

# LAND USE PERMIT CHECKLIST

**NOTE TO APPLICANT:** Applicable items on this checklist shall be completed prior to your submission of an application for a building permit. Failure to complete any applicable item on this checklist shall be sufficient grounds for denial of the building permit application. Please contact your local municipal office or the local Commonwealth Code Inspection Service, Inc. office if you have any questions about the process for obtaining a building permit.

Municipality CATHARINE TOWNSHIP County BLAIR

Land Use Permit # \_\_\_\_\_ Tax Map Location \_\_\_\_\_

Work Site Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Construction \_\_\_\_\_

Estimated start date \_\_\_\_\_ Estimated date of completion \_\_\_\_\_

Estimated value of construction \_\_\_\_\_ New \_\_\_\_\_ Addition/repairs \_\_\_\_\_

Number of Additional Bedrooms \_\_\_\_\_

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained prior to applying for a building permit. All items must be addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identify special requirements or conditions.

- \_\_\_\_ Sewage facilities planning module, DEP Planning Code # \_\_\_\_\_, Date of approval \_\_\_\_\_
- \_\_\_\_ Sub-division & Land Development, Municipal resolution # \_\_\_\_\_, Date of approval \_\_\_\_\_
- \_\_\_\_ Sewage permit from Sewage Enforcement Officer, Permit # \_\_\_\_\_, Date of approval \_\_\_\_\_
- \_\_\_\_ Storm water management module. Approved by: \_\_\_\_\_, Date of approval \_\_\_\_\_
- \_\_\_\_ Conservation District notification per Chapter 102. \_\_\_\_\_ Date of approval \_\_\_\_\_
- \_\_\_\_ NPDES Permit # \_\_\_\_\_ for earth disturbances 1 acre or more, Date of approval \_\_\_\_\_
- \_\_\_\_ Driveway Permit, Penn DOT # \_\_\_\_\_ or Local # \_\_\_\_\_ Date of approval \_\_\_\_\_
- \_\_\_\_ Public water tap, Permit # \_\_\_\_\_ Date of approval \_\_\_\_\_
- \_\_\_\_ Public sewer tap, Permit # \_\_\_\_\_ Date of approval \_\_\_\_\_
- \_\_\_\_ Historical Architectural Review Board, \_\_\_\_\_ Check here for Special conditions. \_\_\_\_\_ Date of approval \_\_\_\_\_
- \_\_\_\_ Zoning, Permit # \_\_\_\_\_, \_\_\_\_\_ Check here for Special conditions. \_\_\_\_\_ Date of approval \_\_\_\_\_
- \_\_\_\_ Other; sluce pipe, road alteration, etc. \_\_\_\_\_ Check here for Special conditions. \_\_\_\_\_ Date of approval \_\_\_\_\_
- \_\_\_\_ Floodplain mapping \_\_\_\_\_ Project may contain flood plain. \_\_\_\_\_ Date of review \_\_\_\_\_
- \_\_\_\_ Municipal setback clearances, \_\_\_\_\_ Check here for Special conditions. \_\_\_\_\_ Date of approval \_\_\_\_\_
- \_\_\_\_ Aviation Flight Path or Airport Impact Possible \_\_\_\_\_ Check here for FAA or Pa DOT approval \_\_\_\_\_ Date approved \_\_\_\_\_
- \_\_\_\_ Extra Pages attached to describe special conditions or circumstance. There are \_\_\_\_\_ extra pages.

\_\_\_\_\_  
**Approved - Municipal Official's Signature & Title**

\_\_\_\_\_  
**Date**

**{SEAL}**