



NEW STANTON

All Roads Lead Home

Permit Application for Accessory Structures & Misc. Changes to Existing Structures

Application Date _____ Application Number _____

Name of Applicant _____ Phone Number _____

Address _____
Street & Number City State Zip Code

Application is hereby made to:

Use Erect Repair Alter Extend Remove Demolish Change use of
a structure or land located at _____ Borough of New Stanton for:

Residence Commercial Business Accessory Building Industry Other
at an estimated cost of \$ _____

Please write description of the project for this property, for which application is made herewith, is submitted:

Area zoned (as of this date) _____ Tax Map No _____

Use for which application is made is: Permitted Special Exception Conditional

A plot plan is attached is not attached Floor plans are included are not

Plans have have not been approved by the Pennsylvania Department of Labor

Disposition of Application Approved Denied

If denied, state Ordinance number or name, article, section, subsection, paragraph on which denial of application is based.

STATEMENT OF APPLICANT: I do hereby agree to observe and adhere to any and all provisions of the Zoning Ordinance and Building Code of the Borough of New Stanton, Pennsylvania, where applicable under the issuance of this Building or Zoning Permit. And I do further agree that my failure to do so shall constitute a violation of this Permit, which Violation shall cause this Permit to become Null and Void, upon receipt of notification to that effect, in writing, from the Code Enforcement Officer or other Duly Authorized Agent of the Borough of New Stanton, Pennsylvania.

Owner Signature or _____
Agent of Owner

Date Issued ____ / ____ /20____	Permit Fee \$ _____
Payment Received _____ <i>Signature Title</i>	
Permit Issued by _____ <i>Signature Title</i>	

New Stanton Borough

BUILDING PERMIT APPLICATION

Both pages of application to be completed

APPLICANT

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE/CELL: _____ ALTERNATE PHONE: _____

OWNER(if same as applicant check)

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE/CELL: _____ ALTERNATE PHONE: _____

CONTRACTOR(if same as applicant check)

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE/CELL: _____ ALTERNATE PHONE: _____

LOCATION

PROPERTY LOCATION: _____ CITY: _____
ZONING ZONE: _____ TAX MAP # _____

PROJECT DESCRIPTION

RESIDENTIAL

- 01 HOUSE
- 02 ADDITION
- 03 REMODELING
- 04 GARAGE
- 05 PORCH, PATIO, DECK
- 06 SWIMMING POOL
- 07 SHED OR STORAGE

INDUSTRIAL

- 20 BUILDING
- 21 ADDITION
- 22 REMODELING

COMMERCIAL

- 10 BUILDING
- 11 ADDITION
- 12 REMODLING

OTHER

- 60 CELL TOWER
 - 60 TANK
 - 60 MISC. (describe) _____
 - 60 EXMPT BUILDING _____
 - 70 DEMOLITION
-

New Stanton Borough

BUILDING PERMIT APPLICATION

Both pages of application to be completed

COST OF IMPROVEMENT \$ _____

BUILDING MEASUREMENTS

Length _____

Width _____

Height _____

SQUARE FOOTAGE OF PROPOSED STRUCTURE

BASEMENT	_____
1 ST FLOOR	_____
2 ND FLOOR	_____
DECK	_____
GARAGE	_____
OTHER ENCLOSED AREAS	_____
TOTAL	_____

IN ADDITION TO THIS APPLICATION THE FOLLOWING IS REQUIRED

- ____ PLOT PLAN (must match building plans for proposed structure)
- ____ Two complete sets of building plans
- ____ Copy of Deed for property
- ____ Copy of Workers Compensation Insurance (if applicable)
- ____ PA ONE CALL serial # _____
(dial 411)

****** Building permit fee to be paid when permit is issued ******

Applications that are incomplete or that do not contain all the requested information will be rejected until the requested information or documentation is received.

