

***PERMIT APPLICATION***

BOROUGH OF SMITHTON

Established in 1901

615 Center Street, PO Box 374

Smithton PA 15479

smithtonboro@hotmail.com

Phone/Fax (724) 872-6406

APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:

PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS:

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SMITHTON, PA 15479

DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCOPE OF PROPOSED WORK (Check all that apply): Addition\_\_\_\_\_ New House\_\_\_\_\_ Garage \_\_\_\_\_

Deck – height/length \_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW\_\_\_\_\_ REPLACE\_\_\_\_\_ REPAIR\_\_\_\_\_ DEMOLISH\_\_\_\_\_

LOCATION OF WORK: FRONT \_\_\_\_\_\_\_ REAR \_\_\_\_\_\_\_\_ LEFT SIDE \_\_\_\_\_\_\_\_ RIGHT SIDE \_\_\_\_\_\_\_\_\_

**CONTRACTOR INFORMATION**

\_\_\_\_\_\_\_\_ PROPERTY OWNER SELF-PERFORMING WORK AT PRIMARTY RESIDENCE

OR

\_\_\_\_\_\_\_\_ LICENSED GENERAL CONTRACTOR PERFORMING WORK

LICENSED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE LICENSE NO: PA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL/FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTIMATED COST OF WORK $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCLUDE CONSTRUCTION DRAWING ON THE SECOND PAGE OF THIS APPLICATION**

**SKETCH OF PROPOSED CONSTRUCTION (SHOW LOCATION OF BUILDINGS, STREETS, AND CURBS)**

**APPLICANT’S AFFIDAVIT**

I am the Owner of the property, or an agent of the Owner, for which this application is filed. As an agent, I certify that I have been authorized by the Owner to complete this application on their behalf. As the applicant, I certify that the information provided as part of this application is correct.

APPLICANT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_