## CUSTOMER ASSISTANCE GUIDE BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS MANUFACTURED AND INDUSTRIALIZED HOUSING

6		the following informatise a checklist. You mus		Il the sections listed below pri	or to submitting your
	workers' comp showing proof	ensation, have the con of such. If the home	tractor or their insurance	contractor to construct your str carrier provide us with a "Ce vithout workers' compensatio	rtificate of Insurance"
		property lines; and the		sions of the structure, distance pove grade at highest point o	
	_ Septic permit i	fapplicable.	Sewer permit if applic	able.	
	but not limited Installation sha Footin Size o Type, A copy Electri Plumb Mecha Installa  EXTERIOR DEC	d to the following informall comply with Title 24 or g detail. Thickness and f masonry units for four size, and placement of of the manufacturer's cal. Service size	nation; CFR 3285 (see attached if depth below frost line. Indation (piers or full found anchorage for the structu specifications and installa and location  ding on exterior (required or required, please insert of the structure) or center, 24" on center and distance between supbelow finished grade. If loor or deck, and/or stair (maximum 4"). If the standard depth (riser 8 ½) on	ations). re to the foundation. rition instructions.  ). certification number retc:). ports). rs. 4" max tread 9" min.). minimum 34", maximum 38") section of 1 1/4" minimum to 2	
		Type of F	Foundation (circle the type	you are using)	
1. Set	on full basement	<u>;</u>	2. Crawl space	3. Piers	
A. Hea		vide wall R-values)	A. Cross ventilation	A. Spacing	
	no Garage in basemo Stairs			<ul><li>B. Diameter</li><li>C. Depth</li><li>D. Type of skirting</li></ul>	
	Completed but	Iding permit application	<b>ો.</b>		

MDIA will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked "approved". A building permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Municipal Building. All fees shall be paid prior to the issuance of the permit. Then use the inspection procedures provided to have all of the required inspections performed.

## INSPECTION PROCEDURES MANUFACTURED AND INDUSTRIALIZED HOUSING

- Building permit must be posted on the site of the work and clearly visible from the road until completion of the project.
- Your approved plans must be available at all times, for inspection. These are the plans that were submitted with your application and were marked "Approved" by the building code official.
- The permit applicant is responsible for scheduling all inspections. If you're using a General Contractor, then she/he should take care of scheduling all the necessary inspections.
- DO NOT schedule an inspection if the work is not ready!!!!
- When scheduling an inspection, you must supply your permit number to the inspector.

# PLEASE GIVE THREE (3) WORKING DAYS ADVANCE NOTICE FOOTING INSPECTION WILL BE GIVEN PRIORITY MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

- 1. Footing inspection To be done after trenching or forming and prior to placing of concrete.

  Inspector: Patrick Duffy Phone: 1-800-922-6342
- 2. Foundation inspection French drain and water proofing if full foundation is installed.

Inspector: Patrick Duffy Phone: 1-800-922-6342

3. Anchoring of structure to foundation.

Inspector: Patrick Duffy Phone: 1-800-922-6342

4. Verification of field connected crossovers, structural connections, etc Inspector: Patrick Duffy Phone: 1-800-922-6342

5. Electrical inspection – installation of service from supplier to home.

Inspector: Keith Reiser Phone: 1-800-608-6342

6. Plumbing connections.

Inspector: Patrick Duffy Phone: 1-800-922-6342

7. Final inspection – when job is completely finished, prior to occupancy permit and after all other required inspections have been done and approved. Inspections #3, #5, #6 and #7 may be done at the same time. All utilities and fuel systems shall be operational. Provide completed installers certificate and HUD form 309.

