



BUILDING PERMIT APPLICATION

1. OWNER: Please print or type all information.

a. Name: _____ Date: _____

b. Home Mailing Address: _____

c. Home Tele: _____ Alternate Tele: _____

d. Lot Number: _____ 911# _____ Street _____

911# NEEDS TO BE POSTED AT THE START OF THE JOB TO STAY IN
COMPLIANCE WITH THE PENN FOREST TOWNSHIP ORDINANCE.

To the Property Owner:

Property Owner acknowledges receipt of Rules & Regulations and also, agrees to abide by all rules or will be subject to a penalty.

Please initial here if you grant permission for your contractor to sign for any of these documents on your behalf. _____

Please acknowledge if you have received the following:

By Laws Yes__No__, Rules & Regulations Yes__No__, Deed Restrictions Yes__No__.

Property Owners Signature _____

2. Builder Information: Please print or type all information.

a. Company Name: _____

b. Address: _____

c. Business Phone Number: _____

d. HIC# _____

(Home Improvement Contractor # issued by Attorney General)

Representative Signature: _____

PROPERTY OWNERS ARE RESPONSIBLE FOR ANY AND ALL FINES, VIOLATIONS, ETC. THAT MAY BE
INCURRED BY THEIR CONTRACTORS, SUB-CONTRACTORS, ETC.

PERMIT REQUIRED TO BE POSTED IN PLAIN VIEW FOR THE DURATION OF THE JOB

NO CONSTRUCTION IS ALLOWED TO START PRIOR TO 7:30 AM AND AFTER 6 PM.

NO CLEAR CUTTING OF ANY LOTS IS PERMITTED

3. CONSTRUCTION PARTICULARS: All Categories must be completed.
PLEASE PRINT ALL INFORMATION

a. Type of Construction:

New Building _____ Addition _____ Garage _____ Shed _____ Deck _____

Roof _____ Pool _____ Fence _____

Other (please specify) _____

b. Permits:

Sewage Permit# _____ Disposal Type: _____

Building Permit# _____ Zoning Permit# _____

c. Dimensions of building: _____

d. Height of Roof Peak: _____

e. How Many Outbuildings are Currently Located on the Property: _____

CONTRACTORS MUST NOTIFY PENN FOREST STREAMS POA OFFICE OF ALL INSPECTIONS AFTER THEY HAVE RECEIVED TOWNSHIP APPROVALS.

A COPY OF FINAL CERTIFICATE OF OCCUPANCE IS TO BE SUBMITTED TO OFFICE AT TIME OF COMPLEATION.

This certifies that the Building & Planning Director of Penn Forest Streams Property Owners Association has reviewed these plans on the associated date.

APPROVED _____ DATE _____

OFFICE SECTION:

DATE RECEIVED _____ Check/cash _____ by: _____

Special notes:
