



ENGINEERING – SURVEYING – GEOGRAPHIC INFORMATION SYSTEMS

130 Cecil Street | Canonsburg, PA 15317 | 724.916.0061 | info@hmtandassociates.com

RESIDENTIAL REMODEL / REPAIR

A. Applicant: Applicant is: Owner Authorized agent of owner

Name / Co.	Phone
	Email/Fax

Street address	Suite	City	State	Zip
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B. Property information:

Street address	Suite	Parcel ID.	Lot No.
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City	State	Zip	Plan / Bldg. Name
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C. Purpose of the application: Check all that apply

Remodel / Renovation New electric service Change of egress (Doors, stairs) Structural upgrades Other

Description of work (Attach project scope)

D. Contractor information:

Name / Co.	Phone
	Email/Fax

Street address	Suite	City	State	Zip
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Area of work (sq.ft.)	No. stories or levels	Project value est. \$
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F. Declaration of applicant

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED ABOVE ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AND HEREBY APPLY FOR A BUILDING PERMIT TO PERFORM THE WORK ON THE PREMISES AS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT I MUST COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES AS ADOPTED BY THE TOWNSHIP AND THE UNIFIED CONSTRUCTION CODE OF PENNSYLVANIA.

 Signature of applicant

 Date

Received by: _____ Date: _____ Plan Review No. _____

Permit not required _____ Permit No. _____

BCO