



City of Harrisburg

Bureau of Codes Administration

Eric Papenfuse, Mayor

Building / Fire / Zoning Permit

Property No. Building / Fire No. Zoning Permit No. For Office Use Only DOUBLE FEE Permit Issued Building Permit Fee Zoning Permit Fee Special Permit Fee (Petroleum) Penalty Fee Total Fee

I. LOCATION OF BUILDING (CORRECT FEE AMOUNT MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED)

(No.) (Street) (Zoning Districts)

II. TYPE OF BUILDING: All applicants complete parts A-G

- 1. New 2. Addition 3. Alteration 4. Signage 5. Demolition
6. Parking Lot 7. Repair/Replacement 8. Fire Prevention Code 9. Change of Use/Zoning

B. HAZARDOUS CHEMICALS: Will you be using and/or producing any hazardous chemicals?

No Yes If yes, provide attachment(s) with listing of chemicals, site and method of disposal.

C. EXISTING USE / PROPOSED USE: (Mark "E" for Existing Use; "P" for Proposed Use)

Residential

Non - Residential

- Single Family 101 Multi-Family 103 Hotel, Motel or Dormitory 213 Garage/Carport 436 Other 329
Amusement, Recreational 318 Religious Institution 319 Industrial 320 Parking Garage 321 Service Station/Garage 322 Hospital, Institutional 323 Office, Bank, Professional 324
Public Utility 325 School, Library, other educational 326 Stores, Mercantile 327 Tanks, Towers 328 Other 329

TYPE OF BUILDING: Detached Semi-Detached (one-wall attached) Attached (both walls)

BUILDING IS: Occupied Vacant If vacant, how long? weeks/months/years

D. OWNERSHIP: Private (individual, corporation, non-profit institution, etc.) Public (government)

E. DESCRIPTION OF WORK: (Attach additional sheets if necessary, with drawings and photographs as required or necessary.)

Table with 2 columns: F. COST (round up to nearest dollar amount) and Approval Comments. Rows include General Improvements, Electrical, Plumbing, Other (sprinkler, etc), and TOTAL COST of Improvements.

G. IDENTIFICATION: To be completed by all applicants

Name	Mailing Address	Telephone No.
1. Owner or Lessee		()
2. Contractor		License No. ()
3. Architect or Engineer		()

Electrician: _____ Plumber: _____

Is your Workers' Compensation Insurance Current? Yes No

Exemption - The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law for one of the following reasons as indicated:

- Contractor with no employees
 Religious exemption under the Workers' Compensation Law

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

_____/_____/_____
Signature of Applicant Address Application Date

YOU ARE RESPONSIBLE FOR OBTAINING ALL PERMITS REQUIRED

FOR OFFICE USE ONLY

Zoning Code

Special Requirements:

- Non-Conforming Structure or Use is Noted for the Zoning Inventory
 Property is in Designated Floodway (Construction and installations may require special approval) S. E. Required
 Property is in Designated Flood Plain (Construction and installations may require special approval) S. E. Required
 Property is in Municipal Historic District/Architectural Conservation Overlay District (Exterior work approval)

Comments: HARB/City Council Approval Staff approval for in-kind replacement/work not seen from R.O.W.

Historic Work approved by: _____ Title _____ Date _____

Action:

- Requires a Variance and/or Special Exception Zoning Hearing Board approved/denied on _____
 Approved Approved, contingent upon the issuance of a compliance certificate
 Denied
 Denied for the following reason(s): _____

_____/_____/_____
Zoning Administrator Date

Building Code

_____/_____/_____
Approved by Title Date

Other Approvals

Comment:

_____/_____/_____
Approved by Title Date