

**West Newton Borough**  
**BUILDING PERMIT APPLICATION**  
*Both sides of application to be completed*

<b>APPLICANT</b>		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE (     ) _____		
ALTERNATE PHONE (     ) _____ CELL PHONE (     ) _____		
FAX (     ) _____ PAGER (     ) _____		

<b>OWNER (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)</b>		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE (     ) _____		
ALTERNATE PHONE (     ) _____ CELL PHONE (     ) _____		
FAX (     ) _____ PAGER (     ) _____		

<b>CONTRACTOR (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)</b>		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE (     ) _____		
ALTERNATE PHONE (     ) _____ CELL PHONE (     ) _____		
FAX (     ) _____ PAGER (     ) _____		

<b>LOCATION</b>		
PROPERTY LOCATED AT _____	CITY _____	ZIP _____
BETWEEN _____	AND _____	
(Cross Street)	(Cross Street)	
SUBDIVISION _____	PARCEL # _____	ZONING _____
TAX MAP # 09- _____ - _____ - _____ - _____	SIZE OF LOT _____	
DEED BOOK _____	VOLUME _____	OWNED SINCE _____

<u><b>TYPE OF SEWAGE</b></u>	<u><b>TYPE OF WATER</b></u>
<input type="checkbox"/> ON LOT	<input type="checkbox"/> PRIVATE
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PUBLIC
<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NOT APPLICABLE
<u><b>SEWAGE VERIFICATION REQUIRED AT TIME OF BUILDING PERMIT ISSUANCE</b></u>	

**PROJECT DESCRIPTION**

**RESIDENTIAL**

- 01 HOUSE
- 02 ADDITION
- 03 REMODELING
- 04 GARAGE
- 05 PORCH, PATIO, DECK
- 06 SWIMMING POOL
- 07 SHED OR STORAGE

**COMMERICAL (BUSINESS)**

- 10 BUILDING
- 11 ADDITION
- 12 REMODLING

**(INDUSTRIAL)**

- 20 BUILDING
- 21 ADDITION
- 22 REMODELING

**OTHER**

- 60 CELL TOWER
- 60 TANK
- 60 MISC. (DESCRIBE) \_\_\_\_\_
- 60 EXEMPT BUILDING \_\_\_\_\_
- 70 DEMOLITION

**COST OF IMPROVEMENT** \_\_\_\_\_

**BUILDING MEASUREMENTS**

**Length** \_\_\_\_\_

**Width** \_\_\_\_\_

**Height** \_\_\_\_\_

**SQUARE FOOTAGE OF PROPOSED STRUCTURE**

BASEMENT \_\_\_\_\_

1<sup>ST</sup> FLOOR \_\_\_\_\_

2<sup>ND</sup> FLOOR \_\_\_\_\_

DECK \_\_\_\_\_

GARAGE \_\_\_\_\_

OTHER ENCLOSED AREAS \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**IN ADDITION TO THIS APPLICATION THE FOLLOWING IS REQUIRED**

- \_\_\_\_\_ PLOT PLAN (must match building plans for proposed structure)
- \_\_\_\_\_ Two complete sets of building plans
- \_\_\_\_\_ Copy of Deed for property
- \_\_\_\_\_ Copy of Workers Compensation Insurance (If applicable)
- \_\_\_\_\_ **PA ONE CALL serial #** \_\_\_\_\_  
(1-800-242-1776)

*Building permit fee is to be paid when permit is issued*

**Applications that are incomplete or that do not contain all the requested information will be rejected until the requested information or documentation is received.**

**We require a 24 hr. notice on all inspections.**

For an inspection please call (724)493-7793 daytime (724)468-0475 evenings Inspections can only be performed after 5:00 Pm on weekdays and on weekends. Mike Stack Building Inspector

\_\_\_\_\_  
**Signature of Person Completing This Form**

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_