

CENTRE REGION CODE ADMINISTRATION

Fraser Plaza, Suite #4, 131 S. Fraser Street
State College, PA 16801
Phone: 814-231-3056
Fax: 814-231-3088

Building Permit No.
Zoning Permit No.
Worker's Comp. Ins. No.

**FAXABLE
APPLICATION FOR BUILDING PERMIT**

APPLICATION REQUIREMENTS: Documents to be submitted with an application for —
TEMPORARY POWER POLE - Allegheny Work Request Number
ELECTRICAL SERVICE UPGRADES - Allegheny Work Request Number
TENT - Zoning, Flame Resistant tag from tent
DEMOLITION - Zoning (where required)
GAS APPLIANCES - Zoning (where required), Manufacturer installation guide

LOCATION OF PROPOSED WORK

Municipality _____ Tax Parcel No. _____
Number and Street _____
Rural Directions _____

TYPE AND COST OF WORK

- Circle One:
1. Demolition
 2. Electrical
 3. Tent
 4. Repair, Replacement
 5. Gas Line/Appliance

Declared Cost:
\$ _____

Describe Work: _____

IDENTIFICATION

	Name	Mailing Address	Phone No.
1. Owner			
2. Contractor			

AFFADAVIT

I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Pennsylvania and this jurisdiction.

Signature of owner or authorized agent	Address	Application Date
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VALIDATION

Building Permit No. _____ Date Permit Issued _____ 20____
Permit Fee \$ _____ Approved _____

CHECKS PAYABLE TO: COG TERMS: NET 10 DAYS