

BUILDING PERMIT APPLICATION

Somerset County Building Inspections, LLC
Suite 421 Georgian Place
Somerset, Pa 15501
CHECKS PAYABLE TO : SCBI, LLC

814-445-8133 phone
814-443-3040 fax

Date of Application: _____ Real Estate Tax Ref.#: _____

PROJECT LOCATION ADDRESS: _____

PROJECT: _____

Name of Borough / Township: _____

Owner(s) Names: _____ Phone: _____

Address: _____

Property Owner's Name (if different than owner): _____ Phone: _____

Address: _____

Contractors Name: _____ Phone: _____

(PROOF OF LIABILITY & WORKERS COMPENSATION INSURANCE REQUIRED)

Address: _____

PA Contractors License #: _____

PROPOSED USE:

Residential _____ Commercial _____ Agricultural _____

Building to be: _____ ft. wide _____ ft. long _____ ft. high

Please check the following if applicable:

_____ Electric _____ Water _____ Sewage

Description of proposed project: _____

Type of construction: _____ Foundation: _____

ESTIMATED COST OF PROJECT: \$ _____

Signature of owner or authorized agent _____

Print name _____

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION FURNISHED BY ME IS TRUE AND CORRECT.
CERTIFICATION IS HEREBY RENDERED THAT NO WORK IS TO BE DONE EXCEPT AS DESCRIBED.



Before Digging Call 811 (PA ONE CALL)