



BUILDING PERMIT APPLICATION

Borough of Lemoine, Cumberland County

Date Issued _____ Permit Number BP - _____ Parcel Number _____

Applicant Name _____

Applicant Address _____

Phone _____ Cell Phone _____

Email _____

Property Owner's Name _____

Property Owner's Email _____

Project Address _____

Estimated cost of project(s) _____

Project Type (*check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Additions | <input type="checkbox"/> Accessory Structure (>1000 sq. ft) |
| <input type="checkbox"/> Alterations | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Pools (>24" Depth) | |
| <input type="checkbox"/> Other (specify) _____ | |

- ☐ Residential
☐ Commercial

Work Proposed (*check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Footer | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical/HVAC |
| <input type="checkbox"/> Energy/Insulation | <input type="checkbox"/> Wallboard |
| <input type="checkbox"/> A.D.A. Accessibility | <input type="checkbox"/> Structural Steel |
| <input type="checkbox"/> Structural Concrete/Masonry | |
| <input type="checkbox"/> Demolition (<u>separate permit required</u>) | |

Project Summary *(attach additional sheets and plot plans if necessary)*

Contractor Name _____

Contractor Address _____

Contractor phone _____ Contractor Cell _____

Contractor email _____

Contractor HIC# _____ Expiration Date _____

Certificate of Liability Insurance, Company _____

Policy Number _____

Effective Date _____ TO _____

Engineer/Surveyor Name *(if applicable)* _____

Engineer/Surveyor Address _____

Engineer /Surveyor Phone _____ Engineer /Surveyor Fax _____

Engineer /Surveyor email _____

Lessee Name *(if applicable)* _____

Lessee Address _____

Lessee Phone _____ Lessee Fax _____

Lessee email _____

Date Construction to begin (month/year) _____

Date Construction is to be completed (month/year) _____

Fee Schedule

Building construction permits based on the cost of construction.

Less than \$50,000 (\$100.00)

Greater than \$50,000 (\$200.00) -----\$ _____

Plus .75% of the estimated cost of project ----- **Total Fee** \$ _____

UCC Permit Surcharge \$4.50

Permit Extension for 6 months (\$100.00) -----\$ _____

Demolition Fee (\$50.00) -----\$ _____

Blasting Fee (\$50.00) -----\$ _____

Certificate of Occupancy (\$75.00) -----\$ _____

Code Compliance Statement (\$50.00) -----\$ _____

Sanitary Sewer System

Tapping Fee (\$3,500 X _____ # of EDU) ----- \$ _____

Tap on Fee (\$100.00 X _____ # of EDU) ----- \$ _____

Sewer Lateral Inspection (\$200.00) ----- \$ _____

On-Lot Septic Permit (\$25.00) ----- \$ _____

Sewer Lateral Re-inspection Fee (\$100.00) ----- \$ _____

TOTAL FEES DUE \$ _____

NOTE: Plan review and Inspection are NOT included and are conducted by a third-party.

Upon approval, the Borough's fees and the third-party fees must be paid in full before the Building Permit is issued.

Signature of Applicant _____

Date _____

BUILDING PERMIT APPLICATION SUBMISSION CHECKLIST

Lemoyne Borough, Cumberland County, Pennsylvania

<u>Applicant</u>	<u>Borough</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1 Completed Application Form
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	3 Copies of the Plan Drawing
<input type="checkbox"/>	<input type="checkbox"/>	3 Copies of Specifications, if required
<input type="checkbox"/>	<input type="checkbox"/>	1 Copy Zoning Permit Application Form, if required
<input type="checkbox"/>	<input type="checkbox"/>	1 Copy Zoning Hearing Application Form, if required
<input type="checkbox"/>	<input type="checkbox"/>	1 Copy Demolition Permit Application Form, if required

Form Updated 03/01/2024