We require a 24-hour notice on all inspections

For an inspection please call (724) 493-7793 or send an email to penninspector1@yahoo.com

Michael Stack, Building Inspector

Signature of person completing this form

DATE: ____/____/____



BUILDING SUBCODE



Date Received _____
 Date Issued _____
 Permit # _____

A. APPLICANT COMPLETE ALL APPLICABLE INFORMATION (when changing contractors notify this office)

Date _____ Tax Map # 64 _____
 Work Site Location _____
 Owner _____
 Address _____
 Tele (____) _____
 Contractor _____
 Address _____
 Tele (____) _____ License # _____

Description of work performing:

B. BUILDING CHARACTERISTICS

No of Stories _____ Height _____
 Area – Largest Floor _____ sq. ft. New Bldg. Area _____ sq. ft.
 Est. Cost of Bldg. Work \$ _____

Type of work:

New Building
 Addition
 Alteration
 Roofing
 Siding
 Fence
 Sign _____ sq. ft.
 Pool
 Demo
 Other _____

Fee (Office use only)

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

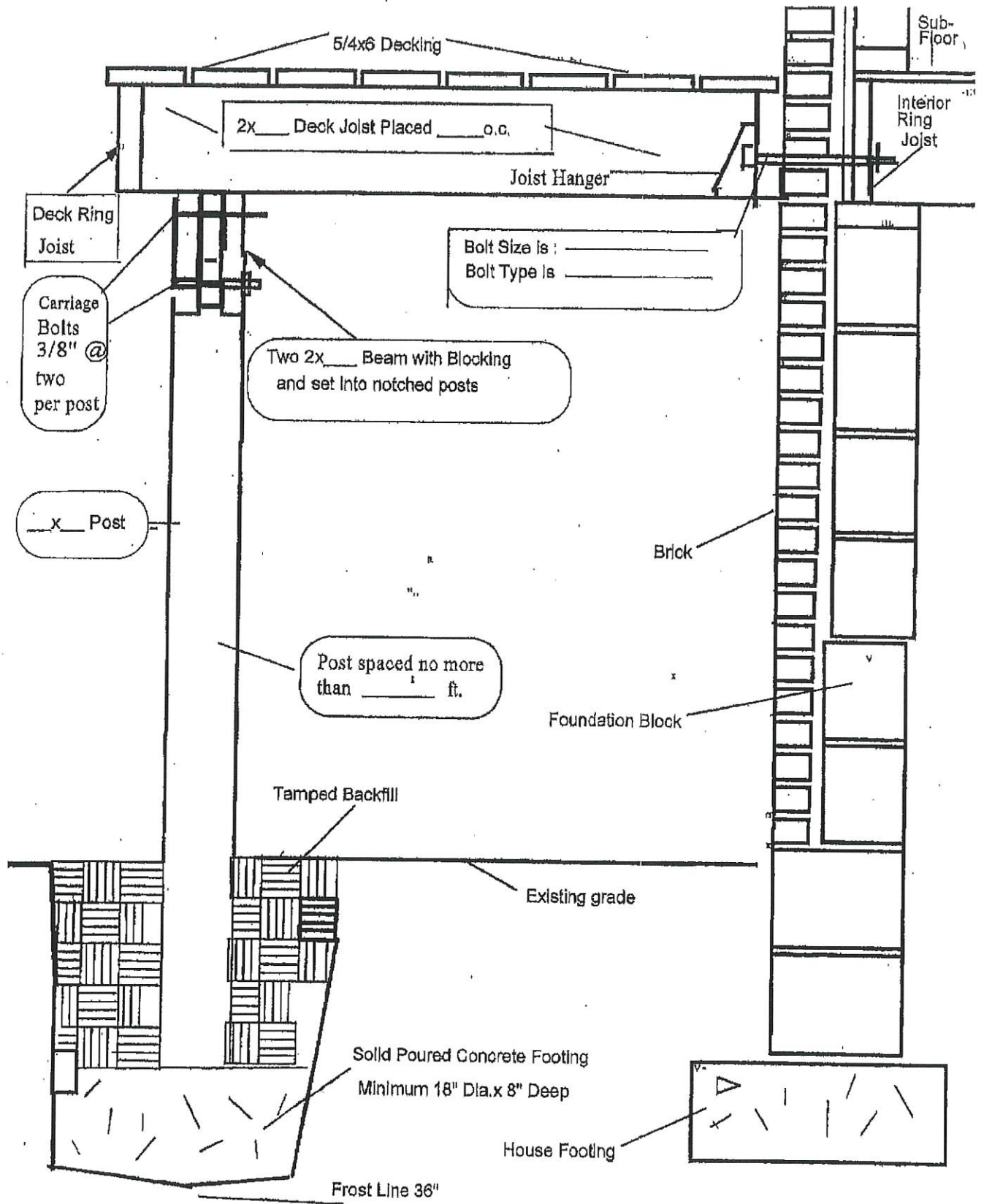
TOTAL FEE \$ _____

C. CERTIFICATION IN LIEU OF OATH

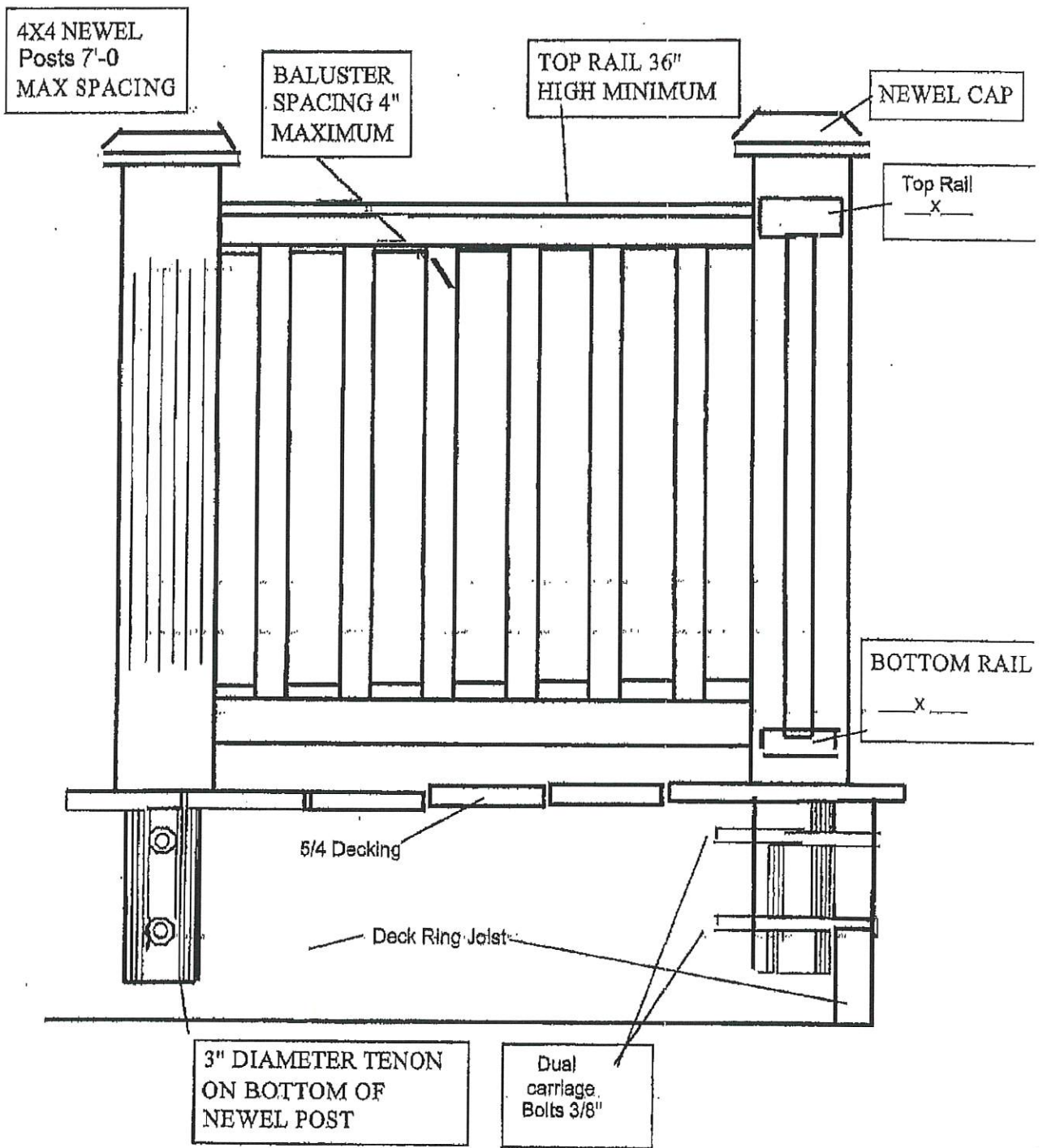
I hereby certify that I am the (agent) owner of record and am authorized to make this application

