

OSBORNE BOROUGH
P.O. BOX 97
SEWICKLEY PA 15143

PERMIT No. _____
Date Issued _____

APPLICATION FOR:

- | | | |
|---------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> BUILDING PERMIT | <input type="checkbox"/> HVAC PERMIT | <input type="checkbox"/> SPRINKLER PERMIT |
| <input type="checkbox"/> CERTIFICATE OF OCCUPANCY | <input type="checkbox"/> FIRE PROTECTION PERMIT | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> DEMOLITION PERMIT | <input type="checkbox"/> HAZARDOUS MATERIAL | <input type="checkbox"/> OTHER |

Location of Work _____
Description of Work _____

Contractor _____	Owner _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone _____	Phone _____
Lic./ Bldrs. Reg. No. _____	Federal Emp. No. _____
Worker's Compensation Insurance Co. _____	
Policy # _____	Expiration Date _____
Contractor's Registration No. _____	

(If contractor is not registered, attach a contractor's certificate of workman's compensation insurance to this application)

Est. Cost of Gen. Construction \$ _____ Construction Drawings Yes ___ No ___ L&I Approval No. _____

Applicant's Signature _____ Date _____

Applicant certifies that all information is correct and shall be responsible for reviewing and understanding all permit conditions and insuring to all applicable Codes and Ordinances.

DO NOT WRITE BELOW THIS LINE

Zoning Classification of Prop. _____ Subdivision _____ Lot Size _____ Lot & Block _____
BOCA Edition _____ Use Group Classification _____ Type of Construction _____
Area or Volume _____ (Cubic/Square Feet)
Comments _____
Application _____ Approved _____ Denied Reasons _____

Zoning Official _____ Date _____ Bldg. Official _____ Date _____
Fire Official _____ Date _____ Other _____ Date _____
Allegheny Health Dept. _____ Date _____

Permit Fee(s): Building \$ _____ Hvac \$ _____ Sprinkler \$ _____
Occupancy \$ _____ Plumbing \$ _____ Fire Protection \$ _____
Zoning \$ _____ Sewer \$ _____ Other \$ _____
Demolition \$ _____ Haz. Material \$ _____

Total Fee \$ _____ **Receipt. No.** _____