Inspector: Patrick Duffy Phone: 1-800-922-6342

BEFORE DIGGING CALL 811 - SEE ATTACHED BROCHURE

no accident Safe digging is

Know what's below.

before you dig Dial 8-1-1





#### TEMPORARY MARKING GUIDELINES II WHITE PINK RED ORANGE ACTION Elachio Power Lines, Cables, Conduit and Lighting Cables Gas, Cil, Steam, Potroleom or Gaseous Materials, Hazardous Materials Proposed Excavation Communication, Alarm or Signal Lines, Cabber or Conduit and Traffic Loops Temperary Survey Markings

The following information is needed when you call PA One Call System.

GREEN

Sowers and Drain Lines

BLUE

Potable Water

PURPLE

Rectained Water, Inigation and Starry Lines

YOUR TELEPHONE NUMBER
YOUR MALLING ADDRESS
COUNTY - The name of the county where the work will

tale place MUNICIPALITY - City, Township or Baraugh where the

WICK WILL ADDRESS WHERE THE WORK WILL TAKE PLACE
THE MARKEST WHERE THE WORK WILL TAKE PLACE
THE NEAREST INTERSECTING STREET TO THE WORK SITE
THE NAME OF A SECOND INTERSECTION NEAR THE
WORK SITE
IS THE PROPOSED EXCAVATION AREA (WORK SITE)
MARKED IN WHITE - Vos or No
OTHER INFOSED EXCAVATION AREA (WORK SITE)
MARKED IN WHITE - Vos or No
OTHER INFOSED EXCAVATION THAT WOULD HELP THE
LOCATOR FIND THE SITE - Clarifying information to
specify the exact Location of the dig
THE TYPE OF WORK BRING DONE
WHETHER THE WORK WILL TAKE PLACE IN: Street,
Stiewalk Public or Friends Proposity
THE APPROXIMATE DEPTH YOU ARE DIG GING
THE EXTENT OF THE EXCAVATION - How will the earth be
THEM RETHOD OF EXCAVATION - How will the earth be

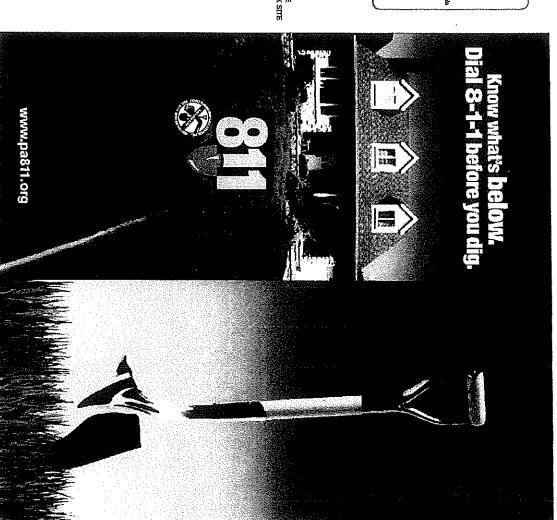
WHO IS THE WORK BEING DONE FOR PERSON TO CONTACT IF THE UTILITIES HAVE QUESTIONS

THE CONTACT PERSON'S PHONE NUMBER - The phone number with area code for dayline contact THE BEST TIME TO CALL

FAX NUMBER ANDIOR EMAIL ADDRESS - The PAX NUMBER ANDIOR EMAIL ADDRESS - The Responses from the facility ownes will be sand to you SCHEDULED EXCAVATION DATE AND START TIME - not lass than 3 business days or more than 10 business days.

DURATION OF A JOB - How long will the job take ANY ADDITIONAL REMARKS YOU MAY HAVE

You will be given a 10 digit serial number as continuation of your call and our system will send youth a reponses from the will thes on the morning of your scheduled excavation date via fax or small



# What do we do?

of the day, every day of the year. Notification can also be done on with powered equipment, you are required by Pennsylvania law to notify the underground utility companies of your intent to do so. Notification occurs by calling 8-1-1 or 1-800-242-1776, 24 hours company for all of Pennsylvania. If you plan to disturb the earth our website at www.paonecall.org. We are the "Call before you dig!"

companies nearby of your intent to dig. The utility companies are responsible to mark where their underground lines are located utility colored flags; paint or challe We will then notify the utility

