

CITY OF SHAMOKIN
BUILDING PERMIT APPLICATION

DATE: _____

1. ADDRESS OF PROJECT:

2. OWNER'S NAME, TELEPHONE NUMBER:

3. CONTRACTOR NAME AND ADDRESS:

4. SUB-CONTRACTOR NAME AND ADDRESS:

5. CONTRACTOR INSURANCE COMPANY:

6. SUB CONTRACTOR INSURANCE COMPANY:

7. TYPE OF IMPROVEMENT:

8. COST OF IMPROVEMENT:

9. START DATE: _____ COMPLETION DATE: _____

10. PERMIT FEE: _____

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ISSUER OF THIS PERMIT DOES NOT WAIVE ANY ZONING REGULATIONS OR REQUIREMENTS. IT IS YOUR RESPONSIBILITY TO DETERMINE THAT YOUR PROJECT MEETS ALL ZONING REGULATIONS.