



**CITY OF DUQUESNE
DEPT. OF BUILDING INSPECTION
12 SOUTH SECOND STREET
PITTSBURGH, PA 15110
PHONE: 412-469-1166 FAX: 412-469-3795**

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

1. PROPERTY INFORMATION:

Property Address: _____ Date: _____
 Owner Name: _____ Lot SQF: _____
 Owner Mailing Address if different than property: _____

Parcel ID: _____ Zoning: _____ Ward: _____
 Use of Principal Structure: Single family Dwelling Two family Dwelling

Project is in a Flood Plain Overlay District: No Yes, Special Requirements Apply

2. SCOPE OF PROPOSED WORK (Check all that apply):

- Occupancy Permit - No Work Attached Deck Interior Renovation
- Abate Condemnation - Windows Doors Porch Addition New House

Location of Work (within structure): _____

- Accessory Bldg. Garage Shed Other: _____
 Proposed Dimensions: SQF _____ Height _____
 Pre-Existing Accessory Bldg. Dimensions (if any):
 Garage, SQF_____/HGT_____ Shed, SQF_____/HGT _____
 Other (Describe): _____ SQF_____/HGT_____

- Accessory Structure:
 Fence Type: _____ HGT: _____
 Detached Deck: SQF: _____ Distance From Side Property: _____ Rear: _____
 Retaining Wall: Height: _____
 Carport SQF: _____ Distance From Side Property Line: Side _____ Rear: _____
 Pool Dimensions: _____ Distance From Property Lines: Side _____ Rear _____
 Other: _____

Brief Project Description: _____

Cost of Work: \$ _____

ASSOCIATED ELECTRICAL AND HVAC WORK WILL REQUIRE ADDITIONAL PERMITS

3. CONSTRUCTION DRAWING REQUIREMENTS:

- New Dwelling, 2nd story additions and certain other projects will require drawings prepared and sealed by a PA Licensed Design Professional.

4. CONTRACTOR INFORMATION:

- Property Owner self-performing work at primary residence.

OR

- Licensed General contractor performing work.

Licensed Name: _____

State License No.: PA _____

Signature/Printed Name: _____

Company Name: _____

Address: _____

Phone: _____

Email/Fax: _____

5. APPLICANT'S AFFIDAVIT:

I am the Owner of the property, or an agent of the Owner, for which this application is filed. If an agent, I certify that I have been authorized by the Owner to complete this application on their behalf. As the applicant, I certify that the information provided as part of this application is correct.

Signature: _____ Print: _____

Address: _____

Phone: _____ Email/Fax: _____

TOWNSHIP USE ONLY

ZONING APPROVAL

ZONING DISTRICT: R1 R2 R3 R4 R5 C1 C2 C3 MU I

OVERLAY DISTRICT(S): McKnight/Partnership Rochester/Lowries

TYPE OF PROPOSED USE: New Change Enlargement Continuation Reinstatement

APPLICABLE ZONING ORDINANCE(S): _____

Approved for Zoning, subject to the following conditions: _____

This application is approved by the referenced ordinance(s) and/or in whole or in part by the following:

- Zoning Hearing Board: Case # ZHB: _____; Approval Date: _____;
Subject to the following conditions: _____
- Conditional Use: File # _____; Approval Date: _____;
Subject to the following conditions: _____
- Subdivision Plan: File # S _____; Approval Date: _____;
Subject to the following conditions: _____
- Site Plan: File # SP _____; Approval Date: _____;
Subject to the following conditions: _____

Disapproved for Zoning due to failure to meet the provisions of the referenced ordinances and/or for the following:

APPROVED BY: _____ DATE: _____

BUILDING FEES & APPROVAL

PLAN REVIEW DATE: _____ REVIEWER: 3rd Party Township Official

THIRD PARTY REVIEW AGENCY SIGNATURE: _____ DATE: _____

ESTIMATED COST OF WORK: \$ _____ TOTAL SQF OF FLOOR SPACE: _____

	Fee Amt.
Occupancy	\$ _____
Res. Bldg.	\$ _____
Acc. Insp.	\$ _____
Energy Ins.	\$ _____
Plan Fee	\$ _____
Scanning	\$ _____
Doc. Storage	\$ _____
PA UCC	\$ _____
PENALTY	\$ _____
TOTAL FEES	\$ _____

PERMIT NO.: _____ INVOICE NO.: _____ CHECK NO.: _____

APPROVED BY: _____ DATE: _____