

Strasburg Borough

145 Precision Avenue
Strasburg, PA 17579

Phone: 717-687-7732
Fax: 717-687-6599

Date Received: _____

Building / Zoning Permit Application

- Dwelling Addition / Renovation Finished Basement Commercial Deck
 Garage Shed Hot Tub Demolition Re-Roof
 Pool (___Above Ground ___In-Ground) Patio Electrical HVAC Plumbing
 Fence Other _____

Project Description: _____

Applicant Name: _____ Phone: _____

Mailing Address: _____ Cell #: _____

_____ Fax #: _____

Project Address: _____ City _____ State _____ Zip _____

Subdivision: _____ Phase _____ Lot #: _____

Property Owner s Name (if different from above) _____

Owner s Phone Number: _____

Property Owner s Address: _____ City _____ State _____ Zip _____

Project Cost: _____ **Total Square Footage:** _____

Contractor: _____ **Federal / ID#:** _____

Proof of contractor s workers compensation Insurance? Yes* No (if no, please complete exemption form)

*Your insurance company must provide a Certificate of Insurance listing Strasburg Borough as the certificate holder.

I am the owner of this property and I am assuming all insurance responsibilities for this permit.



Signature



Date



Three complete sets of detailed site plans (must show property lines); three complete sets of detailed building construction plans must be submitted for review and approval; water, sewer and highway permits must also be submitted if required.

Office Use Only

Parcel # _____

Permit # _____

Building Inspector Review / Approval: _____ Date: _____

Zoning Officer Review / Approval: _____ Date: _____