provide workman's comp insurance certificate if there are employees.  
If there are none, the Workmen's Comp Affidavit on the following page must be signed.*

	Name	Mailing Address	Telephone & Email
1. APPLICANT			
2. COMMERCIAL TENANT OR BUSINESS OWNER			
3. CONTRACTOR OR GENERAL CONTRACTOR			
4. PLUMBING CONTRACTOR			
5. ELECTRICAL CONTRACTOR			
6. MECHANICAL CONTRACTOR			

**The undersigned agree to conform to all applicable laws of this jurisdiction.**

Signature of Applicant:

Date:

Signature of Property Owner:

Date:

## IX. VALIDATION

**Requires Review by:**

Borough Council <input type="checkbox"/>	Zoning Hearing Board <input type="checkbox"/>
Planning Commission <input type="checkbox"/>	HARB <input type="checkbox"/>

## X. NOTES & DATA (for department use)

Building Permit Data: Occupancy \_\_\_\_\_ Occupancy LD (commercial only) \_\_\_\_\_ Dwelling Units \_\_\_\_\_  
 Construction Code \_\_\_\_\_ Construction Type \_\_\_\_\_ Proposed Use \_\_\_\_\_ Use Group Class \_\_\_\_\_

**NOTES:**

## XI. APPROVAL

Code Officer's Signature:

Date: