CONSTRUCTION PERMIT APPLICATION ALLEGHENY TOWNSHIP 136 COMMUNITY BLDG RD LEECHBURG, PA 15656

LOCATION OF PROPERTY:		DATE APPLICATION RECE	IVED:
LOT & BLOCK OR PARCEL NUMBER:		_SUBDIVISION:	
OWNER NAME:			
OWNER ADDRESS:			
CITY:	STATE	:	ZIP:
PHONE:			
	STATE: ZIP: BUILDING PERMIT		
One Family Dwelling	Two Family Dwelling	Commercial Us	e
New Construction	Alteration	Repair	Demolition
DESCRIPTION OF CONSTRUCTION			
TOTAL SQ. FT. OF CONSTRUCTION		ESTIMATED COST OF CON	STRUCTION
Plan Review Required	ARCHITECHT/ENGINEER	NAME	
	ADDRESS		
	CITY	STATE	ZIP
	PHONE	FAX	
BUILDER NAME			
DBA			
ADDRESS			
CITY	STATE_	ZIP	
PHONE()	FAX	X ()	
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I HEREBY CERTIFY THAT THE ABOVE INF REQUIREMENTS INVOLVED WITH ALTER			HE SMOKE DETECTOR
APPLICANT/AGENT SIGNATURE	PRINT NAME		DATE
******APPROVEDDENIED	********************FOR TOWNSHIP US	BE ONLY************************************	\$
BY		PR FEE	\$
DATE PE	ERMIT #	MUN. FE	E \$

TOTAL FEE

ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

DOEL NILIMDED:				
ARCEL NUMBER:				
OWNER NAME:				
ADDRESS:			·	
CITY:				
PHONE:			······································	
APPLICANT NAME:				
ADDRESS:		<u></u>		
CITY:	STATE:		Z!P:	
PHONE:				
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