

# SUSQUEHANNA TOWNSHIP

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## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

**IMPORTANT- APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, IV, AND IX**

<b>I. LOCATION OF BUILDING</b>	AT: _____			_____
	NUMBER	STREET	CITY, STATE, ZIP	MUNICIPALITY (TWP OR BORO)
	BETWEEN: _____		AND _____	PARCEL ID # _____
	SUBDIVISION _____	STREET _____	STREET _____	LOT # _____
		LOT # _____	LOT SIZE: _____	
IS ANY PORTION OF THE PROPOSED STRUCTURE IN A FLOOD PLAIN? <input type="checkbox"/> Yes* <input type="checkbox"/> No				
*If YES, AN ELEVATION CERTIFICATE AND ENGINEERED FOUNDATION DRAWINGS WILL BE REQUIRED				

### II. TYPE AND COST OF BUILDING - ALL APPLICANTS COMPLETE PARTS A - D

<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> NEW BUILDING* * <input type="checkbox"/> STICK-BUILT ON SITE <input type="checkbox"/> MODULAR (# OF SECTIONS _____) <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> New <input type="checkbox"/> USED DIMENSIONS _____ X _____ 2 <input type="checkbox"/> ADDITION 3 <input type="checkbox"/> ALTERATION OR BUILD-OUT OF EXISTING 4 <input type="checkbox"/> REPAIR/REPLACEMENT 5 <input type="checkbox"/> DEMOLITION (# OF UNITS _____) ARE ALL UTILITIES DISCONNECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO 6 <input type="checkbox"/> MOVING OR RELOCATION 7 <input type="checkbox"/> FOUNDATION ONLY	<b>B. PROPOSED USE (FOR DEMOLITION, CHECK MOST RECENT USE OF STRUCTURE)</b> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>RESIDENTIAL</b>                              12 <input type="checkbox"/> ONE FAMILY                              13 <input type="checkbox"/> TWO OR MORE FAMILY (#OF UNITS _____)                              14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (#OF UNITS _____)                              15 <input type="checkbox"/> GARAGE                              16 <input type="checkbox"/> CARPORT                              17 <input type="checkbox"/> SWIMMING POOL  <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND                              18 <input type="checkbox"/> OTHER - SPECIFY _____                         </td> <td style="width:50%; vertical-align: top;"> <b>NONRESIDENTIAL</b>                              19 <input type="checkbox"/> AMUSEMENT, RECREATIONAL                              20 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE                              21 <input type="checkbox"/> INDUSTRIAL                              22 <input type="checkbox"/> PARKING GARAGE                              23 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE                              24 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL                              25 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL                              26 <input type="checkbox"/> PUBLIC UTILITY                              27 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL                              28 <input type="checkbox"/> STORES, RETAIL, MERCANTILE                              29 <input type="checkbox"/> TANKS, TOWERS                              30 <input type="checkbox"/> OTHER - SPECIFY _____                         </td> </tr> </table>	<b>RESIDENTIAL</b> 12 <input type="checkbox"/> ONE FAMILY 13 <input type="checkbox"/> TWO OR MORE FAMILY (#OF UNITS _____) 14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (#OF UNITS _____) 15 <input type="checkbox"/> GARAGE 16 <input type="checkbox"/> CARPORT 17 <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND 18 <input type="checkbox"/> OTHER - SPECIFY _____	<b>NONRESIDENTIAL</b> 19 <input type="checkbox"/> AMUSEMENT, RECREATIONAL 20 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE 21 <input type="checkbox"/> INDUSTRIAL 22 <input type="checkbox"/> PARKING GARAGE 23 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE 24 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL 25 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL 26 <input type="checkbox"/> PUBLIC UTILITY 27 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL 28 <input type="checkbox"/> STORES, RETAIL, MERCANTILE 29 <input type="checkbox"/> TANKS, TOWERS 30 <input type="checkbox"/> OTHER - SPECIFY _____
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<b>C. OWNERSHIP</b> 8 <input type="checkbox"/> PRIVATE (AN INDIVIDUAL, CORPORATION, NON-PROFIT INSTITUTION, ETC.) 9 <input type="checkbox"/> PUBLIC (FEDERAL, STATE OR LOCAL GOVERNMENT)	
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<b>D. COST</b> 10. COST OF IMPROVEMENT A. ELECTRICAL _____ B. PLUMBING _____ C. HEATING, A/C _____ D. OTHER (ELEVATOR, ETC) _____ 11. TOTAL COST OF IMPROVEMENT \$ _____	(OMIT CENTS) \$ _____ _____ _____ _____ \$ _____	NON-RESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDINGS, E.G., FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE. _____ _____ _____
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### III. SELECTED CHARACTERISTICS OF BUILDING - FOR NEW BUILDINGS AND ADDITIONS, COMPLETE PARTS E - L

FOR DEMOLITION, COMPLETE ONLY PART J, FOR ALL OTHERS SKIP TO IV

<b>E. PRINCIPAL TYPE OF FRAME</b> 31 <input type="checkbox"/> MASONRY (WALL BEARING) 32 <input type="checkbox"/> WOOD FRAME 33 <input type="checkbox"/> STRUCTURAL STEEL 34 <input type="checkbox"/> REINFORCED CONCRETE 35 <input type="checkbox"/> OTHER - SPECIFY _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 41 <input type="checkbox"/> PUBLIC / MUNICIPAL 42 <input type="checkbox"/> PRIVATE (ON-LOT SYSTEM) <b>H. TYPE OF WATER SUPPLY</b> 43 <input type="checkbox"/> PUBLIC / MUNICIPAL 44 <input type="checkbox"/> PRIVATE (WELL, CISTERN)	<b>J. DIMENSIONS</b> 49. NUMBER OF STORIES _____ 50. TOTAL SQUARE FEET OF FLOOR AREA, ALL FLOORS, BASED ON EXTERIOR DIMENSIONS _____ 51. TOTAL LAND AREA, SQ. FT. _____ <b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 52. ENCLOSED (GARAGE) _____ 53. OUTDOORS _____
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 36 <input type="checkbox"/> NATURAL GAS 37 <input type="checkbox"/> OIL 38 <input type="checkbox"/> ELECTRICITY 39 <input type="checkbox"/> GEOTHERMAL 40 <input type="checkbox"/> OTHER - SPECIFY _____	<b>I. TYPE OF MECHANICAL</b> WILL THERE BE CENTRAL AIR CONDITIONING? 45 <input type="checkbox"/> YES    46 <input type="checkbox"/> NO WILL THERE BE AN ELEVATOR? 47 <input type="checkbox"/> YES    48 <input type="checkbox"/> NO	<b>L. RESIDENTIAL BUILDINGS ONLY</b> 54. NUMBER OF BEDROOMS _____ 55. NUMBER OF BATHROOMS { FULL _____ PARTIAL _____