

NO. _____

PERMIT NO. _____

Application for Plan Examination and Building Permit

IMPORTANT — Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING

AT (LOCATION) _____ ZONING DISTRICT _____
 (Number) (Street)

BETWEEN _____ AND _____
 (Cross Street) (Cross Street)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

TYPE AND COST OF BUILDING — All applicants complete Parts A - D

TYPE OF IMPROVEMENT

- New building
- Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- Alteration (See 2 above)
- Repair, replacement
- Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
- Moving (relocation)
- Foundation only

D. PROPOSED USE — For "Wrecking" most recent use

- | | |
|--|--|
| Residential | Nonresidential |
| 12 <input type="checkbox"/> One family | 18 <input type="checkbox"/> Demolition |
| 13 <input type="checkbox"/> Two or more family — Enter number of units _____ | 19 <input type="checkbox"/> Church, other religious |
| 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____ | 20 <input type="checkbox"/> Industrial |
| 15 <input type="checkbox"/> Garage | 21 <input type="checkbox"/> Parking garage |
| 16 <input type="checkbox"/> Carport | 22 <input type="checkbox"/> Service station, repair garage |
| 17 <input type="checkbox"/> Fence _____ | 23 <input type="checkbox"/> Hospital, institutional |
| 18 <input type="checkbox"/> Demolition _____ | 24 <input type="checkbox"/> Office, bank, professional |
| 19 <input type="checkbox"/> Utility Shed _____ | 25 <input type="checkbox"/> Public utility |
| 20 <input type="checkbox"/> Swimming Pool _____ | 26 <input type="checkbox"/> School, library, other educational |
| 21 <input type="checkbox"/> Other — Specify _____ | 27 <input type="checkbox"/> Stores, mercantile |
| | 28 <input type="checkbox"/> Tanks, towers |
| | 29 <input type="checkbox"/> Other — Specify _____ |

OWNERSHIP

- Private (individual, corporation, nonprofit institution, etc.)
- Public (Federal, State, or local government)

COST

Cost of improvement \$ _____
To be installed but not included in the above cost

a. Electrical \$ _____

b. Plumbing \$ _____

c. Heating, air conditioning \$ _____

d. Other (elevator, etc.) \$ _____

TOTAL COST OF IMPROVEMENT \$ _____

(Omit cents)

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant.
 If use of existing building is being changed, enter proposed use.

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.

PRINCIPAL TYPE OF FRAME

- Masonry (wall bearing)
- Wood frame
- Structural steel
- Reinforced concrete
- Other — Specify _____

G. TYPE OF SEWAGE DISPOSAL

- 40 Public or private company
- 41 Private (septic tank, etc.)

J. DIMENSIONS

- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

H. TYPE OF WATER SUPPLY

- 42 Public or private company
- 43 Private (well, cistern)

K. NUMBER OF OFF-STREET PARKING SPACES

- 51. Enclosed
- 52. Outdoors

PRINCIPAL TYPE OF HEATING FUEL

- Gas
- Oil
- Electricity
- Coal
- Other — Specify _____

I. TYPE OF MECHANICAL

- Will there be central air conditioning?
- 44 Yes 45 No
- Will there be an elevator?
- 46 Yes 47 No

L. RESIDENTIAL BUILDINGS ONLY

- 53. Number of bedrooms
- 54. Number of bathrooms
 - Full
 - Partial

NO.

STREET

WARD NO.

IDENTIFICATION — To be completed by all applicants

Name		Mailing address — Number, street, city, and State	Zip Code	Phone No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application Date
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DO NOT WRITE BELOW THIS LINE

PLAN REVIEW RECORD — For office use

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit number _____

Building Permit issued _____ 19 _____

Building Permit Fee \$ _____

Certificate of Occupancy \$ _____

Drain Tile \$ _____

Plan Review Fee \$ _____

Approved by: _____

TITLE

**CITY OF DUQUESNE, ALLEGHENY COUNTY, PENNSYLVANIA
APPLICATION FOR PRELIMINARY APPROVAL
OF A SUBDIVISION OR LAND DEVELOPMENT**

