

REPAIR PERMIT APPLICATION
CITY OF LATROBE
 Latrobe, Pennsylvania

PERMIT NO. _____

TAX MAP # _____ DATE _____

LOCATION _____

PERMITTEE	NAME _____
	STREET _____
	CITY _____ TELEPHONE _____
CONTRACTOR	NAME _____
	STREET _____
	CITY _____ TELEPHONE _____
ENGINEER OR ARCHITECT	NAME _____
	STREET _____
	CITY _____ TELEPHONE _____
STATE LICENSE NO. _____	

CLASS OF WORK

NEW ADDITION ALTERATION

MOBILE HOME SIGN

REPAIR DEMOLISH

TYPE OF OCCUPANCY _____ NO. OF UNITS _____

TOTAL FLOOR AREA _____

NO. OF STORIES _____ TOTAL HEIGHT _____

AREA OF LOT _____

FRONT YARD _____ REAR YARD _____ SIDE YARD _____ SIDE YARD _____

TYPE OF CONSTRUCTION _____

DESCRIPTION _____

ZONING DISTRICT _____

FIRE ZONE _____

ZONING USE _____

VALUATION _____

SCHEDULE OF FEES.

BUILDING PERMIT	\$ _____
PLUMBING PERMIT	\$ _____
ELECTRICAL PERMIT	\$ _____
SIGN PERMIT	\$ _____
REPAIR	\$ _____
DEMOLISH	\$ _____
TOTAL	\$ _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGARDING CONSTRUCTION.

_____ 20____ PERMITTEE

PLUMBING WORK

NO.		NO.
-----	--	-----

BATH TUBS	_____	URINAL	_____
SHOWERS	_____	FLOOR DRAIN	_____
LAUNDRY TRAYS	_____	SAND TRAP	_____
LAVATORIES	_____	HOT WATER	_____
WATER CLOSETS	_____	PUMP	_____
SLOP SINKS	_____	EX. SEWER	_____
KITCHEN SINKS	_____	GAS VENTS	_____
FLOOR SINKS	_____	CLOSETS	_____
DRINKING FOUNTAINS	_____	SEWER CLOSED	_____
WATER SOFTENERS	_____	DILUTING TANKS	_____
DISH WASHER	_____	VACUUM UNIT	_____
WATER DISTRIBUTING SYSTEM	_____	LAWN SPRINKLERS	_____

IBC

ELECTRICAL WORK - Underwriters Inspection Required

NO.		NO.	
CEILING OUTLETS	_____	SERVICE ENTRANCE (Size)	_____
PLUG RECEPTACLES	_____	MAIN PANEL (Amps)	_____
SWITCHES	_____	RANGE CIRCuits (Size)	_____
RANGE	_____	NO. OF CIRCUITS	_____
ELECTRIC HEATERS	_____	POTENTIAL (H.P.)	_____
TOTAL KW	_____	TOTAL LOAD (KW)	_____
AIR CONDITIONERS	_____		_____
TOTAL KW	_____		_____
WATER HEATERS	_____		_____
SIZE	_____ KW		_____

IEC

CONSTRUCTION SPECIFICATIONS

FOUNDATION	MATERIAL _____	DEPTH IN GROUND _____
	FOOTER _____	REINFORCING _____
COVERING	R.W. PLATE (SILL)	SIZE _____ SPACING _____ SPAN _____
	GIRDERS	
	JOIST FIRST FLOOR	
	JOIST SECOND FLOOR	
	JOIST CEILING	
	EXTERIOR STUDS	
	INTERIOR STUDS	
ROOF RAFTERS		
BEARING WALLS		
EXTERIOR WALLS	_____	ROOF _____
INTERIOR WALLS	_____	REROOFING _____
GAS	_____	PUBLIC SEWER _____
ELECTRIC	_____	
OIL	_____	

