



WEST NEWTON BOROUGH BUILDING PERMIT APPLICATION

(Both side of application to be completed)

Applicant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Alt Phone: () _____

Fax: () _____

Owner - IF SAME AS APPLICANT CHECK ()

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Alt Phone: () _____

Fax: () _____

Contractor - IF SAME AS APPLICANT CHECK ()

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Alt Phone: () _____

Fax: () _____

Location

Property Located at _____

Subdivision _____ Parcel _____ Zoned Area _____

Tax Map No. _____ Lot Size: _____

Sewage:

Public _____ Private: _____

Water:

Public: _____ Private: _____

Project Description

Residential:

_____ House _____ Addition _____ Garage _____ Porch, Patio, Deck
_____ Swimming Pool _____ Shed

Commercial:

_____ Building
_____ Additions
_____ Renovations
_____ Demolition in any District

Industrial:

_____ Building
_____ Additions
_____ Renovations

Cost of Improvement: _____

Building Measurement:

Square Footage of Proposed Structure:

Length: _____

Basement: _____

Width: _____

1st Floor: _____

Height: _____

2nd Floor: _____

Deck: _____

Garage: _____

Other Enclosed Areas: _____

Total Square Footage: _____

THE FOLLOWING IS REQUIRED WITH SUBMISSION OF THIS APPLICATION:

Plot Plan (must match building plans for proposed structure)

Two complete sets of drawings

Copy of Deed for Property

Copy of Workers Compensation Insurance (if applicable)

PA ONE CALL Serial # _____

***Building permit fee is to be paid when permit is issued – payable to West Newton Borough,
112 South Water Street, West Newton, PA 15089***

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

We require a 24-hour notice on all inspections.

For an inspection, please call Mark Cypher, Building Inspector, (717)360-2928. Inspections by
appointment only. Inspections are scheduled on weekends or after 5:00PM on weekdays.

X _____ Date _____
(Signature of person completing this form)