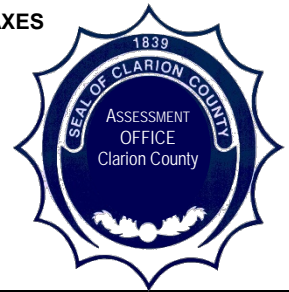




COUNTY OF CLARION OFFICE OF ASSESSMENT AND REVISION OF TAXES

421 MAIN STREET CLARION, PA 16214  
PHONE: 814-226-4000 FAX: 814-297-7997



Assessment Building Permit: \_\_\_\_\_  
(Municipality)

ANY ASSESSMENT VALUE CHANGES MADE FOLLOWING THIS FORM, AND IN CERTAIN CASES A FLOODPLAIN MAP, WILL BE SENT TO THE PROPERTY OWNER'S TAX MAILING ADDRESS. IT IS THE RESPONSIBILITY OF THE APPLICANT, IF NOT THE PROPERTY OWNER, TO INFORM RESPECTIVE PARTIES OF ANY INFORMATION REGARDED IN THIS FORM.

Parcel/Map Number: 00-000-000-000-00 Control Number: 00-000000

Applicant Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Address (if not matching above): \_\_\_\_\_

**ASSESSMENT**

**Land Use** (please check one)

- Residential (10 acres and less)
- Agricultural (Over 10 acres)
- Commercial
- Exempt
- Trailer on Own Land
- Trailer on Leased Land
- Building on Leased Land
- Industrial

**Framing**

- Brick/Stone/Block
- Wood Frame
- Structural Steel
- Reinforced Concrete
- Other (please specify) \_\_\_\_\_

**Mechanical**

- Central Air
- Elevator
- Other (please specify) \_\_\_\_\_

**New Construction/Addition**

(ex: house, garage, business, porch)

Please specify: \_\_\_\_\_

Contractor/Engineer: \_\_\_\_\_

Total Cost \$: \_\_\_\_\_

Dimensions (ft.): \_\_\_\_\_ X \_\_\_\_\_

Number of Stories: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ No. of Baths: \_\_\_\_\_

