

CITY OF ALIQUIPPA PERMIT(S) FORM

(Please check all that apply)

___ Sign ___ Sidewalk ___ Curb Cut ___ Driveway ___ Building ___ Fence

Location(owner/name): _____
Address: _____
Phone Number: _____ Fax Number: _____
Email Address: _____
Parcel # _____

Sign:

1. Location of Sign: _____ Zoning District: _____
2. Proprietary Interest: _____ Tax Parcel No: _____
3. Sign Specifications:
 - a. No. of signs: _____ () permanent () temporary
 - b. Type of Sign (e.g.; wall, projecting, free standing, billboard) _____
4. I hereby state that the above information is true and to the best of my knowledge.
Applicant Signature: _____ Date: _____

Sidewalk:

1. Exact location of proposed opening or excavation: _____

2. Approximate size or dept of opening or excavation: _____

3. Date work to commence: _____ Date work to be completed: _____
4. Reason for proposed opening or excavation: _____

(FUTHERMORE, I/We, the applicant, do hereby **AGREE** that all work relating to the opening, digging or excavation of any street or sidewalk within the City of Aliquippa shall be done in full compliance with the ordinances of the City and the laws of the Commonwealth of Pennsylvania in relation thereto, and that I/We the applicant shall well and truly save, defend and keep harmless the City from and indemnify it against any and all actions, suits, demands, payments, costs and charges for or by reason of the proposed opening, digging or excavation, and all damages to persons or property resulting in any manner therefrom, or occurring in the prosecution of the work connected therewith, or from any other matter, cause or thing relating thereto.

NOTICE: THIS AGREEMENT MAY RESULT IN LEGAL LIABILITY TO YOU. DO NOT SIGN THIS AGREEMENT WITHOUT READING IT CAREFULLY.

Curb Cut/Driveway:

1. Tax Parcel Number: _____
2. Requested location for curb cut/driveway installation: _____
3. Reason for Removal/Construction: _____
4. Type of Existing Curb/Driveway: () Concrete () Asphalt
5. Condition of Existing Curb/Driveway: () Good () Fair () Poor
6. Width of Proposed Curb/Driveway Removed/Installation: _____
7. Proposed Replacement – Mountable Curb/Driveway (Type) _____

(Submit copy of plans for Curb Cut/Driveway, etc.)

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**Building:** (All applicants complete Parts 1-4)

I: TYPE AND COST OF BUILDING:

1. TYPE OF IMPROVEMENT:

- a. New building \_\_\_\_\_ Under 1,000 S.F. \_\_\_\_\_
- b. Alteration \_\_\_\_\_
- c. Repair, replacement \_\_\_\_\_
- d. Moving (relocation) \_\_\_\_\_
- e. Foundation only \_\_\_\_\_

2. OWNERSHIP:

- a. Private \_\_\_\_\_ (individual, corporation, non-profit institution, etc.)
- b. Public \_\_\_\_\_ (Federal, State, or Local Government)

3. COST:

- a. Cost of Improvement \$ \_\_\_\_\_
- b. Electrical \$ \_\_\_\_\_

4. PROPOSED USE - For "Wrecking" most recent use

Residential:

- \_\_\_\_\_ One family
- \_\_\_\_\_ Two or more family  
(enter number of units \_\_\_\_\_)
- \_\_\_\_\_ Transient hotel, motel or dorm  
(enter number of units \_\_\_\_\_)
- \_\_\_\_\_ Garage
- \_\_\_\_\_ Carport
- \_\_\_\_\_ Other – Specify \_\_\_\_\_
- \_\_\_\_\_

Non-Residential:

- \_\_\_\_\_ Amusement, recreational
- \_\_\_\_\_ Church, other religious
- \_\_\_\_\_ Industrial
- \_\_\_\_\_ Parking Garage
- \_\_\_\_\_ Service Station, Repair Garage
- \_\_\_\_\_ Hospital, Institutional
- \_\_\_\_\_ Office, bank, professional
- \_\_\_\_\_ Public Utility
- \_\_\_\_\_ School, Library, other educational
- \_\_\_\_\_ Stores, mercantile
- \_\_\_\_\_ Tanks, towers
- \_\_\_\_\_ Other – Specify \_\_\_\_\_

Non-Residential: 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:

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II: SELECTED CHARACTERISTICS OF BUILDING (For new building and additions, complete Parts 1-8; for wrecking, complete only Part 6, for all others skip to 9)

1. PRINCIPAL TYPE OF FRAME

- a. \_\_\_\_\_ Masonry (wall bearing)
- b. \_\_\_\_\_ Wood frame
- c. \_\_\_\_\_ Structural steel
- d. \_\_\_\_\_ Reinforced concrete
- e. \_\_\_\_\_ Other - Specify \_\_\_\_\_

2. PRINCIPAL TYPE OF HEATING FUEL

- a. \_\_\_\_\_ Gas   b. \_\_\_\_\_ Oil   c. \_\_\_\_\_ Electricity   d. \_\_\_\_\_ Coal   e. \_\_\_\_\_ Other – Specify \_\_\_\_\_

3. TYPE OF SEWAGE DISPOSAL

- a. \_\_\_\_\_ Public or private company      b. \_\_\_\_\_ Private (septic tank, etc.)

