

City of Bethlehem
Bureau of Code Enforcement
Application for Permit

This section for office use only: Permit No. _____

Ward _____ Block _____ Zoning District _____ Permit Fee \$ _____

Use Group _____ Construction Type _____ Code Year _____ Occupancy Load _____

Description: _____

Please Print Clearly

Application Date: _____

Address of Construction: _____

RESIDENTIAL COMMERCIAL Construction Cost \$ _____

Brief description of work: _____

Check where appropriate:

| | | | |
|---------------------------------|--|--|--|
| <input type="checkbox"/> Reroof | <input type="checkbox"/> New Building | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Temporary Use |
| <input type="checkbox"/> Siding | <input type="checkbox"/> New Addition | <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Façade | <input type="checkbox"/> Interior Alteration | <input type="checkbox"/> Tent | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Deck | <input type="checkbox"/> Razing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Accessory Bldg. | _____ |

Three sets of construction drawings and the site plan must be submitted with this application.

Property Owner's Name: _____ Phone # _____

Property Owner's Address: _____
City State Zip

Applicant: _____ Phone # _____

Applicant's Address: _____
City State Zip

Applicant's Email Address: _____

Contractor: _____ Phone # _____

Contractor's Address: _____
City State Zip

IMPORTANT: A current *Certificate of Insurance for Workmen's Compensation* must be submitted with this application if not already on file in the Bureau of Code Enforcement.

The City of Bethlehem has the right to request a property survey if applicable.

IF TOTAL CONSTRUCTION COST IS \$10,000+ FOR A RESIDENTIAL PROPERTY OR \$50,000+ FOR A COMMERCIAL PROPERTY

Please list the name and address of all additional persons and/or entities that have an ownership interest in this property.

NOTE: If the owner is a trust, corporation, limited liability partnership, limited liability company, or similar entity, its registered office and principal place of business, type of entity, in what state it was formed, and whether the entity has qualified to do business as a foreign entity in Pennsylvania by filing with the Corporation Bureau of the Pennsylvania Department of State under title 15 of the Pennsylvania Consolidated Statutes shall be provided. The home address of at least one responsible trustee, officer, member, or limited partner shall also be included.

Please list addresses of all Pennsylvania properties owned by the property owner(s) for which there is a tax, water, sewer or refuse collection delinquency OR a serious code violation that has remained unabated.
