

**UNIFORM CONSTRUCTION PERMIT APPLICATION  
GREENFIELD TOWNSHIP**

**TOWNSHIP USE ONLY.**

**DATE RECEIVED:** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

COUNTY: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_ TAX PARCEL # \_\_\_\_\_

LOT# \_\_\_\_\_ SUBDIVISION/LAND DEVELOPMENT: \_\_\_\_\_

PHASE: \_\_\_\_\_ SECTION: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ E-MAIL \_\_\_\_\_

PRINCIPAL CONTRACTOR: \_\_\_\_\_ PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ E-MAIL \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT:** *(check one)*

- Accessory Building Under 1000 sq. ft. total area – no water, sewer or electrical
- New Building  Addition  Alteration  Repair  Demolition  Relocation
- Foundation Only  Change of Use  Plumbing  Mechanical  Electrical

Describe the Proposed Work:

\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$** \_\_\_\_\_

**DESCRIPTION OF BUILDING USE** *(check one)*

**RESIDENTIAL**

- One-Family Dwelling
- Two Family Dwelling

**NON-RESIDENTIAL**

Specific Use: \_\_\_\_\_

Use Group: \_\_\_\_\_

Change in Use:  YES  NO

If YES, Indicate Former: \_\_\_\_\_

Maximum Occupancy Load: \_\_\_\_\_

Maximum Live Load: \_\_\_\_\_

**BUILDING CHARACTERISTICS**

**Number of Residential Dwelling Units** \_\_\_\_\_ **Existing,** \_\_\_\_\_ **Proposed**

**Mechanical:** Indicate Type of Heating/Ventilating/Air Conditioning

(i.e. electric, gas, oil) \_\_\_\_\_

**Water Service:** *(check)*  Public  Private

**Sewer Service:** *(check)*  Public  Private (Septic Permit# \_\_\_\_\_)

**Does or will your building contain any of the following:**

**Fireplace(s):** Number \_\_\_\_ Type of Fuel \_\_\_\_\_ Type Vent \_\_\_\_\_

**Elevator/Escalators/Lifts/Moving walks:** *(check)*  Yes  No

**Sprinkler System:**  Yes  No

**Pressure Vessels:**  Yes  No

Refrigeration Systems: [ ]Yes [ ]No

**BUILDING DIMENSIONS**

Existing Building Area \_\_\_\_\_sq.ft.      Number of Stories \_\_\_\_\_  
Proposed Building Area \_\_\_\_\_sq.ft.      Height of Structure Above Grade\_\_\_\_\_ ft.  
Total Building Area \_\_\_\_\_sq.ft.      Area of the Largest Floor \_\_\_\_\_sq.ft

**FLOODPLAIN**

Is the site located within an identified flood hazard area? (*check one*) [ ]YES [ ]NO  
Will any of the flood hazard area be developed? (*check one*) [ ]YES [ ]NO

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*

Lowest Floor Level: \_\_\_\_\_

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 PA Act 45 (Uniform Construction Code) and any additional approved building code required requirements or ordinances adopted by the Municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, right-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 administer 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. I further certify that an authorized agent of the Township and/or the Municipal Authority shall have the authority to enter areas covered by this permit for a site review and to verify compliance with all Township Ordinances.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Directions to Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BE SURE ALL ITEMS ON THE APPLICATION HAVE BEEN ADDRESSED COMPLETELY**