

Borough of Nesquehoning

Department of Zoning

114 W. Catawissa Street

Nesquehoning, PA 18240

Phone: 570-669-9588 Fax: 570-669-9301

Zoning Officer, Gene Kennedy 570-669-9048

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections I through VIII

**I. Location
of
Building**

Owner's Name _____
Address _____
Carbon County Property Tax Identification No. _____
Location of Property _____

II. Type of Permit Requested: Zoning

A. Project or Property Address: _____
B. The following work is proposed for this project or property:
_____ Erect a structure _____ Erect or alter a sign _____ Move a structure _____ Add to a structure
_____ Alter a structure _____ Change a use _____ Demolish a structure _____ Other (Specify)

III. Zoning Information (Plot Plan Required)

Zoning in which property is located _____
Present Use of Property _____
Zoning Permit requires approval for a : Special Use _____ Varance _____ Appeal _____
Submitted herewith (or drawn on back of application) is a dimensional plot plan
Remarks: _____

IV. Building Information (Construction Plans Required)

Type of construction _____ No. of stories _____
Type of heating fuel _____ Elevator _____
Type of central air conditioning _____ Total land area (sq.ft.) _____
Gross floor area (sq.ft.) _____ No. of offstreet parking spaces _____
Gross enclosed volume (cu.ft.) _____
Remarks: _____

Nesquehoning Building Inspectors

Blue Mountain Inspection Services
Carl E. Faust
570-943-2577

Borough of Nesquehoning

Department of Zoning

VI. Plumbing Information (Plans & Specifications Required)

Water Closets _____	Lavatories _____	Grease Traps _____
Bathtubs _____	Sanitary Sewer _____	Sinks _____
Urinals _____	Septic Tank _____	Dishwasher _____
Showers _____	Outside Faucets _____	Garbage _____
Washing Machines _____	Other Plumbing _____	Disposals _____

Submitted herewith are one set of plumbing plans and specifications.

Remarks: _____

VII. Electrical Information (Underwriters Inspection Required)

Service (size) _____	Fixture Outlets _____
No. of circuits _____	Other _____

Submitted herewith is a copy of Inspection Application to Middle Department Association of Fire Underwriters.

Remarks: _____

VIII. Identification - To be completed by all applicants

Name	Complete Mailing Address	Zip Code	Phone #
1. Owner: _____			
2. Contractor: _____			
3. Plumbing Contractor: _____			
4. Electrical Contractor: _____			

The Owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction

Signature of Applicant: _____
 Address of Applicant: _____
 Date: _____ Phone: _____

IX. Validation

Date Application Received: _____	Other: _____
Requires Public Hearing: _____	Approved By: _____
Required Fee Paid: _____	Title: _____