

BUTLER COUNTY BUILDING PERMIT APPLICATION

I.D. NO. _____ DISTRICT 70 MAP AND PARCEL NO. _____

IMPORTANT - COMPLETE ALL ITEMS MARK BOXES WHERE APPLICABLE


I. IDENTIFICATION

OWNER'S NAME PER DEED OR TITLE	NAME	MAILING ADDRESS	PROPERTY ADDRESS	PHONE NO.
PREVIOUS OWNERS				
CONTRACTOR				

II. TYPE AND COSTS OF IMPROVEMENTS

A. TYPE OF IMPROVEMENT <input type="checkbox"/> 1. NEW BUILDING <input type="checkbox"/> 2. ADDITION <input type="checkbox"/> 3. ALTERATIONS <input type="checkbox"/> 4. REPAIR - REPLACEMENT <input type="checkbox"/> 5. WRECKING <input type="checkbox"/> 6. RELOCATION <input type="checkbox"/> 7. FOUNDATION	B. PROPOSED USE <input type="checkbox"/> 1. SINGLE FAMILY <input type="checkbox"/> 2. DUPLEX <input type="checkbox"/> 3. MULTI FAMILY <input type="checkbox"/> 4. GARAGE <input type="checkbox"/> 5. CARPORT <input type="checkbox"/> 6. PORCH/INGROUND POOL <input type="checkbox"/> 7. MOBILE/MODULAR HOME (SEE E)	C. CONST. OR DEMO COST 1. COST OF CONST. A. ELECTRICAL _____ B. PLUMBING _____ C. HEATING/AC _____ D. OTHER _____ TOTAL _____
D. OWNERSHIP <input type="checkbox"/> 1. PRIVATE <input type="checkbox"/> 2. PUBLIC	E. MOBILE/MODULAR HOME SERIAL NO. _____	

III. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAMING <input type="checkbox"/> 1. BRICK - STONE - BLOCK <input type="checkbox"/> 2. WOOD FRAME <input type="checkbox"/> 3. STRUCTURAL STEEL <input type="checkbox"/> 4. REINFORCED CONCRETE <input type="checkbox"/> 5. OTHER - SPECIFY _____	B. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE PERMIT NO. _____ D. TYPE OF WATER SUPPLY <input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE	C. DIMENSIONS _____ X _____ 1. NO OF STORIES _____ 3. BSMT SQ. FT. _____ 2. TOTAL ACREAGE _____ 4. TOTAL SQ. FT. _____ E. NUMBER OF PARKING SPACES 1. OFF STREET _____ 2. ENCLOSED _____ OUTDOORS _____
IV. RESIDENTIAL BUILDINGS ONLY A. NO. OF BEDROOMS _____ B. NO. OF BATHS _____ 1. FULL _____ 2. HALF _____	VII. TYPE OF MECHANICAL YES NO A. A/C _____ B. ELEV _____	IX. DIRECTIONS TO SITE FROM NEAREST INTERSECTION <div style="text-align: right;">  </div>
V. LOCATION A. BUILDING SET BACK _____ 1. FROM STREET _____ 2. FROM SIDE LS _____ RS _____ 3. FROM REAR _____	VIII. TYPE OF HEATING FUEL <input type="checkbox"/> A. GAS <input type="checkbox"/> D. COAL <input type="checkbox"/> B. OIL <input type="checkbox"/> E. OTHER <input type="checkbox"/> C. ELEC _____	
VI. CHECK OTHER STRUCTURES ON PROPERTY <input type="checkbox"/> A. NONE <input type="checkbox"/> E. BARN <input type="checkbox"/> B. HOUSE <input type="checkbox"/> F. SHED <input type="checkbox"/> C. MOBILE/MODULAR HOME <input type="checkbox"/> G. INGROUND POOL <input type="checkbox"/> D. GARAGE <input type="checkbox"/> H. OTHER SPECIFY _____		

X. HIGHWAY AND ENERGY ACTS

A. HAVE YOU OBTAINED A PERMIT AS REQUIRED BY SECTION 420 OF THE STATE HIGHWAY LAW (P.L. 1242 NO. 428)? YES NO

B. HAVE YOU COMPLIED WITH ACT 222 OF THE BUILDING ENERGY CONSERVATION ACT? YES NO

XI. THE OWNER OF THIS BUILDING AND/OR UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE

LAWS OF _____ MUNICIPALITY.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE OF APPLICATION _____

SIGNATURE OF MUNICIPAL OFFICER _____ FEE _____ APPROVED REFUSED _____

XII. FOR MUNICIPAL USE ONLY

COMMENTS, RESTRICTIONS, DATE PERMIT EXPIRES (ACCORDING TO LOCAL CODES)
