



BOROUGH OF HUMMELSTOWN
 261 QUARRY ROAD
 PO BOX 307
 HUMMELSTOWN PA 17036
 PHONE: (717) 566-2555 FAX: (717) 566-3324
 www.hummelstown.net

BUILDING/ZONING PERMIT APPLICATION

(For office use only)

DATE APPLICATION RECEIVED _____

TAX PARCEL # _____

LOCATION OF PROPERTY (LEGAL ADDRESS)

PROPERTY OWNER **TENANT**

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE # () _____ **ALT PHONE # ()** _____
EMAIL ADDRESS: _____

ARCHITECT **DESIGNER** **ENGINEER**

NAME: _____
COMPANY NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE # () _____ **ALT PHONE # ()** _____
EMAIL ADDRESS: _____

PROJECT CONTACT PERSON: _____ **PHONE #:** () _____
ADDRESS: _____ **EMAIL ADDRESS:** _____

CONTRACTOR **OWNER-BUILDER**

CONTRACTOR REGISTRATION # _____ **PHONE #:** () _____
COMPANY/NAME: _____ **FAX #:** () _____
ADDRESS: _____ **EMAIL ADDRESS:** _____
CITY/STATE/ZIP: _____

WORKERS' COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain workers' compensation insurance for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy are:

CARRIER: _____ **POLICY #** _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of Pennsylvania.

DATE: _____ **APPLICANT:** _____

TYPE OF IMPROVEMENT

- New Building Move Building Roof
- Addition Foundation Only Fence
- Alteration Sign Shed
- Repair/Renovation Swimming Pool/Spa Patio/Deck
- Change of Use Other _____

OWNERSHIP

- Private (Individual, Corporation, Non-Profit)
- Public (Federal, State, Local Government)

EXISTING USE

- One Family
- Two or more family – No. of units _____
- Non-Residential (specify use) _____

PROPOSED USE

- One Family Two or more Family – No. of units _____
- Hotel/Motel – No. of units _____ Garage Carport
- Other _____

COST OF IMPROVEMENT

General Contract \$ _____
 Electrical \$ _____
 Plumbing \$ _____
 Other \$ _____
Total Cost \$ _____

DESCRIPTION OF WORK

BUILDING FEATURES:			
STRUCTURAL (FRAME) <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other _____	HEATING <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Other _____	MECHANICAL Air conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No	DIMENSIONS Height of building _____ Number of stories _____ Total floor area (sq. ft.) _____ Total lot area (sq. ft.) _____ _____

ELECTRICAL PERMIT

FIXTURES AND EQUIPMENT								
QTY	DESCRIPTION	RATING	QTY	DESCRIPTION	RATING	QTY	DESCRIPTION	RATING
_____	AMP service	_____	_____	Ceiling fan	_____	_____	Range	_____
_____	AMP receptacles	_____	_____	Dishwasher	_____	_____	Smoke detector	_____
_____	Vent fans	_____	_____	Disposal	_____	_____	Water heater	_____
_____	Lights	_____	_____	Dryer	_____	_____	Other:	_____
_____	Receptacles	_____	_____	Furnace (Electric)	_____	_____	_____	_____
_____	Switches	_____	_____	Furnace (Gas/Oil)	_____	_____	_____	_____
_____	Air conditioner	_____	_____	Motor - HP	_____	_____	_____	_____
_____	Baseboard heat	_____	_____	Oven	_____	_____	_____	_____

PLUMBING PERMIT

FIXTURES AND EQUIPMENT		
_____	Piping in walls	_____
_____	Piping in slab	_____
_____	Sewer lateral	_____
_____	Water lateral	_____
_____	Stacks	_____
_____	Bathtub	_____
_____	Lavatories	_____
_____	Shower stall	_____
_____	Heat lines (Feet)	_____
_____	Water closet	_____
_____	Urinal	_____
_____	Bidet	_____
_____	Kitchen sink	_____
_____	Dishwasher	_____
_____	Garbage disposal	_____
_____	Laundry tray	_____
_____	Clothes washer	_____
_____	Grease trap	_____
_____	Oil separator	_____
_____	Slop sink	_____
_____	Lawn sprinkler & heads	_____
_____	Sewage ejector	_____
_____	Air conditioning	_____
_____	Floor drain	_____
_____	Heaters	_____
_____	Water heater	_____
_____	Drinking fountain	_____

IDENTIFICATION AND VERIFICATION

(To be completed by applicant, authorized agent or contractor)

I hereby certify that the proposed work, as contained in this application, is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent.