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- Parties of the parties of the same of ないのうないことのないというないのであるという 在我一次就是我一起我的我 我以我 日 なけっては おは かない 位に任命を記れている。 Charleton in Asia and Charles

## you call? Why should

Safe digging is no accident! If you are installing a fence or deck, or digging for a mailbox post, patio or other excavation project, it is important to Know What's Below. you dig. The utility companies do not want an accident, either. The Dial 8-1-1 or 1-800-242-1776 before est way to learn where undergro ility lines are located is to call



## Quick Tips Homeowner

- One easy phone call to 8-1-1 three to ten business days before digging begins helps keep your neighborhood safe.
- Call on Monday or Tuesday if you plan to dig on Saturday or Sunday
- The utility companies will mark where their underground lines flags or chalk. are located with colored paint,
- Do not remove the flags if you see them in your yard.
- Our service is no cost to homeowners.
- Did you hire someone to install your tence, deck ownew pation Asis to see like PA One call Reference of the later of the state of the s

## Responsibility The Excavator's

- Dial 8-1-1 or 1-800-242-1776.
- Do not allow anyone to excavate on your property without calling.
- Always look for the markings on the ground before your dig date.
- If you do not see markings, do not allow anyone to dig. Wait for the lines to be marked by the utility.
- Whoever places the call will marked or have not marked. Pay attention to this message. receive an email or fax with a list of facility owners who have
- Respect the markings by not removing flags or disturbing al markings.
- भाइतायवाद्याक्ष्याच्याच्या Paring print (A) (S) III fest and in the syndian
- 中国国际中国 医多种种的 医多种种 हिंद्धि के महाराष्ट्र क्यान सन्दर्भक्षात 子のこのこの TO EXCLUSION STOLEN THE

### Permit Application

Number \_\_\_\_\_\_ Number \_\_\_\_\_

OLE DEPARTA		
MDIA)	Customer Number if known	
SINCE 1883	MDÏA Office	 A

Location	of Proposed	Workor	Improvement
----------	-------------	--------	-------------

Municipality*	County*		
Site Address*		Tax Parce	1#
City			Zip code
Lot # Subdivision/Land Development	•		
Owner*			ax #
Mailing Address*			
City			Zip code
rincipal Contractor*			
Mailing Address*			ax #
City	•	State	Anil
rchitect	···		Zip code
	<del></del>		ax #
Mailing Address	<del></del>	E- <i>h</i>	Mail
City		State	Zip code
ype of Work or Improvement* (Select all that apply	<i>)</i> ) .		
New Building Addition Alteration	Repair	Demolition	Relocation Energy
Foundation Only Change of Use Plumbing	Mechanical	☐ Electrical	Fire Protection
Describe the proposed work			
			The state of the s
	<del></del>		
stimated Cost of Construction* (reasonable fair n	narket value)		
a. Structural Cost	,	\$	
Installation(s) not included in above cost		<u> </u>	
b. Electrical		\$	
c. Plumbing		6	
d. Heating, Air Conditioning		*	
e. Other		•	
Total Cost of Project (a+b+c+d+e)			
Con Care (a. M. C. a.c.)		\$	

