

# Borough of Nesquehoning

## Department of Zoning

114 W. Catawissa Street

Nesquehoning, PA 18240

Phone: 570-669-9588 Fax: 570-669-9301

Zoning Officer, Gene Kennedy 570-669-9048

### APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

**IMPORTANT - Applicant to complete all items in sections I through VIII**

**I. Location  
of  
Building**

Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Carbon County Property Tax Identification No. \_\_\_\_\_  
Location of Property \_\_\_\_\_

**II. Type of Permit Requested: Zoning**

- A. Project or Property Address: \_\_\_\_\_  
B. The following work is proposed for this project or property:  
\_\_\_\_\_ Erect a structure      \_\_\_\_\_ Erect or alter a sign      \_\_\_\_\_ Move a structure      \_\_\_\_\_ Add to a structure  
\_\_\_\_\_ Alter a structure      \_\_\_\_\_ Change a use      \_\_\_\_\_ Demolish a structure      \_\_\_\_\_ Other (Specify)

**III. Zoning Information (Plot Plan Required)**

Zoning in which property is located \_\_\_\_\_  
Present Use of Property \_\_\_\_\_  
Zoning Permit requires approval for a : Special Use \_\_\_\_\_ Varance \_\_\_\_\_ Appeal \_\_\_\_\_  
Submitted herewith (or drawn on back of application) is a dimensional plot plan  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

**IV. Building Information (Construction Plans Required)**

Type of construction \_\_\_\_\_ No. of stories \_\_\_\_\_  
Type of heating fuel \_\_\_\_\_ Elevator \_\_\_\_\_  
Type of central air conditioning \_\_\_\_\_ Total land area (sq.ft.) \_\_\_\_\_  
Gross floor area (sq.ft.) \_\_\_\_\_ No. of offstreet parking spaces \_\_\_\_\_  
Gross enclosed volume (cu.ft.) \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

Nesquehoning Building Inspectors

Barry Isett & Associates, Inc.  
Elijah Skrimcovsky  
570-455-2999

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Notes and Date - (For Department Use)


### V. Cost of Improvements and Required Fees

	Cost	Fee		Cost	Fee
Residential (new) sq. ft.			Apartments		
Outside dimensions, including attached garages			Number of units		
Non-residential (new) sq. ft.			Motels		
Outside dimensions			Number of units		
Alterations & Additions			Air Conditioning Cap		
Detached buildings			Temporary trailers or buildings per year		
Swimming Pool			Fuel storage tanks over 550 gals.		
Moving Building			Sign Permit		
Demolition			Gas pumps - number		
Heating			Fire permits - where required		
Sprinkler Systems			Zoning - Hearing Board Variances & Special Use		
Plumbing			Change of Zoning Request		
Electrical			Zoning - Hearing Board		

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<b>VI. Plumbing Information ( Plans &amp; Specifications Required)</b>					
Water Closets _____	Lavatories _____	Grease Traps _____			
Bathtubs _____	Sanitary Sewer _____	Sinks _____			
Urinals _____	Septic Tank _____	Dishwasher _____			
Showers _____	Outside Faucets _____	Garbage _____			
Washing Machines _____	Other Plumbing _____	Disposals _____			
Submitted herewith are one set of plumbing plans and specifications.					
Remarks: _____					
_____					

<b>VII. Electrical Information (Underwriters Inspection Required)</b>			
Service (size) _____		Fixture Outlets _____	
No. of circuits _____		Other _____	
Submitted herewith is a copy of Inspection Application to Middle Department Association of Fire Underwriters.			
Remarks: _____			
_____			

<b>VIII. Identification - To be completed by all applicants</b>				
	Name	Complete Mailing Address	Zip Code	Phone #
1. Owner:	_____			
2. Contractor:	_____			
3. Plumbing Contractor:	_____			
4. Electrical Contractor:	_____			

<u>The Owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction</u>	
Signature of Applicant: _____	
Address of Applicant: _____	
Date: _____	Phone: _____

<b>IX. Validation</b>			
Date Application Received: _____	Other: _____		
Requires Public Hearing: _____	Approved By: _____		
Required Fee Paid: _____	Title: _____		