X _____

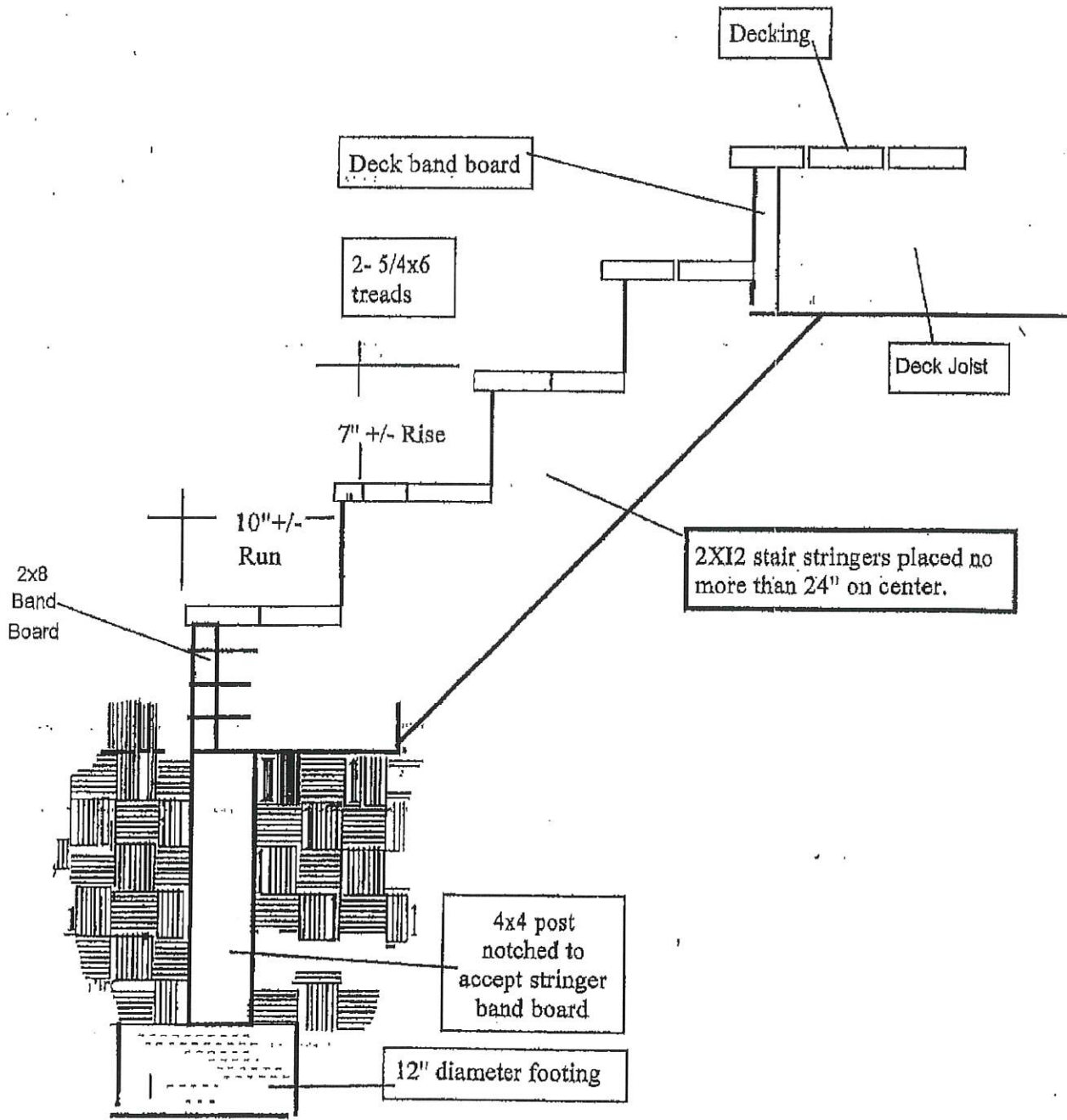
INSPECTORS
 Building Inspector – Michael Stack (724) 493-7793
 Electrical Inspector – Joseph McClain (724) 787-1199



