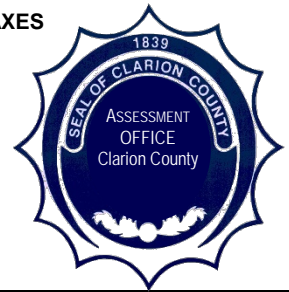




COUNTY OF CLARION OFFICE OF ASSESSMENT AND REVISION OF TAXES

421 MAIN STREET CLARION, PA 16214
PHONE: 814-226-4000 FAX: 814-297-7997
Email: canthony@co.clarion.pa.us



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: _____

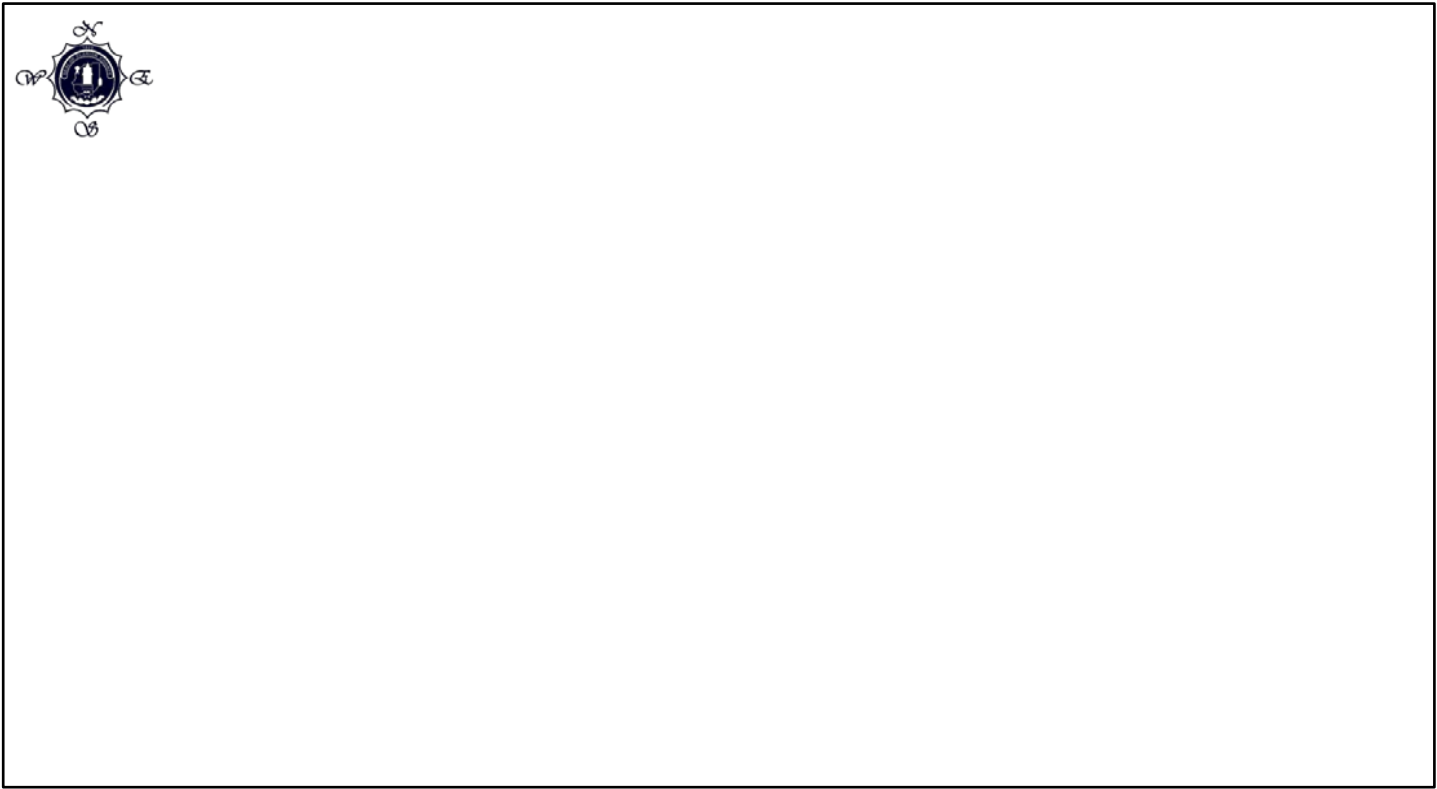
Trailer (if applicable)

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: _____