



**ATHENS-SAYRE JOINT CODE ENFORCEMENT AGENCY
BUILDING PERMIT APPLICATION**

2 South River Street Athens, PA 18810 570-888-4410 FAX 570-888-8372

This section is to be completed by the Code Office.	
Amt. paid	_____
Date received	_____
Received by	_____

ATHENS: _____ SAYRE: _____

PROJECTED START DATE: _____ TOTAL COST OR VALUE OF PROJECT \$ _____

PROPERTY OWNER'S NAME: _____

STREET ADDRESS FOR PERMIT: _____

_____ Single family Residential or _____ Multi-family Residential *If Multi-family Residential _____ # of Units
_____ Commercial _____ Commercial/with residential units _____ # of Units

*If Multi-family with more than 2 units, property is considered Commercial

OWNER'S TELEPHONE (home#): _____ (work#): _____ (cell#) _____

SEWER: _____ (public) WATER: _____ (public) HEATING SYSTEM IS: _____ (hot air)
_____ (septic) _____ (well) _____ (electric)
_____ (# of EDU'S) _____ (hot water)

CONTRACTOR INFORMATION - List all contractor's doing work- If you are using more than one contractor, please list the work to be performed by each contractor: *If property owner is doing their own work, see exemption.

PROJECT DESCRIPTION: (please explain in detail) Remember-if you are digging call PA-ONE CALL (811).

IF DRIVEWAY - PENN-DOT APPROVAL: _____ BOROUGH APPROVAL: _____

PROJECT SKETCH
INCLUDE ALL BUILDINGS, SET BACKS, MEASUREMENTS, ETC.

NOTE: The owner must verify all property lines.

It is the responsibility of the owner and the contractor to know and adhere to all relevant codes and ordinances. Questions should be directed to the Code Office at 570-888-4410.

* **EXEMPTION FROM WORKER'S COMPENSATION INSURANCE:** If property owner states that they are doing their own work, by signing this application the property owner affirms that they will not hire any employee (contractor) to work on the project.

APPLICANT'S SIGNATURE _____ DATE _____

THIS PORTION TO BE COMPLETED BY CODE ENFORCEMENT OFFICE: Sidewalk Check - Site Inspection Pass Fail _____
Initials of Inspector

Date received: _____ Project cost: _____
Permit Number: _____ Permit Fee: _____
Date Approved: _____ Date of final inspection: _____
Denied: _____ Initials of inspector: _____
Reason for denial: _____

CODE OFFICER'S SIGNATURE FOR APPROVAL : _____

DON'T FORGET TO CALL 811 OR (1-800-242-1776) PA ONE CALL BEFORE YOU DIG.