Deck Construction Elevation



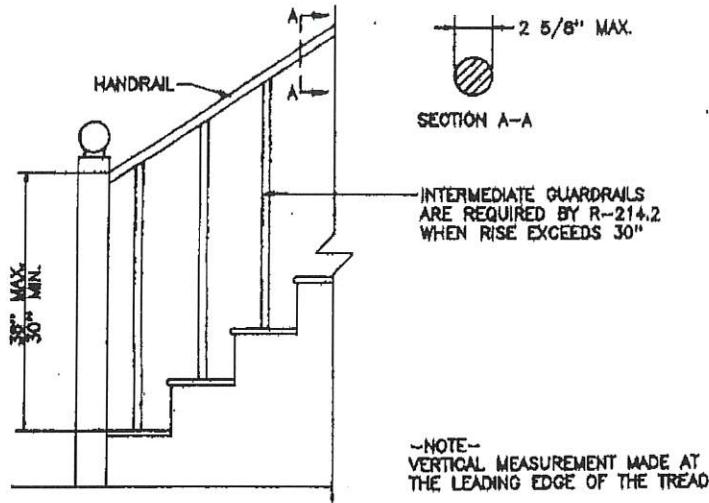
Railing Construction Elevation



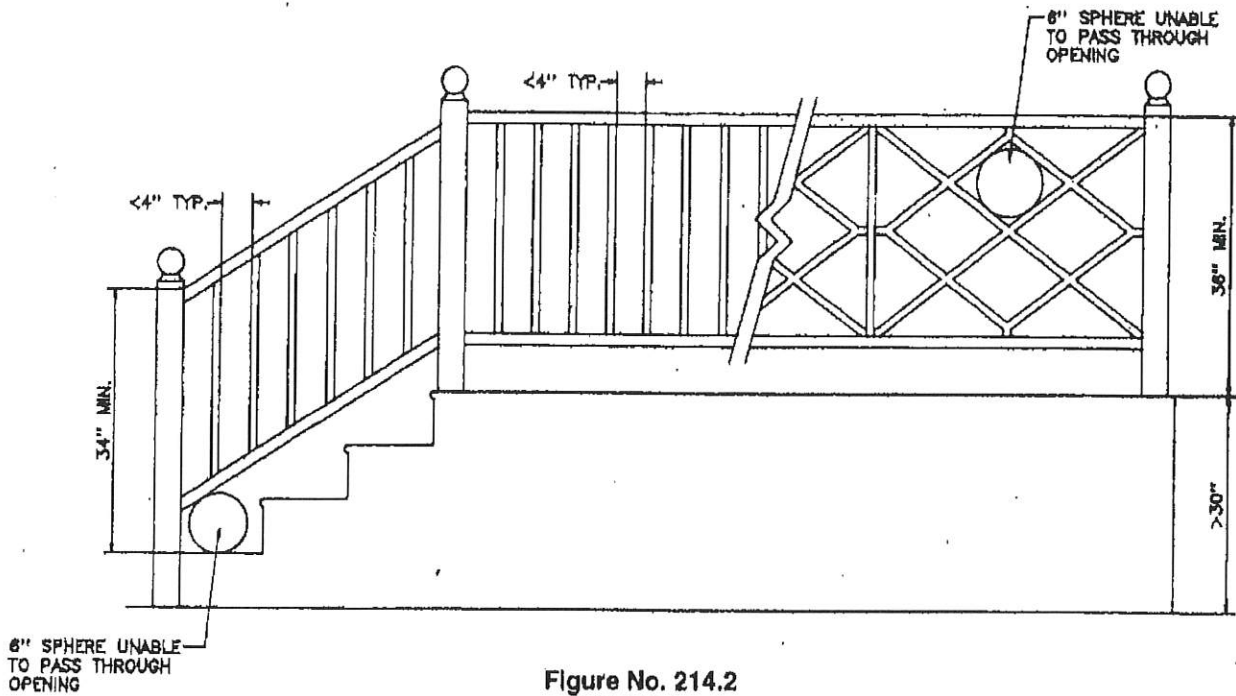
Stair Construction Elevation

APPLICATION AND COMMENTARY

Section R-214.1 requires open sides of stairs with a total rise of more than 30 inches above the floor or grade below to have guardrails. Section R-214.2, specifies a required guardrail height of 36 inches for porches, balconies or raised floor surfaces and 34" for open sides of stairs.



**Figure No. 214.1
HANDRAILS**



**Figure No. 214.2
GUARDRAILS**
(See Figure No. 214.1 for handrail requirements)