4. TYPE OF WATER SUPPLY

- a. \_\_\_\_\_ Public or private company      b. \_\_\_\_\_ Private (well, cistern)

5. TYPE OF MECHANICAL

- a. Will there be central air conditioning?    Yes \_\_\_\_\_    No \_\_\_\_\_
- b. Will there be an elevator?                Yes \_\_\_\_\_    No \_\_\_\_\_

6. DIMENSIONS

- a. Number of stories: \_\_\_\_\_
- b. Total square feet at floor area, all floors, based on exterior dimension: \_\_\_\_\_
- c. Total land area, square feet: \_\_\_\_\_

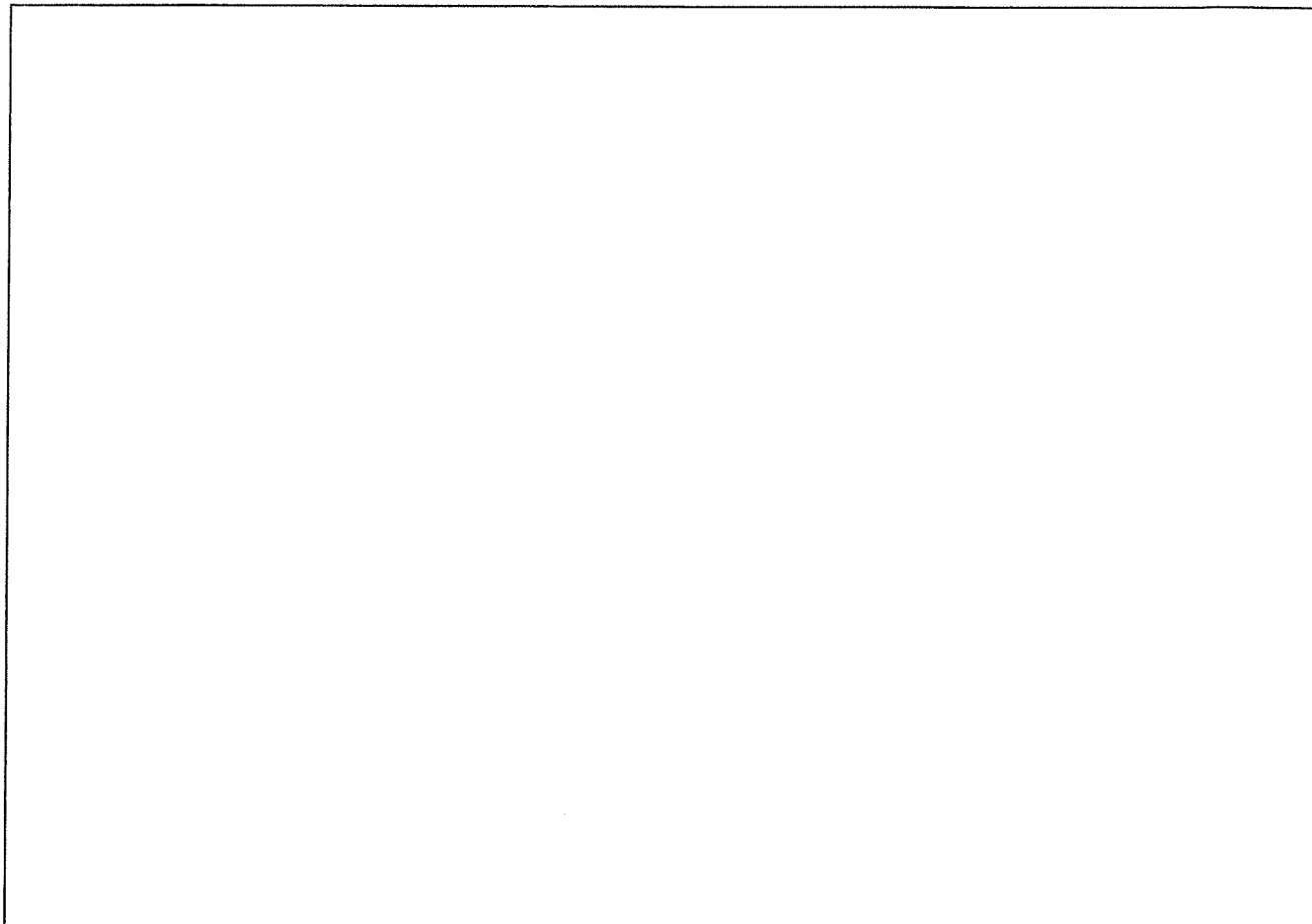
7. NUMBER OF OFF- STREET PARKING SPACES:

