

BOROUGH OF MONT ALTO
P O BOX 427
MONT ALTO, PA 17237-0427
749-5808
FAX 749-7938

LAND USE PERMIT APPLICATION

Tax Parcel ID # _____ Lot # _____ Block _____

The undersigned hereby applies for a permit to build, erect, or alter according to the following specifications and plot plan.

USE REVERSE SIDE FOR PLOT PLAN

PERMIT # _____ APPLICATION # _____

Name of Owner: _____

Address of owner: _____

Telephone #. _____ Building locations: _____

Name of builder/contractor: _____

Address of builder/contractor: _____

Phone # of builder/contractor: _____ PA State Registration # _____

Lot Type: Corner Interior **Lot Size:** Front _____ Rear _____ Left Side _____ Right Side _____

Proposed Construction: New Principal, New Accessory, Mobile Home, Altered Principal

Altered Accessory Swimming Pool Fence Other _____

Type of construction: _____ Height: _____ feet.

Size of proposed structure: _____ **# of Dwelling units in Proposed Structure:** _____

Building Use: Commercial, Residential **Construction Value of Structure:** _____

If Mobile Home: Base Price: _____ Make: _____ Year: _____

Basement: Full $\frac{3}{4}$ $\frac{1}{2}$ Crawl Space Slab

Total number or rooms including Kitchen, Bed Bath, Living, and Family: _____

of Full Baths: _____ # of $\frac{1}{2}$ Baths: _____ Foundation material: _____

Exterior wall material: _____ Interior wall material: _____

Central Air Conditioning: Yes No Estimated construction dates: Start _____ Finish _____

APPLICANT AGREES TO NOTIFY THE ZONING OFFICER AS SOON AS THE PROPOSED BUILDING OR ADDITION IS LAID OFF OR STAKED OUT AND PRIOR TO BEGINNING EXCAVATION.

Applicant's signature: _____ Date: _____

USE THIS SPACE TO DRAW PLOT PLAN

1. Show actual shape, dimension of the lot.
 2. Show the exact size and location on the lot of the proposed building or buildings or alteration of any existing building and of other existing buildings on the same lot.
 3. Show the dimensions of all yards in relation to the building and the distances between such building and any other existing buildings on the same lot.
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-----Do not write below this line-----

Certificate of insurance: Yes No

Affidavit of exemption: Yes No

Construction Value: _____ Fee Received: _____

Fee Received By _____ Date: _____

District: R-75 R-125 CI CR I FH

Permit Granted Date: _____ Permit Denied Date: _____

If Denied, Reason For Denial: _____

Permit Effective Date: _____ Permit Expiration Date: _____

Inspection Dates: _____

Zoning Officer's Signature: _____