1. TYPE OF APPLICATION	<input type="checkbox"/> SUBDIVISION	<input type="checkbox"/> LAND DEVELOPMENT
FORM OF APPLICATION	<input type="checkbox"/> PRELIMINARY	<input type="checkbox"/> FINAL
2. NAME OF PLAN:		3. BLOCK & LOT NUMBER:
4. LANDOWNER'S NAME		
LANDOWNERS ADDRESS		
5. APPLICANT'S NAME (IF DIFFERENT FROM LANDOWNER)		
APPLICANT'S ADDRESS:		
APPLICANTS PHONE NUMBER:		
6. ENGINEER/SURVEYOR'S NAME		
ENGINEER/SURVEYORS ADDRESS		
ENGINEER/SURVEYORS PHONE NUMBER:		
7. PLAN INFORMATION		
A. LOCATION:	B. ZONING CLASSIFICATION:	
C. TOTAL CONTIGUOUS ACREAGE:	D. TOTAL LOTS OR DWELLING UNITS:	
E. AVERAGE LOT AREA:(SQ. FT)	F. AVERAGE LOT FRONTAGE:(LN. FT.)	
UTILITY AVAILABILITY INFORMATION (PROVIDE NAME OF SUPPLIER)		
WATER:	GAS:	
ELECTRIC	SEWAGE:	
8. IS A REZONING OF THE PROPERTY NECESSARY ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. IF YES, HAS A REZONING APPLICATION BEEN FILED ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. HAS A VARIANCE, CONDITIONAL USE, OR SPECIAL EXCEPTION BEEN GRANTED ? IF YES , COMPLETE BELOW:		
A. <input type="checkbox"/> VARIANCE	APPROVED:	
B. <input type="checkbox"/> CONDITIONAL USE	APPROVED:	
C. <input type="checkbox"/> SPECIAL EXCEPTION	APPROVED:	
11. ARE ANY MODIFICATIONS TO THE BOROUGH SUBDIVISION AND/OR LAND DEVELOPMENT ORDINANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH LIST		
APPLICATION FILING FEE: \$	DATE PAID:	CHECK NO:
APPLICATION REVIEW FEE: \$	DATE PAID:	CHECK NO:

APPLICATION CONTENTS CHECKLIST - PRELIMINARY SUBMISSIONS

SUB-DIVISION (1)	LAND DEVELOPMENT (2)
<input type="checkbox"/> 10 COPIES OF APPLICATION FORM	<input type="checkbox"/> 10 COPIES OF APPLICATION FORM
<input type="checkbox"/> APPLICATION FILING FEE	<input type="checkbox"/> APPLICATION FILING FEE
<input type="checkbox"/> 10 COPIES OF PRELIMINARY PLAT	<input type="checkbox"/> EVIDENCE OF RECORDED LOT(S)
<input type="checkbox"/> BOUNDARY SURVEY	<input type="checkbox"/> SITE CONDITIONS REPORT
<input type="checkbox"/> NAME OF SUBDIVISION	<input type="checkbox"/> SURFACE/SUBSURFACE CONDITIONS
<input type="checkbox"/> ENGINEER/SURVEYOR INFORMATION	<input type="checkbox"/> EXISTING STRUCTURES WITHIN 200'
<input type="checkbox"/> DEVELOPER INFORMATION	<input type="checkbox"/> UTILITIES EASEMENTS & R.O.W.
<input type="checkbox"/> LOCATION MAP	<input type="checkbox"/> EXISTING TOPOGRAPHY TO 200'
<input type="checkbox"/> GRAPHIC SCALE	<input type="checkbox"/> FLOOD PRONE AREAS
<input type="checkbox"/> LEGEND AND NOTES	<input type="checkbox"/> EXISTING PARCEL BOUNDARIES
<input type="checkbox"/> EXISTING UTILITIES WITHIN 100'	<input type="checkbox"/> TRAFFIC IMPACT ANALYSIS
<input type="checkbox"/> EXISTING NATURAL FEATURES	<input type="checkbox"/> VISUAL ANALYSIS
<input type="checkbox"/> FLOOD PRONE AREAS	<input type="checkbox"/> LAND DEVELOPMENT PLAN
<input type="checkbox"/> CONTOUR INTERVALS	<input type="checkbox"/> ZONING CLASSIFICATION
<input type="checkbox"/> EXISTING STREETS & RIGHT OF WAY	<input type="checkbox"/> DEVELOPMENT PARCEL LAYOUT
<input type="checkbox"/> EXISTING/PROPOSED EASEMENTS	<input type="checkbox"/> SUBDIVISION PLAN, IF REQUIRED
<input type="checkbox"/> PROPOSED STREETS, PARKING LOTS AND LOADING AREAS	<input type="checkbox"/> PROPOSED TRANSPORTATION PLAN
<input type="checkbox"/> LOT LAYOUT	<input type="checkbox"/> GRADING PLAN
<input type="checkbox"/> FRONT BUILDING LINES	<input type="checkbox"/> EROSION & SEDIMENTATION PLAN
<input type="checkbox"/> PROPOSED COMMUNITY FACILITIES	<input type="checkbox"/> STRUCTURAL USE CLASSIFICATION
<input type="checkbox"/> TABULATION OF SITE DATA	<input type="checkbox"/> GENERAL LAND USE CLASSIFICATION
<input type="checkbox"/> PROPOSED PUBLIC IMPROVEMENTS	<input type="checkbox"/> LANDSCAPING, LIGHTING, SIGNAGE & PEDESTRIAN MOVEMENT PLAN
<input type="checkbox"/> SEWAGE PLANNING MODULES	<input type="checkbox"/> PARKING AREA LAYOUT
<input type="checkbox"/> SOILS REPORTS	<input type="checkbox"/> UTILITY PLAN
<input type="checkbox"/> TRAFFIC REPORTS	<input type="checkbox"/> PROPOSED PHASING OF THE PLAN
	<input type="checkbox"/> COVENANTS, RESTRICTIONS, ETC.
	<input type="checkbox"/> OPS & MAINTENANCE MANAGEMENT PLAN
	<input type="checkbox"/> REQUIRED PERMITS
	IF MORE THAN 10 ACRES:
	<input type="checkbox"/> SOCIO-ECONOMIC ANALYSIS

