

CRITERIUM[®] PETERS ENGINEERS

If you have questions while filling out this permit application, please contact our office: 570-752-8044 or toll-free: (877) 752-4123.

BUILDING PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____	
Address _____	
City _____	State _____ Zip _____
Phone _____	Email: _____

Tenant _____	
Address _____	
City _____	State _____ Zip _____
Phone _____	

Zoning Permit Issued Yes _____ No _____

Zoning Permit Issue Date _____

Please Include a Copy of Zoning Permit

Inspection Requests Require 48-Hour Notice-No Exceptions. Please Call 570-752-4433 to Schedule

Describe proposed work in detail: _____

State Classification: New Commercial Other Commercial New Residential Other Residential

Contractor _____ <small>(if owner, put same name above)</small>
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Fed. Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</small>
Estimate of total cost for all work _____
Total sq. ft. _____ Use Group _____ Type Construction _____
No. of stories _____ Height of Structure _____
Description of work: _____

Type of work:	
Alterations/Additions of: _____	sq. ft. _____
<input type="checkbox"/> Roofing - Total sq. ft. _____	
<input type="checkbox"/> Fencing, supply height if it exceeds 6 ft. _____	
<input type="checkbox"/> Sign - Total sq. ft. _____	
<input type="checkbox"/> Pool - Total sq. ft. _____	
<input type="checkbox"/> Decks - Total sq. ft. _____	
<input type="checkbox"/> Demolition - Total sq. ft. _____	
<input type="checkbox"/> Accessibility _____	
Other: _____	

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____

Owner Contractor Owner Representative

BUILDING CODE OFFICIAL USE ONLY	
Plans Approved _____	Plans Approved with Comments _____
UCC Building Fee _____	Plan Review Fee _____
Admin Fee _____	State Fee _____
Certification # _____	Total Cost _____
Code Official _____	Date Issued _____