



24 Analomink Street, East Stroudsburg PA 18301

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APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV

I. LOCATION OF BUILDING

APPLICANT NAME: _____
 PROPERTY OWNER NAME: _____
 PROPERTY ADDRESS: _____
 TAX MAP#: _____ LOT: _____ LOT SIZE: _____

II. TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT	Residential	Cost of Project: _____
1. New Building	Commercial	
2. Addition	Description of Work:	
3. Alteration		
4. Repair/Replacement		
5. Demolition		

III. CHARACTERISTICS

DIMENSIONS		SEWAGE DISPOSAL	WATER SUPPLY	PARKING SPACES
1. Stories: _____	3. Bedrooms: _____	1. Public	1. Public	1. Enclosed: _____
2. Sq Ft: _____	4. Bathrooms: _____	2. Private	2. Private	2. Outdoors: _____

IV. IDENTIFICATION

	Name	Address	Phone
Owner	_____	_____	_____
		Email: _____	
Contractor	_____	_____	_____
HIC:	_____	Email: _____	_____
Architect or Engineer	_____	_____	_____
		Email: _____	

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 applicatin as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant:	Address: _____	Application Date: _____
	Email Address: _____	

FOR OFFICE USE ONLY:

PLAN REVIEW FEE: _____	BUILDING PERMIT #: _____
PERMIT FEE: _____	DATE ISSUED: _____
ADMIN FEE: _____	APPROVED BY: _____
UCC FEE: _____	
TOTAL: _____	

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