

**ROARING SPRING BOROUGH**

616 Spang Street, P. O. Box 33  
Roaring Spring, PA 16673  
(814) 224-4814  
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**BOROUGH CHECKLIST**

DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_  
PLANNED IMPROVEMENT OF PROPERTY AT: \_\_\_\_\_

DEED #: \_\_\_\_\_ TAX I. D. #: \_\_\_\_\_  
DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

OWNER: \_\_\_\_\_

NAME	ADDRESS	PHONE
CONTRACTOR: _____		

NAME	ADDRESS	PHONE

**CONTRACTOR FEDERAL STATE I. D. NUMBER**

TYPE OF IMPROVEMENT	CONSTRUCTION	SWIMMING POOL
RESIDENTIAL _____	STORIES: _____	PUBLIC _____
COMMERCIAL _____	FRAME _____	PRIVATE _____
INDUSTRIAL _____	MASONRY _____	
INSTITUTION _____	METAL CLAD _____	
OTHER _____	OTHER _____	
<b>UTILITIES (PUBLIC)</b> BORO WATER _____	<b>GARAGE</b>	SIDEWALK _____
BORO SEWER _____	ATTACHED _____	CURBING _____
<b>UTILITIES (PRIVATE)</b> ELECTRIC _____	SEPERATED _____	
TELEPHONE _____	CARPORT _____	
GAS _____	OTHER _____	
	<b>UTILITIES:</b> ABOVE GROUND _____	
	BELOW GROUND _____	

**ZONING DESIGNATION:** \_\_\_\_\_ **SET BACKS**  
**LOT SIZE:** WIDTH \_\_\_\_\_ DEPTH: \_\_\_\_\_ FRONT: \_\_\_\_\_

**CONSTRUCTION COST:** \$ \_\_\_\_\_ REAR: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_ SIDE: \_\_\_\_\_

	YES	NO
PROOF OF WORKERS' COMPENSATION RECEIVED:		
AFFIDAVIT FOR RESIDENT EXEMPTION OF WORKERS' COMPENSATION RECEIVED:		

**DATE OF PERMIT ISSUED:** \_\_\_\_\_ APPROVED  DISAPPROVED

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

\_\_\_\_\_  
**BOROUGH SECRETARY SIGNATURE**

\_\_\_\_\_  
**DATE**