Description of Building Use *(	Select One)							l-
<u>Residential</u>			No	on-Reside	ential			
One-Family Dwelling	(R-3)		Q <sub>max</sub>	.: G = 11:				
Two-Family Dwelling	(R-2)			ific Use:	· · · · · · · · · · · · · · · · · · ·			
Multi-Family	(R-2)			Group: ge in Use:	П	es [N	io	
Hotels	(R-1)			-				
							***************************************	
							1000,000	
			MSIM	unum Live	Load:		· · · · · · · · · · · · · · · · · · ·	
<b>Building/Site Characteristics</b>								
Number of Residential Dv	velling Units:		_Existing		Propose	ed	•	
Mechanical: Indicate Type Water Service: (Select)	Yes [No					.)		
Does or will your building contain a	ny of the follow	ing:						
Fireplace(s): Number	Type of Fuel		B7	ľU's	Ty	pe Vent		
Elevator/Escalators/Lifts/			Yes		No	**************************************		
Sprinkler System:	Yes	[No						
Pressure Vessels:	Yes	[No						
Refrigeration Systems:	☐Yes	∏No						
BUILDING DIMENSIONS								
Existing Building Area:			_ sq.ft. Num	iber of Stor	ies:			
Proposed Building Area:			sq.ft. Heig	ht of Struct	ture Above	Grade:		_ ft.
Total Building Area:	,	<del></del>	sq.ft. Area	of Largest	Floor:			_ sg.ft.
FLOODPLAIN								
Is the site located within an				∏Yes		ΓΙΝο		
Will any portion of the floor	d prone area be o	developed? (	Select One)	Yes		∏No	∏N/A	
Owner/Agent shall verify th Insurance Program and the	at any proposed Pennsylvania Flo	constructio ood Plain Ma	n activity com Inagement Ac	plies with t t (Act 166-	he require 1978), spec	ments of the ifically Sectio	National Flood n 60.3 (d).	
HISTORIC DISTRICT								
Is the site located within a h	listoric District?		<u>Γ</u> :χ	·es	No			

If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and <u>PA Act 45 (Uniform Construction Code)</u> and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent	Print Name of Owner or Authorized Agent
Address	Date
Directions to Site:	
	·

<sup>\*</sup> Indicates required field.

H

APPLICATION FOR ZONING/CONSTRUCTION PERMIT NORTH SEWICKLEY TOWNSHIP BEAVER COUNTY, PENNSYLVANIA PAGE 3 of 3

#### READ, UNDERSTAND AND COMPLY WITH THE FOLLOWING NOTICES

NOTICE: In addition to a zoning/construction permit, if the subject property does or will require access to a public road or street, and/or will require improvement/change of existing driveway access to a public road or street. If such public road or street is under the jurisdiction of the Commonwealth of Pennsylvania, you must obtain a Highway Occupancy Permit pursuant to Act no. 428 of 1945, as amended, known as the "State Highway Law", Application for such Highway Occupancy Permit as to a Commonwealth road or street must be made to, with and processed by the Pennsylvania Department of Transportation. If such road or street is under the jurisdiction of North Sewickley Township, you must apply for and obtain a Driveway Permit from the Township.

NOTICE: In addition to a zoning/construction permit, you may need to make other applications and obtain other permits for the development you propose, including but not limited to, depending on location of your premises, for an on-lot sewage permit and/or connection to a public sewer connection permit, water connection permit, and/or Land Development approval, prior to being able to commence construction. Further, following construction and prior to placing into use the proposed structure/building, you will need to procure an Occupancy Permit.

NOTICE: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of worker's compensation to North Sewickley Township. Contractor also prohibited by law as to building or remodeling under subject Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to subcontractor's employees. Failure of Contractor and Applicant for this Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania, and as to said insurance, naming North Sewickley Township as a named insured, coverage requires stoppage of all construction/work under Zoning/Construction Permit issued and a Zoning/Construction Permit may be revoked.

NOTICE: Property owner is responsible for determining if property is subject to private covenants or private plan restrictions and compliance with the restrictions. Private covenants may be more restrictive than zoning/township regulations. Issuance of a building or zoning/construction permit does not constitute compliance with private covenants or restrictions. Permits issued in violation of any private covenants or restrictions are the sole responsibility of the property owner or their authorized representatives.

#### STATEMENTS AND VERIFICATION BY APPLICANT

I do hereby agree to observe and adhere to any and all provisions of the North Sewickley Township Zoning/UCC Code, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by North Sewickley Township via its Zoning Officer or other designated agent.

I/We hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of my/our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I/We knowingly make false statements of averments, I/We may be subject to criminal penalties. I/We hereby authorize representatives of the township to make required inspections upon the property to verify that the construction requested under this application complies with the North Sewickley Township Zoning Ordinance and other applicable codes.