Heating Fuel: \_\_\_\_\_

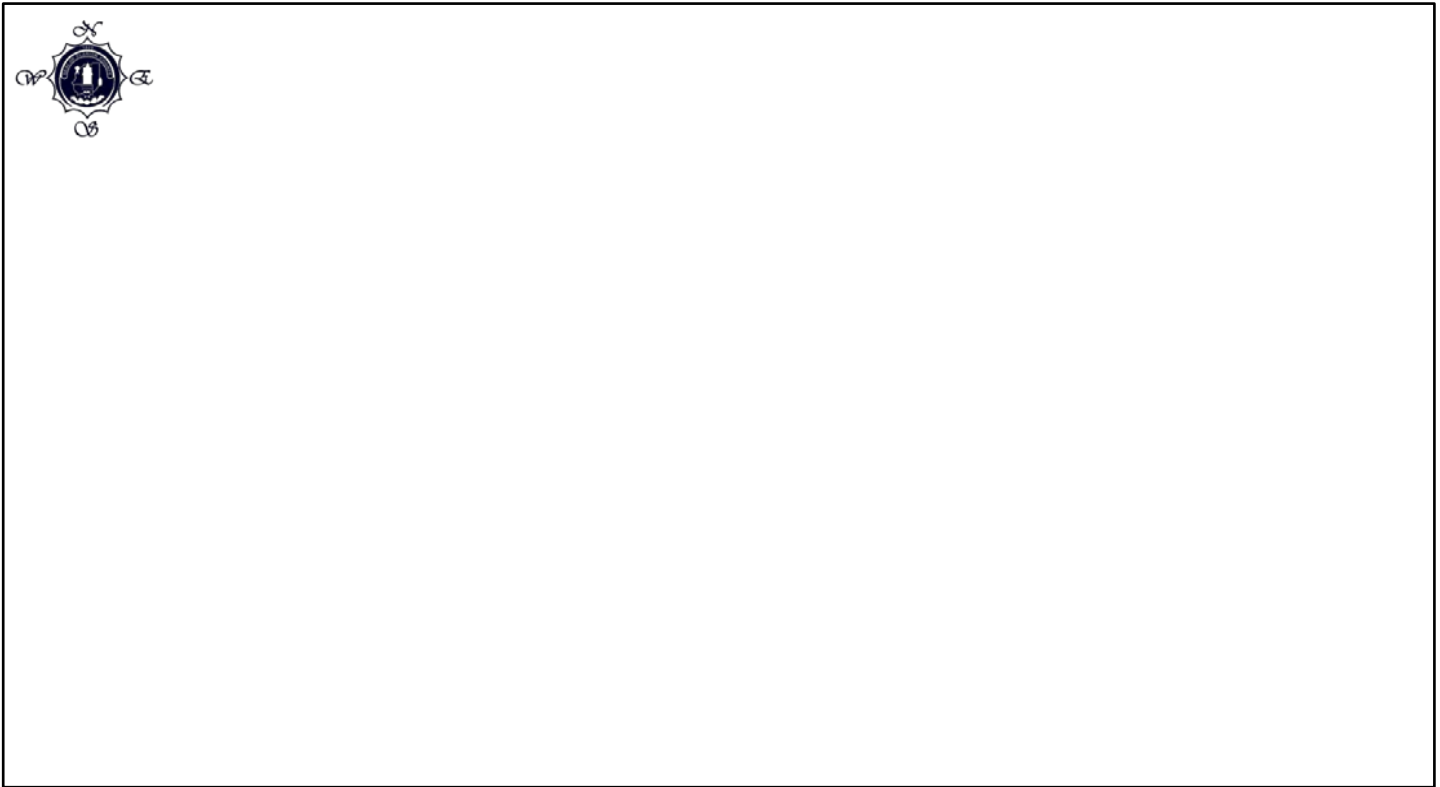
**Trailer (if applicable)**

Serial No.: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Year: \_\_\_\_\_ Dimensions (ft.): \_\_\_\_\_ X \_\_\_\_\_

**PLEASE DRAW A ROUGH SKETCH OF STRUCTURE AND MAP TO LOCATION**



**PLANNING**

Will the current property lines be changed in any way? <i>(If yes, a subdivision plan may be needed.)</i>	YES	NO
Will a new tax parcel be created? <i>(If yes, a subdivision plan may be needed.)</i>	YES	NO
Does your municipality have zoning?	YES	NO
If yes, what is the zoning designation?	<hr/>	
Are there any setbacks for this project? <i>(ex: building, road)</i>	YES	NO
If yes, please specify.	<hr/>	

**Sewage/Septic**

Private                       Public

Does the parcel have an existing approved septic system or public sewer?	YES	NO
If not, has an approved perk test been performed?	YES	NO

**Water**

Private                       Public

**Highway Occupancy Permit**

Does the parcel have an existing driveway? <i>(If no, a new 9-1-1 address may be needed.)</i>	YES	NO
Will a new driveway be added? <i>(If yes, a new 9-1-1 address may be needed.)</i>	YES	NO
Will the driveway be abutting a state road? <i>(If yes, PENNDOT may need contacted for HOP.)</i>	YES	NO

**CONSERVATION**

**Stormwater Management/Erosion & Sedimentation**

New Impervious Area (*Impervious surfaces are areas that prevent the infiltration of water into the ground*)

- 1,000 – 5,000 square feet
  - Small Project SWM Application submitted to Clarion Conservation District? YES NO
- > 5,000 square feet
  - Rate Controls, Volume Controls & SWM Site Plan submitted to Clarion Conservation District? YES NO
  - Written E & S Plan submitted. YES NO
  - NPDES Permit submitted. (*\*for sites one acre and above*) YES NO

**Stream Crossings/Wetlands**

Does the project involve a stream crossing or wetland encroachment? (*If yes, please contact DEP.*) YES NO

**Applicant Name (Print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICIAL USE ONLY**

Municipal Official

**Building Permit #:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

County Official

**Floodplain**

Is the proposed project within the 100 year floodplain? YES NO

County Employee: \_\_\_\_\_ Date Received: \_\_\_\_\_