



# ZONING & UCC PERMIT APPLICATION

BOROUGH OF MACUNGIE  
21 LOCUST STREET  
MACUNGIE, PA 18062  
Phone: 610-966-2503  
Email: [zoning@macungie.pa.us](mailto:zoning@macungie.pa.us)

\*\*\*\*OFFICE USE ONLY\*\*\*\*

DATE RECEIVED: \_\_\_\_\_  
PERMIT NUMBER: \_\_\_\_\_  
ISSUE DATE: \_\_\_\_\_

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

**Plot Plan and drawings must accompany this application (3 SETS)**

## A: PROPERTY INFORMATION

Is this property in the flood plain? ☐ Y ☐ N

IF YES, WHAT IS THE MARKET VALUE  
OF THE PROPERTY? \_\_\_\_\_

ST NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ APARTMENT / UNIT NO: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_  
LOT SIZE SQ. FT. \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

## B: APPLICANT INFORMATION

SEE APPLICANT CERTIFICATION ON REVERSE SIDE (G:)

NOTE: THE APPLICANT WILL BE THE POINT OF CONTACT FOR ALL COMMUNICATION

APPLICANT IS: ☐ OWNER ☐ CONTRACTOR ☐ OTHER EXPLAIN: \_\_\_\_\_  
NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ST NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ FAX: \_\_\_\_\_  
SUITE/APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SIGNATURE: \*\* \_\_\_\_\_

**\*\*REQUIRED ON ALL APPLICATIONS**

## C: OWNER INFORMATION

☐ CHECK HERE IF SAME AS APPLICANT

IF SAME AS APPLICANT  
SKIP SECTION C.

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ST NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ FAX: \_\_\_\_\_  
SUITE/APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SIGNATURE: \*\* \_\_\_\_\_

**\*\*REQUIRED ON ALL APPLICATIONS**

## D: CONTRACTOR INFORMATION

☐ CHECK HERE IF SAME AS APPLICANT

IF SAME AS APPLICANT  
SKIP SECTION D.

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ST NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_  
SUITE/APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## E: PROJECT INFORMATION

COST		TYPE OF IMPROVEMENT		PROPOSED USE	
COST OF IMPROVEMENT \$ _____		<input type="checkbox"/> NEW BUILDING		RESIDENTIAL	NON RESIDENTIAL
		<input type="checkbox"/> ADDITION			
<i>To be installed but not included in above cost</i>		<input type="checkbox"/> ALTERATION <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR		<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> RETAIL
Electrical \$ _____		<input type="checkbox"/> REPAIR		<input type="checkbox"/> MULTI FAMILY No. of Units _____	<input type="checkbox"/> OFFICE No. of Units _____
Plumbing \$ _____		<input type="checkbox"/> DRIVEWAY		<input type="checkbox"/> TRANSIENT No. of Units _____	<input type="checkbox"/> INDUSTRIAL
HVAC \$ _____		<input type="checkbox"/> SIDEWALK		<input type="checkbox"/> ACCESSORY	<input type="checkbox"/> CHANGE OF USE
Other (elevator etc.) \$ _____		<input type="checkbox"/> DECK		<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____
TOTAL COST \$ _____		<input type="checkbox"/> POOL <input type="checkbox"/> INGROUND <input type="checkbox"/> ABOVE GROUND			
		SIGN			

## F: PERMITS APPLIED FOR

TYPE:	CHECK ALL THAT APPLY	QUANTITY	BOROUGH FEE	BOROUGH FEE PD.	INSPECTION FEE	INSPECTION FEE PD.	TOTAL FEES PAID	ADDENDUM ATTACHED
ZONING .....	<input type="checkbox"/>		\$ .	\$ .	\$ .	\$ .	\$ .	<input type="checkbox"/> Y <input type="checkbox"/> N
BUILDING .....	<input type="checkbox"/>		\$ .	\$ .	\$ .	\$ .	\$ .	<input type="checkbox"/> Y <input type="checkbox"/> N
ELECTRICAL .....	<input type="checkbox"/>	No. of Devices _____	\$ .	\$ .	\$ .	\$ .	\$ .	<input type="checkbox"/> Y <input type="checkbox"/> N
PLUMBING .....	<input type="checkbox"/>	No. of Fixtures _____	\$ .	\$ .	\$ .	\$ .	\$ .	<input type="checkbox"/> Y <input type="checkbox"/> N
MECHANICAL .....	<input type="checkbox"/>	No. of Appliances _____	\$ .	\$ .	\$ .	\$ .	\$ .	<input type="checkbox"/> Y <input type="checkbox"/> N
DEMOLITION .....	<input type="checkbox"/>		\$ .	\$ .	\$ .	\$ .	\$ .	<input type="checkbox"/> Y <input type="checkbox"/> N
TOTALS			\$			\$	\$	

(OVER)

**F: ELECTRIC SERVICE INFORMATION**

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NON-RESIDENTIAL	<input type="checkbox"/> NEW SERVICE	<input type="checkbox"/> UPGRADE EXISTING	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> PPL	<input type="checkbox"/> UGI	<input type="checkbox"/> OTHER _____	WORK PERMIT NO. _____	
METER NO.: _____ PHASE: _____ VOLTAGE: _____ AMPS: _____			<input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND	

**G: APPLICANTS CERTIFICATION**

As the owner or the authorized agent of the project for which application is filed, I hereby certify that:

1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents.
2. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the Building Code Official.
4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
5. Any changes to the approved documents shall be filed with the building code official.
6. If the licensed architect or engineer responsible for this construction should change, written notice of the change shall be provided to the Building Code Official.
7. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements.
8. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(3) SETS OF DETAILED CONSTRUCTION PLANS MUST BE SUBMITTED WITH ALL APPLICATIONS**

**ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED & SEALED BY A LICENSED DESIGN PROFESSIONAL  
FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF THE APPLICATION**

**H: DESCRIPTION OF WORK****I: PROJECT DATA**

Use Group: _____	Construction Type: _____	Code Edition: _____	Fire Sprinkler: _____
------------------	--------------------------	---------------------	-----------------------

**OFFICE USE ONLY**

DEPARTMENT	APPROVED	DENIED	N/A	DATE
ZONING				
BCO				
ENGINEER				
MANAGER				

INITIAL THE APPROPRIATE BLOCKS

**J: PERMIT INFORMATION**

\*\*\*\*OFFICE USE ONLY\*\*\*\*

ISSUED BY: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 ISSUE DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_