IBC

THE ABOVE APPLICATION HAS BEEN APPROVED ON THIS _____ OF _____, 20____

BUILDING OFFIC

REPAIR PERMIT APPLICATION
CITY OF LATROBE
 Latrobe, Pennsylvania

PERMIT NO. _____

TAX MAP # _____ DATE _____

LOCATION _____

PERMITTEE	NAME _____
	STREET _____
	CITY _____ TELEPHONE _____
CONTRACTOR	NAME _____
	STREET _____
	CITY _____ TELEPHONE _____
ENGINEER OR ARCHITECT	NAME _____
	STREET _____
	CITY _____ TELEPHONE _____
STATE LICENSE NO. _____	

CLASS OF WORK

<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> SIGN	
<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLISH	

TYPE OF OCCUPANCY _____ NO. OF UNITS _____

TOTAL FLOOR AREA _____

NO. OF STORIES _____ TOTAL HEIGHT _____

AREA OF LOT _____

FRONT YARD _____ REAR YARD _____ SIDE YARD _____ SIDE YARD _____

TYPE OF CONSTRUCTION _____

DESCRIPTION _____

ZONING DISTRICT _____

FIRE ZONE _____

ZONING USE _____

VALUATION _____

SCHEDULE OF FEES.

BUILDING PERMIT	\$ _____
PLUMBING PERMIT	\$ _____
ELECTRICAL PERMIT	\$ _____
SIGN PERMIT	\$ _____
REPAIR	\$ _____
DEMOLISH	\$ _____
TOTAL	\$ _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGARDING CONSTRUCTION.

_____ 20____ PERMITTEE _____

PLUMBING WORK		NO.	NO.
BATH TUBS	_____	URINAL	_____
SHOWERS	_____	FLOOR DRAIN	_____
LAUNDRY TRAYS	_____	SAND TRAP	_____
LAVATORIES	_____	HOT WATER	_____
WATER CLOSETS	_____	PUMP	_____
SLOP SINKS	_____	EX. SEWER	_____
KITCHEN SINKS	_____	GAS VENTS	_____
FLOOR SINKS	_____	CLOSETS	_____
DRINKING FOUNTAINS	_____	SEWER CLOSED	_____
WATER SOFTENERS	_____	DILUTING TANKS	_____
DISH WASHER	_____	VACUUM UNIT	_____
WATER DISTRIBUTING SYSTEM	_____	LAWN SPRINKLERS	_____

IBC

ELECTRICAL WORK - Underwriters Inspection Required

NO.		NO.
CEILING OUTLETS	_____	SERVICE ENTRANCE (Size) _____
PLUG RECEPTACLES	_____	MAIN PANEL (Amps) _____
SWITCHES	_____	RANGE CIRCuits (Size) _____
RANGE	_____	NO. OF CIRCUITS _____
ELECTRIC HEATERS	_____	POTENTIAL (H.P.) _____
TOTAL KW _____		TOTAL LOAD (KW) _____
AIR CONDITIONERS	_____	
TOTAL KW _____		
WATER HEATERS	_____	
SIZE _____ KW _____		

IEC

CONSTRUCTION SPECIFICATIONS			
FOUNDATION	MATERIAL _____	DEPTH IN GROUND _____	
	FOOTER _____	REINFORCING _____	
COVERING	R.W. PLATE (SILL)	SIZE _____	SPACING _____
	GIRDERS		SPAN _____
	JOIST FIRST FLOOR		
	JOIST SECOND FLOOR		
	JOIST CEILING		
	EXTERIOR STUDS		
	INTERIOR STUDS		
	ROOF RAFTERS		
	BEARING WALLS		
	EXTERIOR WALLS	_____	ROOF _____
INTERIOR WALLS	_____	REROOFING _____	
GAS	_____	PUBLIC SEWER _____	
ELECTRIC	_____		
OIL	_____		

IBC

THE ABOVE APPLICATION HAS BEEN APPROVED ON THIS _____ OF _____, 20____

BUILDING OFFICE