CITY OF NEW CASTLE
City Building
230 North Jefferson Street
New Castle, Pennsylvania 16101-2220

Applicant,

You have received a permit application from the City of New Castle as requested. Please complete as much of the application as possible. If you have any question, please email me at code-mcguire@newcastlepa.org or leave me a message on my cell. Email is best.

All permits require a site plan indicating the existing conditions and the improvements you are making. Make sure to indicate details, like: New 4 foot high wooden fence... An example has been provided. We can not add or make corrections to YOUR site plan.

Once you have completed the application and site plan, it can be emailed to me at code-mcguire@newcastlepa.org. If you cannot scan and email, you can mail it to the address below “ATTN Patrick McGuire” or set up a time to drop it off.

All permits are reviewed for Zoning compliance in addition to permit requirements and if required PA UCC building codes. A review can be completed in a few days or sometimes a few weeks depending on type of review required, so please plan for this.

Once it is approved or denied, I will contact you. If approved, I will give you a total payment due and how to pay. (check, money order, or online). If inspections are required, you will be given instructions on how and when to get these completed.

DO NOT START the project until you have approval and instructions! This error on your part may be very costly to you to show work by digging up footing, removing finishes or even removing what you had built.

If denied, I will contact you with the reason or the corrections needed to application.

Thanks,

Patrick McGuire,
Building Code Official PA #6808

230 N. Jefferson Street
New Castle, PA 16101
Code-Mcguire@newcastlepa.org
Cell: 724-971-4871

www.newcastlepa.org
APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

OWNER OR LESSEE NAME: ____________________________________________

ADDRESS: _______________________________________________________

CITY __________________________________ STATE ___________ ZIP ______

PHONE (________) ___________________________

LOCATION OF PROPERTY: ____________________________________________

MUNICIPALITY: ________________________ COUNTY _________________

DESCRIPTION OF CONSTRUCTION/IMPROVEMENT: _______________________

_________________________________________________________________

TOTAL SQ. FT. OF CONSTRUCTION/IMPROVEMENT: __________________________

ESTIMATED COST OF CONSTRUCTION/IMPROVEMENT: _______________________

BUILDER NAME: ____________________________________________________

DBA: _____________________________________________________________

ADDRESS: _______________________________________________________

CITY __________________________________ STATE ___________ ZIP ______

PHONE (_____ ) __________________________ BUDDER’S LICENSE NUMBER: ____________

LOCATION OF BUILDING/IMPROVEMENT

ADDRESS: _______________________________________________________

ZONING DISTRICT: _______________________________________________

BETWEEN: _______________________ AND ________________________

CROSS STREET _______________________ AND ________________________

CROSS STREET _______________________ AND ________________________

LOT: ___________ SECTION: ___________ WARD: ___________ PARCEL ID NO.: ____________

TYPE OF IMPROVEMENT

☐ NEW BUILDING ☐ ADDITION ☐ ALTERATION ☐ REPAIR, REPLACEMENT ☐ RELOCATION ☐ FOUNDATION ONLY

PROPOSED USE:

☐ GARAGE ☐ CARPORT ☐ SHED ☐ FENCE ☐ OTHER - SPECIFY: _______________________

_________________________________________________________________

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE: ____________________________  PRINT NAME: ____________________________  DATE: ____________________________

ZONING PLAN EXAMINERS NOTES

NOTES: ____________________________________________

FOR DEPARTMENT USE ONLY

BUILDING PERMIT APPLICATION □ APPROVED □ DENIED

BY: ____________________________

DATE: ____________________________

PERMIT NO. ____________________________

BUILDING PERMIT FEE $ ____________________________