

GLEN OSBORNE BOROUGH
P.O. BOX 97
SEWICKLEY, PA 15143

PERMIT No. _____
Date Issued _____

APPLICATION FOR:

- | | | |
|---|---|---|
| <input type="checkbox"/> BUILDING PERMIT | <input type="checkbox"/> HVAC PERMIT | <input type="checkbox"/> SPRINKLER PERMIT |
| <input type="checkbox"/> CERTIFICATE OF OCCUPANCY | <input type="checkbox"/> FIRE PROTECTION PERMIT | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> DEMOLITION PERMIT | <input type="checkbox"/> HAZARDOUS MATERIAL | <input type="checkbox"/> OTHER |

Location of Work _____

Description of Work _____

Contractor _____ Owner _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Phone _____

Lic./Bldrs. Reg. No. _____ Federal Emp. No. _____

Worker's Compensation Insurance Co. _____

Policy # _____ Expiration Date _____ Contractor's Registration No. _____

If contractor is not registered, attach a contractor's certificate of workman's compensation insurance to this application.

Estimated Cost of General Construction \$ _____ Construction Drawings Yes No L & I Approval No. _____

Applicant's Signature _____ Date _____

Applicant certifies that all information is correct and shall be responsible for reviewing and understanding all permit conditions and insuring to all applicable Codes and Ordinances.

DO NOT WRITE BELOW THIS

LINE _____

Zoning Classification of Property _____ Subdivision _____ Lot Size _____ Lot & Block _____

BOCA Edition _____ Use Group Classification _____ Type of Construction _____

Area or Volume _____ (Cubic/Square Feet)

Comments _____

Application: Approved Denied - Reason(s) _____

Zoning Official _____ Date _____ Building Official _____ Date _____

Fire Official _____ Date _____ Other _____ Date _____

Allegheny Co. Health Dept. _____ Date _____

Permit Fee(s): Building \$ _____ HVAC \$ _____ Sprinkler \$ _____

Occupancy \$ _____ Plumbing \$ _____ Fire Protection \$ _____

Zoning \$ _____ Sewer \$ _____ Other \$ _____

Demolition \$ _____ Haz. Mat. \$ _____

Total Fee \$ _____ Receipt No. _____