Identification – To be completed by all applicants

Name	Address	Phone
Owner or Lessee		
Contractor		
Architect or Engineer		

A copy of the contractor's workers' compensation certificate must be filed with this office in order to receive a Building Permit

I hereby certify that the proposed work is authorized by the owner of record and that I am said owner or that I have been authorized by the owner to make this application as his authorized agent and I/we agree to abide by the Zoning and Building Code of the Borough of White Oak and to conform to all applicable ordinances, regulations, and laws of the Municipality and the state of Pennsylvania.

Signature of applicant	Address	Phone

DO NOT WRITE BELOW THIS LINE

Plans review record – For office use

Plans review required	Check	Date received	By	Date approved	By	Notes
Building						
Site plans						
E & S						
Landscaping						
Other						

Additional permits required or other jurisdiction approvals

Permit or approval	Check	Date obtained	Number	By

Validation

Building permit fee $_____ Date Paid _____ Building Permit # _____ Date Issued _____
Occupancy Permit fee $ _____ Date Paid _____ Date Issued _____

APPROVED BY:

_____
Building Inspector

APPROVED BY:

_____
Code Enforcement Officer