

# 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

Barry Isett & Associates, Inc.  
Elijah Skrimcovsky  
570-455-2999



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### 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: _____