- a. \_\_\_\_\_ Enclosed      b. \_\_\_\_\_ Outdoors

8. IDENTIFICATION – to be completed by all applicants

- a. Owner (name, address, phone number): \_\_\_\_\_
- b. Contractor (name, address, builder license no.): \_\_\_\_\_
- c. Architect or Engineer (name, address, license no): \_\_\_\_\_

9. SITE OR PLOT PLAN – For Applicant Use (MUST BE FILLED OUT)



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: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**SIGN:**

The sign permit for use was ( ) approved ( ) denied  
 ( ) approved-sign permit issued on: \_\_\_\_\_, 20\_\_\_\_\_  
 ( ) denied – not in conformance with Article \_\_\_\_\_ Section \_\_\_\_\_  
 of the Aliquippa City Zoning Ordinance for the following reasons: \_\_\_\_\_

Any person aggrieved by the decision of the Zoning Office shall be granted a hearing by the Zoning Hearing Board. The person shall within thirty (30) days for receipt of the decision of the Zoning Officer file an appeal for a hearing by the Zoning Hearing Board with the Zoning Officer.

Copies to: Applicant Sign Permit No.: \_\_\_\_\_  
 Zoning Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIDEWALK:**

Date: \_\_\_\_\_  
 Witnessed: \_\_\_\_\_ Applicant: \_\_\_\_\_  
 Witnessed: \_\_\_\_\_ Applicant: \_\_\_\_\_

This application approved by the city administrator this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
 City Administrator: \_\_\_\_\_

**CURB CUT:**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved by City Council: ( ) Yes ( ) No Date: \_\_\_\_\_  
 Final Inspection By: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING:**

1. PLAN REVIEW RECORD – FOR OFFICE USE:

| <i>Plans Review Required</i> | <i>Check</i> | <i>Plan Review Fee</i> | <i>Date Plans Started</i> | <i>By</i> | <i>Date Plans Approved</i> | <i>By</i> | <i>Notes</i> |
|------------------------------|--------------|------------------------|---------------------------|-----------|----------------------------|-----------|--------------|
| Building                     |              | \$                     |                           |           |                            |           |              |
| Plumbing                     |              | \$                     |                           |           |                            |           |              |
| Mechanical                   |              | \$                     |                           |           |                            |           |              |
| Electrical                   |              | \$                     |                           |           |                            |           |              |
| Other: _____                 |              | \$                     |                           |           |                            |           |              |

2. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS:

| <i>Permit or Approval</i> | <i>Check</i> | <i>Date Obtained</i> | <i>Number</i> | <i>By</i> | <i>Permit or Approval</i> | <i>Check</i> | <i>Date Obtained</i> | <i>Number</i> | <i>By</i> |
|---------------------------|--------------|----------------------|---------------|-----------|---------------------------|--------------|----------------------|---------------|-----------|
| 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: _____              |              |                      |               |           |

3. VALIDATION:

|                                    |                                                                                                                              |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Building Permit Number: _____      | <b><u>FOR DEPARTMENT USE ONLY</u></b><br>Use Group _____<br>Fire Grading _____<br>Live Loading _____<br>Occupancy Load _____ |
| Building Permit Issued: _____      |                                                                                                                              |
| Building Permit Fee: \$ _____      |                                                                                                                              |
| Certificate of Occupancy: \$ _____ |                                                                                                                              |
| Drain Tile: \$ _____               |                                                                                                                              |
| Plan Review Fee: \$ _____          |                                                                                                                              |
| Approved by: _____                 |                                                                                                                              |

4. ZONING PLAN EXAMINERS NOTES:

- District: \_\_\_\_\_
- Use: \_\_\_\_\_
- Front Yard: \_\_\_\_\_
- Side Yard: \_\_\_\_\_ Side Yard: \_\_\_\_\_
- Rear Yard: \_\_\_\_\_
- Notes: \_\_\_\_\_  
\_\_\_\_\_