

Application is NOT complete if information is missing. Please provide ALL information.

# Archbald Borough

## WORK USE PERMIT APPLICATION

400 Church Street, Archbald PA 18403 P: (570) 876-1800 EXT 102 Email: bdulay@archbaldboroughpa.gov

1. Address of Project: \_\_\_\_\_

Pin Number: \_\_\_\_\_

2. Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Proposed Activity: \_\_\_\_\_

\_\_\_\_\_

5. Cost of improvement: \_\_\_\_\_

6. Construction activities may require a Building Permit in accordance with the PA Uniform Construction Code. Is a Building Permit required? \_\_\_\_\_yes\_\_\_\_\_no

The undersigned Applicant hereby applies for a Work Permit to be issued on the basis of the information contained within this application and the attached supporting documents. The Application hereby certifies that all information and attachments are true and correct. The Applicant is responsible for the permit fees.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE:

Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ : N/A \_\_\_\_\_ : \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed by: \_\_\_\_\_ Permit # \_\_\_\_\_ Fee: \_\_\_\_\_

**9/2020**