

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 NO. _____ 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 _____
SEWAGE (SEO) OFFICER _____	DATE _____
INSPECTION AGENCY _____	DATE _____