#### THIS FORM REQUIRES A NOTARY SEAL

#### **AFFIDAVIT OF EXEMPTION**

	ne/sne is not required to provide workers compensation insurance under nia's Workers' Compensation Law for one of the following reasons, as
any work pu compensati	er performing own work. If property owner does hire contractor to perform uant to building permit, contractor must provide proof of workers' insurance to the municipality. Homeowner assumes liability for appliance with this requirement.
individual to	s no employees. Contractor prohibited by law from employing any erform work pursuant to this building permit unless contractor provides ince to the municipality.
contractor a	mption under the Workers' Compensation Law. All employees of exempt from workers' compensation insurance (attach copies of religiouser for all employees).
Signature of Applicant	
County of	
Municipality of	
	Subscribed, sworn to and acknowledged before me by the above this Day of
SEAL	
	Notary Public

#### **APPLICATION FOR ZONING OCCUPANCY PERMIT**

#### NORTH SEWICKLEY TOWNSHIP 893 MERCER ROAD BEAVER FALLS, PA 15010

		Certificate No
		Telephone No
OWNER:		
		PLAN OF LOTS
TAX PARCEL NO		
APPROXIMATE DAT	E OF COMPLETION:	
OF ANY HAZARDOU		ATE; STORE; TRANSPORT; OR DISPOSE STE AS DEFINED BY THE U.S. LOCATION:
YES		NO
IF YES, PLEASE INDI	CATE MATERIAL(S) AN	ND QUANTITY ON REVERSE.
AND THAT ALL APP		VE INFORMATION IS TRUE AND CORRECTOR OF THE NORTH SEWICKLEY TOWNSHIP TH:
DATE FILED		
		SIGNATURE OF OWNER/AGENT
DATE ISSUED		
		ZONING AND CODES OFFICER

#### **BUILDING PERMIT RELEASE FORM**

#### North Sewickley Township Municipal Authority 893 Mercer Road Beaver Falls, PA 15010

Property Owner:	
Address:	
Parcel Number:	
Property Owner Signature	Date
BELOW IS TO BE COMPLETED BY THE N	NORTH SEWICKLEY TOWNSHIP MUNICPAL AUTHORITY
	he boundary of the North Sewickley Township public sewage d the property owner may acquire a building permit from
sewage area; therefore, it is not required to pa permit from North Sewickley Township. If this vacant or unused for 12 months, please contac Enforcement Officer, at 724-601-8539, to verif construction is proposed and the existing system	hin the boundary of the North Sewickley Township public by the public sewage tap-in fee and may acquire a building property has an existing on-lot septic system that has been ct Tony DiPippa, North Sewickley Township Sewage by that the system is in working order. Additionally, if new earn is planned to be used, the system must be verified by the ant Officer to be sure it meets the sewage treatment needs of
intending to use water or public sewers; howe	the boundaries of the public sewage area, and the owner is not ever, if illegal use of water and sewers is found, the owner will and usage as described in the North Sewickley Township tion 1-15.
	n filed for the tap fee, municipal lien number is tain a building permit from North Sewickley Township.
The above-listed property is vacant sewage service area. Proper permitting and fe	but within the boundaries of North Sewickley Township public es would be required upon new construction.
North Sewickley Township Municipal Author	rity Signature Date



