# FOREST COUNTY MUNICIPAL PERMIT/ PRIOR APPROVAL APPLICATION

FOREST COUNTY TWP / BORO_____PERMIT NO. _____ DATE _____

COUNTY PARCEL / MAP NO._____ ORDINANCE NO._____

BUILDING PERMIT FEE $_____ STORMWATER PERMIT FEE $_____

911 ADDRESS / LOCATION OF PROJECT_____

LOT SIZE (Acreage)_____ CAMP NAME _____

OWNERS NAME (Print)_____ADDRESS _____

CITY_____ STATE _____ ZIP _____

PHONE N0._____ EMAIL OR CELL NO._____

APPLICANTS NAME (Print)_____ADDRESS_____

CITY_____STATE_____ZIP_____PHONE NO._____

TYPE OF PROJECT : ____ RESIDENTIAL ____ NEW CONSTRUCTION ____ REMODEL ____ COMMERCIAL

____ SEASONAL ____ DEMOLITION/REMOVAL ____ OTHER, specify _____

DESCRIPTION OF PROJECT : _____

**** Mobile Homes - need MFG, YEAR, VIN. NO, and DIMENSIONS ****

ESTIMATED COST $ _____ OTHER STRUCTURES ON PROPERTY _____

TYPE OF : FRAMING_____ HEATING_____ NUMBER OF STORIES _____

SIDING_____ NUMBER OF BEDROOMS_____WATER *public/private/well/other* _____

ROOFING_____ NUMBER OF BATHS (FULL)_____(HALF)_____ SEWAGE _____

## STORMWATER MANAGEMENT SECTION

| SURFACE TYPE | LENGTH | X WIDTH = | PROPOSED SURFACE AREA | TYPE OF SURFACE |
|---|---|---|---|---|
| BUILDING/GARAGE | | | | |
| PORCH/DECK | | | | |
| SHED | | | | |
| DRIVEWAY/STREET | | | | |
| PARKING AREA | | | | |
| SIDEWALKS | | | | |
| OTHER | | | | |
| TOTAL IMPERVIOUS AREA : | | | | |

**IMPORTANT :** A sketch showing existing buildings / new construction and distances to property lines **MUST** be attached...

ADDITIONAL REQUIRED PERMITS (IF APPLICABLE )

____SEWAGE PERMIT NO._____DATE ISSUED_____ **Applicable/Not Applicable**

FOR EXISTING SEWAGE, DESCRIBE SYSTEM _____

____HIGHWAY PERMIT (As required by section 420 of the state highway law P.L. 1242 No. 428) **Applicable/Not Applicable**

____FLOOD PLAIN?_____YES____NO

**CONSTRUCTION NOT COMPLETED WITHIN _____SHALL REQUIRE AN EXTENSION, IF APPROVED BY THE MUNICIPALITY OR INSPECTION AGENCY. VARIOUS PERMIT FEES APPLY.**

**** NOTIFY ISSUING OFFICER UPON COMPLETION OF PROJECT.**

OWNER / APPLICANT_____ DATE _____

TOWNSHIP/BOROUGH_____ DATE _____

STORMWATER OFFICER_____ DATE _____

INSPECTION AGENCY_____ DATE _____

**Rev. (4-14-15)**