LAUREL MUNICIPAL INSPECTION AGENCY
P.O. Box 375, 140 East Carroll Street
Carrolltown, PA 15722
Phone: (814) 471-0424  Fax: (814) 471-6801

LOCATION OF PROPOSED WORK OR IMPROVEMENT

County: _____________________________ Municipality: _____________________________

Job Location/911 Address: _____________________________ Zip: ______________________

Between: _____________________________ AND _____________________________

(Parcel #) (Intersection/Street) (Intersection/Street)

Owner: _____________________________ Phone #: _____________________________

Mailing Address: _____________________________

Principal Contractor: _____________________________ Phone #: _____________________________ HIC #: _____________________________

Mailing Address: _____________________________

TYPE OF WORK OR IMPROVEMENT (Check One)

☐ New Building  ☐ Addition  ☐ Alteration  ☐ Repair  ☐ Demolition  ☐ Relocation

☐ Foundation Only  ☐ Change of Use  ☐ Plumbing  ☐ Mechanical  ☐ Electrical  ☐ Swimming Pools

☐ Other

Describe the proposed work: _______________________________________________________

_____________________________________________________________________________

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) $ ________________

DESCRIPTION OF BUILDING USE (Check One)

☐ One-Family Dwelling (R-3)

☐ Two-Family Dwelling (R-3)

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____________________________ Existing _____________ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc) _____________________________

Water Service (Check) ☐ Public ☐ Private

Sewer Service (Check) ☐ Public ☐ Private

Does or will your building contain any of the following:

☐ Fireplace(s): Number _____________ Type of Fuel _____________________________ Type Vent _____________________________

BUILDING DIMENSIONS

Existing Building Area: _____________ sq. ft. Number of Stories: _____________________________

Proposed Building Area: _____________ sq. ft. Height of Structure above Grade: _____________________________

Total Building Area: _____________ sq. ft. Area of the Largest Floor: _____________ sq. ft.

Electric:

Amp _____________________________ Company _____________________________ DR# _____________________________ Electrician _____________________________

Electrician Phone _____________________________

Bedrooms Existing _____________ Proposed _____________ Total _____________
FLOODPLAIN

Is the site located within an identified flood hazard area? (Check One) □ YES □ NO
Will any portion of the flood hazard area be developed? (Check One) □ YES □ NO □ N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 169-1978) specifically Section 603.

Lower Floor Level: ________

HISTORIC DISTRICT

Is the site located within a Historic District? □ YES □ NO
If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.

Certificate of Workers' Compensation or Affidavit of Exemption must be submitted with application if your work is being performed by a contractor.

All roofing jobs must show receipt for the disposal of old roofing material.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and the PA Act 43 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and the applicant assume the responsibility of locating all property lines, setback lines, assessments, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of any Municipality or any other governing body. The applicant certifies he/she understands all applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the opportunity to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Directions to site:

Sprinkler Acceptance Proposal as per Act 1 of 2011 for One or Two Family Dwellings

Signature of Owner □ YES □ NO
## Compliance Building Permit Required

**Adams Township, County of Cambria, State of Pennsylvania**

### IMPORTANT: Complete ALL Items. Mark boxes where applicable.

#### I. Location
- Name of unit: [Name]
- Number and Street: [Number] [Street]
- Subdivision: [Subdivision]
- Lot Block: [Lot] [Block]
- Census tract: [Tract]
- **Building E/W side of: [Street]**
- **From intersection of: [Intersection]**
- **Zone District:**
- **(Other local geographic, political, or legal subdivision identification)**

#### II. Type and Cost of Building - All applicants complete Parts A - D

##### A. Type of Improvement
- [ ] New building
- [ ] Addition or alteration (Enter number of housing units added, if any, in Part D, 13)
- [ ] Alteration (See 2 above)
- [ ] Repair, replacement
- [ ] Wrecking (If partially residential, enter number of units in building in Part D, 13)
- [ ] Moving (location)
- [ ] Foundation only

##### B. Ownership
- [ ] Private (Individual, corporation, nonprofit institution, etc.)
- [ ] Public (Federal, State, or local government)

##### C. Cost
1. Cost of improvement: [Amount]
2. To be installed but not included in the above cost:
   - [ ] Electrical
   - [ ] Plumbing
   - [ ] Heating, air conditioning
   - [ ] Other (specify)

##### D. Proposed Use
- [ ] Residential
- [ ] Nonresidential - Describe in detail proposed use of building, e.g., feed processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, hospital, riding stable, commercial building, retail office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

#### III. Total Cost of Improvement
- [ ] Total cost of improvement: [Amount]

#### IV. Selected Characteristics of Building - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J; for all others, skip to IV.

##### E. Principal Type of Frame
- [ ] Masonry (wall bearing)
- [ ] Wood frame
- [ ] Structural steel
- [ ] Reinforced concrete
- [ ] Other (specify)

##### G. Type of Sewage Disposal
- [ ] Public or private company
- [ ] Individual (septic tank, etc.)

##### H. Type of Water Supply
- [ ] Public or private company
- [ ] Individual (well, cistern)

##### I. Type of Mechanical
- [ ] Will there be central air conditioning?
- [ ] Yes
- [ ] No
- [ ] Will there be an elevator?
- [ ] Yes
- [ ] No

#### V. Identification - To be completed by all applicants

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing address - Number, street, city, and state</th>
<th>ZIP code</th>
<th>Tel. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Architect</td>
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</tbody>
</table>

The owner of this building and the undersigned agree to conform to all applicable laws of [name of permit jurisdiction].

Signature of applicant: [Signature]
Address: [Address]
Application date: [Date]

**DO NOT WRITE IN THIS SPACE - FOR OFFICE USE**

Approved by: [Name]  
Permit fee: $[Fee]  
Date permit issued: [Date]  
Permit number: [Number]
### COMPLIANCE PERMIT

**ADDITIONAL COMMENTS:**

- Set Back Requirements Established
- Land Development/Subdivision Ordinance
- Stormwater Management Ordinance
- Cambria County Conservation District (Erosion and Sedimentation)

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**Note:** “Certificate of Occupancy” will be issued by the Adams Township Zoning/Compliance Permit Officer (for commercial and residential buildings) after receipt of “Certificate of Occupancy” from the Cambria County Building Code Enforcement Officer.

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Adams Township Compliance Officer  
Date of Approval
CAMBRIA COUNTY BUILDING CODE ENFORCEMENT AGENCY

Phone: (314) 671-0424  Fax: (314) 671-6801

Municipal Authorization

Name of Municipality

Property Owner Name              Phone

Property Address

Description of Proposed Construction/Alteration

Description of Proposed Construction/Alteration is true, if any changes are made, I will notify CCBCEA and the governing Municipality.

Name             Date

Municipal Authorizations: (Please Mark Approved or N/A)

Set Back Requirements Are Met

Subdivision or Land Development Approval

Storm Water Management Ordinance

Act 167 Plan

MS4 Plan

Flood Plain Management Ordinance

Zoning Ordinance

Road Occupancy /Driveway Permit

Contractor's License/Permit

Other Applicable Ordinances or conditions (specify):

The above applicable requirements have been reviewed & approved.

_________________________________________  Date

Municipal Officer

Upon Approval Please Fax to CCBCEA at 814-471-6801

This is not a Building Permit!