

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) \_\_\_\_\_ (Number) \_\_\_\_\_ (Street) \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_  
BETWEEN \_\_\_\_\_ (Cross Street) \_\_\_\_\_ AND \_\_\_\_\_ (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

## OWNERSHIP

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

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

## Residential

- 12 ☐ One family  
13 ☐ Two or more family — Enter number of units \_\_\_\_\_  
14 ☐ Transient hotel, motel, or dormitory — Enter number of units \_\_\_\_\_  
15 ☐ Garage  
16 ☐ Carport  
17 ☐ Fence \_\_\_\_\_  
18 ☐ Demolition \_\_\_\_\_  
19 ☐ Utility Shed \_\_\_\_\_  
20 ☐ Swimming Pool \_\_\_\_\_  
21 ☐ Other — Specify \_\_\_\_\_

## Nonresidential

- 18 ☐ Demolition  
19 ☐ Church, other religious  
20 ☐ Industrial  
21 ☐ Parking garage  
22 ☐ Service station, repair garage  
23 ☐ Hospital, institutional  
24 ☐ Office, bank, professional  
25 ☐ Public utility  
26 ☐ School, library, other educational  
27 ☐ Stores, mercantile  
28 ☐ Tanks, towers  
29 ☐ Other — Specify \_\_\_\_\_

## 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.) .....

(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.

## TOTAL COST OF IMPROVEMENT

\$

## 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.)

## H. TYPE OF WATER SUPPLY

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

## 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. ....

## K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed .....  
52. Outdoors .....

## L. RESIDENTIAL BUILDINGS ONLY

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

## 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

NO.

STREET

WARD NO.

IDENTIFICATION — To be completed by all applicants			
Name		Mailing address — Number, street, city, and State	Zip Code
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		\$					

I. 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:		
<b>7. PLAN INFORMATION</b>		
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 \_\_\_\_\_.