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

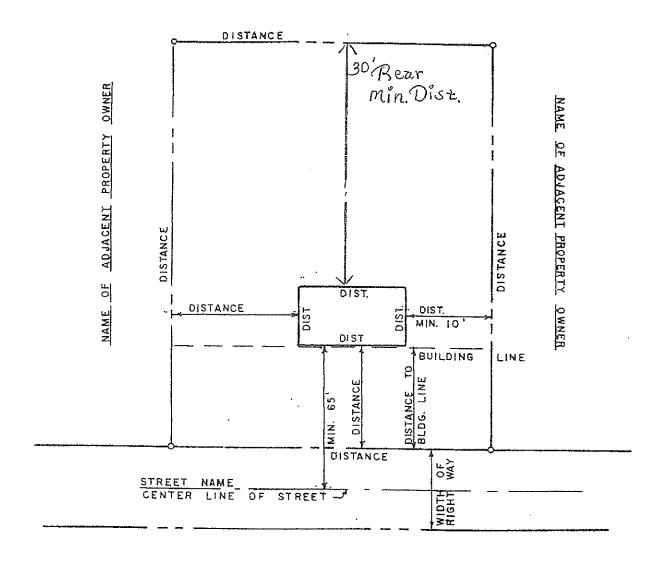
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights t	o the cert	ificate holder in lieu of su	ch endorsement(s)		equite an endorsement		
PRODUCER	CONTACT NAME: Dawn Singleton						
Baily Insurance Agency, Inc. PO BOX 1070	PHONE (A/C, No, Ext): 724-627-6121 FAX (A/C, No): 724-627-7005						
Waynesburg PA 15370	E-MAIL ADDRESS: reception		icy.com				
			INS	URER(S) AFFOR	DING COVERAGE	NAIC#	
		License#: 65153	INSURER A :	Insurance C	ompany	55423	
MODREO		MORTSEW-01	INSURER B :	Insurance C	ompany	55433	
V.C.C. in it is the limit of t	* 4 1						
		L HIGHLI	GHIL	JAR			
	<b>3</b>	OR APRO	VAL OI	<b>- YO</b>		VIII - **	
COVERAGES C							
THIS IS TO CERTIFY THAT THE POLICIES	OF INSU	VANCE LISTED BELOW HAV	E BEEN ISSUED TO	THE INSURE	D NAMED ABOVE FOR I	HE POLICY PERIOD	
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY	EQUIKEME PERTAIN.	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF ANY CONTRACT O BY THE POLICIE	OK OTHER E S DESCRIBET	DUCUMENT WITH RESPE THEREIN IS SUBJECT TO	O I O WHICH THIS O ALL THE TERMS	
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE !	BEEN REDUCED BY	PAID CLAIMS,		ITANO,	
INSR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A X COMMERCIAL GENERAL LIABILITY		680-J56892	7/1/2021	7/1/2022	EACH OCCURRENCE	\$ 1,000,000	
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
					MED EXP (Any one person)	\$ 5,000	
					PERSONAL & ADV INJURY	s 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$ 2,000,000	
X POLICY PRO- JECT LOC	SAL	MPLE CEF	RTIFICA		PRODUCTS - COMP/OP AGG	\$2,000,000	
OTHER:	<b>Y</b> 1 *!	VII bebe Vbel				\$	
AUTOMOBILE LIABILITY		-			COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	s	
OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident	\$	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	s	
				<u> </u>		\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s	
EXCESS LIAB CLAIMS-MADI					AGGREGATE	s	
DED RETENTION\$						\$	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY		11050 705	100 1412021U		Y TER OIL		
B Averagoparaer investigation of		UB58-725		2.0	LE CENTRAL CENTRAL		
Managaryin 100), and Paris Salas and Labora							
U A CONTROL OF CHERATIONS DEION			Carlo Alexandra		A DISCOURAGE AND THE	2 4500 (lot	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Schedu	le, may be attached if mo	re space is requi	red)		
RE Building Permit							
Contractors internse frumber #5.							
CERTIFICATE HOLDER CANO				Į			
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN			
MINESSACIATION CONTRACTOR					CY PROVISIONS.	or periveven IM	

AUTHORIZED REPRESENTATIVE

hample

NAME OF ADJACENI PROPERTY OWNER



WATER SUPPLY

WELL CITY

SEWAGE DISPOSAL

SEPTIC PUBLIC

NAME OF APPLICAN T...

DATE ...

TYPICAL SKETCH for BUILDING PERMIT