I also certify and acknowledge that review and approval of plans, applications and the issuance of permits does not relieve the owner from building and constructing all structures in accordance with all applicable Building Codes and other applicable ordinances of the Borough of Hummelstown.

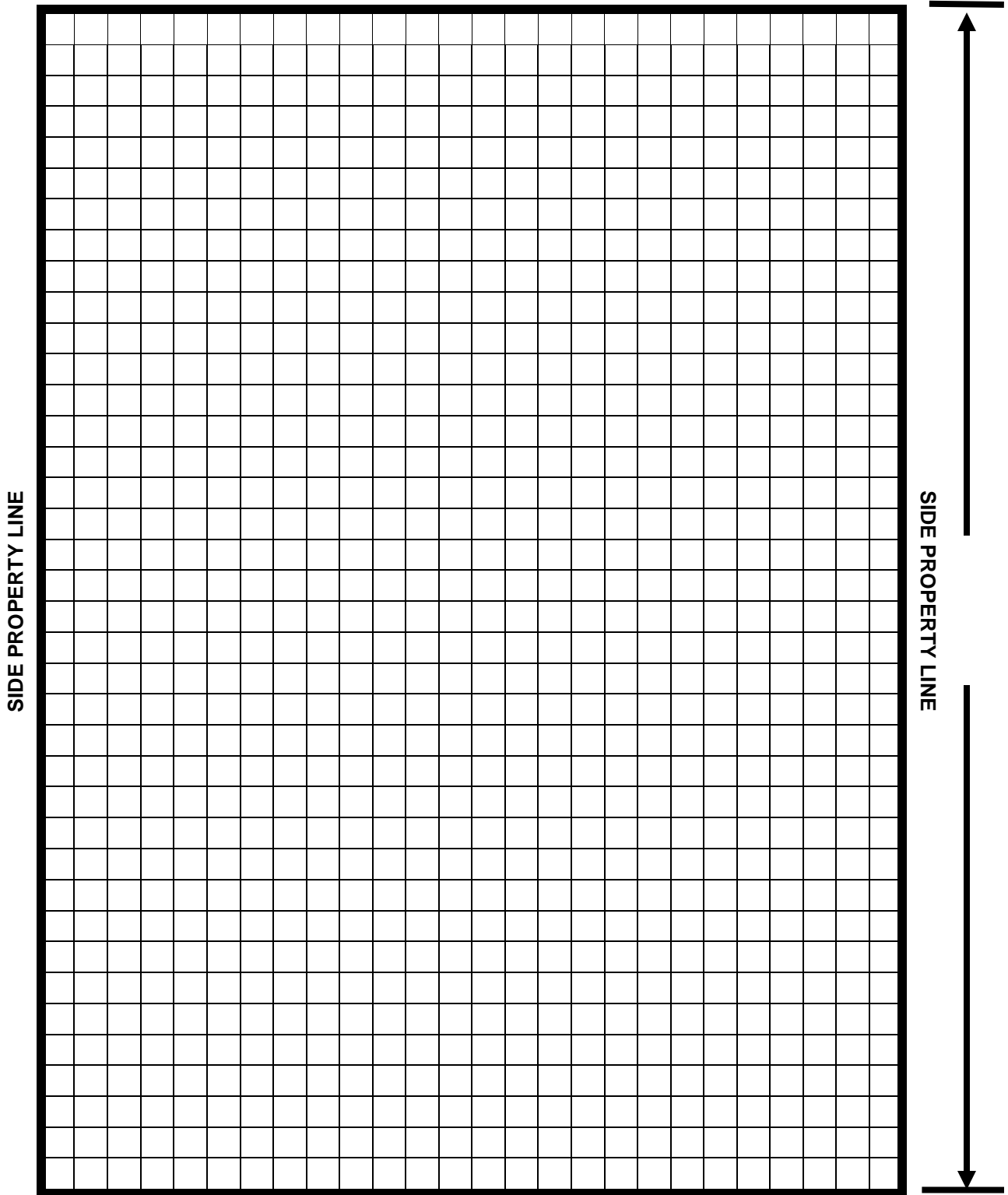
SIGNATURE OF APPLICANT

ADDRESS

APPLICATION DATE

SITE PLAN

Show dimensions of existing and proposed structures and setback distance from all property lines



SIDE PROPERTY LINE

SIDE PROPERTY LINE

FRONT PROPERTY LINE