1. SEE SECTION 4.3 OF THE SUBDIVISION/LAND DEVELOPMENT ORDINANCE FOR GREATER DETAILS.
 2. SEE SECTION 4.4 OF THE SUBDIVISION/LAND DEVELOPMENT ORDINANCE FOR GREATER DETAILS.

**CITY OF DUQUESNE
DEPARTMENT OF BUILDING INSPECTION
12 SOUTH SECOND STREET
DUQUESNE, PA 15110
OFFICE: 412-469-1166
FAX: 412-469-3795**

**Building Inspector
DONALD McCRIMMON**

APPLICATION FOR OCCUPANCY PERMIT

FEE: \$50.00 -- RESIDENTIAL

FEE: \$100.00 -- COMMERCIAL

1. IDENTIFICATION

A. OWNER:

NAME _____
ADDRESS _____
CITY _____
PHONE _____

B. LESSEE:

NAME _____
ADDRESS _____
CITY _____
PHONE _____

C. PROPERTY LOCATION _____

**D. USE OF PROPERTY OR STRUCTURE FOR WHICH
APPLICATION IS MADE** _____

2. LAND:

A. LOT DIMENSION _____
B. LOT AREA _____

3. STRUCTURE:

A. HEIGHT _____
B. NO. OF STORIES _____
C. HEIGHT OF ACCESSORY STRUCTURE _____
D. NO. OF STORIES, ACCESSORY STRUCTURE _____

4. **RESIDENTIAL:**

- A. NO. OF ROOMS _____
- B. NO. OF BEDROOMS _____

5. **PARKING AND MISCELLANEOUS:**

- A. FLOOR AREA OF STRUCTURE _____
- B. NO. OF SEATS IN PLACES OF ASSEMBLY _____
- C. NO. OF EMPLOYEES _____
- D. NO. OF COMPANY VEHICLES _____
- E. NO. OF PARKING SPACES _____
- F. NO. OF LOADING SPACES _____
- G. IS THERE AN EXIT SIGN PROPOSED _____

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ALLEGHENY:**

THE UNDERSIGNED, BEING DULY SWORN, SAYS THAT HE IS THE:

- OWNER OF RECORD OF THE PROPERTY FOR WHICH THIS APPLICATION IS MADE.**

- AUTHORIZED AGENT FOR THE OWNER OF RECORD OF THE PROPERTY FOR WHICH THIS APPLICATION IS MADE, AND AS SUCH, HAS EXPRESSED AUTHORITY TO BIND SUCH OWNER TO ALL TERMS AND CONDITIONS OF ANY OCCUPANCY PERMIT ISSUED PURSUANT TO THIS APPLICATION, AND THAT ALL STATEMENTS AND DATA FURNISHED WITH THIS APPLICATION ARE TRUE AND CORRECT.**

(SIGNATURE)

**SWORN TO AND SUBSCRIBED
BEFORE THIS _____ DAY OF
_____, 2008**

(NOTARY PUBLIC)

APPLICATION TO THE CITY OF DUQUESNE ZONING HEARING BOARD
12 SOUTH SECOND STREET, DUQUESNE, PENNSYLVANIA 15110

This application must be submitted with six (6) copies of all necessary information surveys, plans, and a fee of _____. The original application and all _____ copies shall be deposited with the Zoning Officer. Copies of the plan of real estate affected showing location and size of lot, the size of improvements now erected or proposed to be erected, or other changes desired, together with any information required by the Zoning Hearing Board must be attached. If more space is required, attach a separate sheet to each copy of the application and make specific reference to the question being answered.

Date: _____

Name of Applicant:

Address: _____

Phone:

Name of Property Owner:

Address:

Applicant petitions the Zoning Hearing Board for:

_____ a variance _____ a special exception _____ a validity change _____ an appeal
from Borough action

Describe the property affected:

Address of property:

Zoning classification: _____ Lot & Block:

Present use:

Proposed use or alterations:

Reference the section or sections of the ordinance upon which the application is based:

Justification for request (include grounds for appeal, and if physical hardship is claimed as basis for
variance, state specific hardship):

Commonwealth of Pennsylvania
County of Allegheny

_____, being duly sworn,
deposed and says that he or she is the owner of the premises herein described, and that all of the above
statements and the statements contained in any papers or plans submitted herewith are true to the best of
my knowledge and belief.

Sworn to and subscribed before me
this ____ day of _____, _____

Notary Public

MY COMMISSION EXPIRES _____.