Borough of Gettysburg
Non-UCC Building Permit Application

Location_____ Zoning District_____
(No.) (STREET)

BETWEEN_____AND_____
(Cross Street) (Cross Street)

TYPE OF IMPROVEMENT

- □ New Building
- □ Addition
- □ Alteration
- □ Repair, Replacement
- □ Wrecking
- □ Moving/Relocating
- □ Foundation Only

OWNERSHIP

- □ Private
- □ Public (Federal, State or Local Government)

PROPOSED USE- For "Wrecking" use most recent use.

RESIDENTIAL

- □ One family
- □ Two or more family-Enter number of units_____
- □ Transient Hotel, Motel or dormitory. Enter number of units_____
- □ Garage
- □ Carport
- □ Other - Specify_____
_____
_____

NONRESIDENTIAL

- □ Amusement, Recreational
- □ Church, other religious
- □ Industrial
- □ Parking Garage
- □ Service Station
- □ Hospital
- □ Office, Bank, Professional
- □ Public Utility
- □ School, Library, Educational
- □ Other-Specify _____
_____

COSTS

Cost of Improvement …….

(Omit cents)

$_____

Nonresidential - Describe in detail use of building. If the existing use is being changed, enter proposed use.

_____
_____
_____
_____
_____
_____
_____

Describe Work To be Completed

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Historic District – Yes___ No___	HARB Review _____ (Date) Borough Council Approved _____ (Date)

IDENTIFICATION

Owner: _____

Address:_____Phone #:( ) _ _ _ - _ _ _ _

City:_____State:_____Zip_____

Contractor:_____Phone #:( ) _ _ _ - _ _ _ _

Address:_____

City:_____State_____Zip_____

Architect:_____ _____Phone #:( ) _ _ _ _ _ _ _ _

Address:_____

City:_____State_____Zip_____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature	Address	Date

DO NOT WRITE BELOW THIS LINE
FOR BUILDING DEPARTMENT USE ONLY

L & I Approval: Yes No N/A File #_____ Drawing Index #_____	**PA ONECALL NOTIFICATION:** Yes No Authorization #_____
Start Date:_____ Estimated Completion Date:_____	Building Permit #_____ Date Issued: _____ Building Permit Fee: $_____ Issued By:_____

SITE OR PLOT PLAN- For Applicant Use

Scale: 1 Block = _____Feet