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
CONSTRUCTION PERMIT APPLICATION

LOCATION OF PROPERTY

LOT & BLOCK OR PARCEL NUMBER

SUBDIVISION

MUNICIPALITY COUNTY

OWNER NAME

ADDRESS

CITY STATE ZIP

PHONE ( Email!

BUILDING PERMIT

☐ Commercial Use

☐ New Construction ☐ Alteration ☐ Repair ☐ Demolition ☐ Sign

DESCRIPTION OF CONSTRUCTION

TOTAL SQ. FT. OF CONSTRUCTION ESTIMATED COST OF CONSTRUCTION

ARCHITECT/ENGINEER NAME

ADDRESS

CITY STATE ZIP

PHONE ( FAX ( )

BUILDER NAME

DBA

ADDRESS

CITY STATE ZIP

PHONE ( FAX ( )


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

APPLICANT / AGENT SIGNATURE PRINT NAME DATE

★ ★ ★ ★ FOR DEPARTMENT USE ONLY ★ ★ ★ ★

BUILDING PERMIT APPLICATION ☐ APPROVED ☐ DENIED BUILDING PERMIT FEE $ 

BY DATE

PERMIT NO.

REASON(S) FOR DENIAL

OVER FOR SUBCODES PERMIT
PLUMBING PERMIT

☐ CONTRACTOR SAME AS BUILDER

CONTRACTOR ____________________________________________

ADDRESS ________________________________________________

CITY __________________________ STATE ______ ZIP ________

PHONE (_______) __________________________ FAX (_______)

PLUMBING SYSTEM
☐ New
☐ Additional
☐ Alterations

TYPE
☐ Public Sewer
☐ Private Septic

☐ Public Water
☐ Private Well

DESCRIPTION OF WORK

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ESTIMATED COST OF PLUMBING WORK

<table>
<thead>
<tr>
<th>NO.</th>
<th>EQUIPMENT</th>
<th>NO.</th>
<th>EQUIPMENT</th>
<th>NO.</th>
<th>EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Water Closet</td>
<td></td>
<td>Urinal/Bidet</td>
<td></td>
<td>Bath Tub</td>
</tr>
<tr>
<td></td>
<td>Lavatory</td>
<td></td>
<td>Shower</td>
<td></td>
<td>Floor Drain</td>
</tr>
<tr>
<td></td>
<td>Sink</td>
<td></td>
<td>Dishwasher</td>
<td></td>
<td>Drinking Fountain</td>
</tr>
<tr>
<td></td>
<td>Washing Machine</td>
<td></td>
<td>Hose Bibb</td>
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<td>Water Heater</td>
</tr>
<tr>
<td></td>
<td>Hot Water Boiler</td>
<td></td>
<td>Sewer Pump</td>
<td></td>
<td>Backflow Preventer</td>
</tr>
<tr>
<td></td>
<td>Greasestrap</td>
<td></td>
<td>Automatic Sprinkler System</td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
<td>Other:</td>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

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APPLICANT / AGENT SIGNATURE __________________________

PRINT NAME __________________________

DATE ____________

---

FOR DEPARTMENT USE ONLY

PLUMBING PERMIT APPLICATION
☐ APPROVED  ☐ DENIED

BY __________________________

PERMIT NO. __________________________

DATE ____________

PLUMBING PERMIT FEE $ ____________

PLAN REVIEW FEE $ ____________

TRAINING FEE $ 450

TOTAL PERMIT FEE $ ____________
ELECTRICAL PERMIT

☐ CONTRACTOR SAME AS BUILDER

CONTRACTOR__________________________

ADDRESS ____________________________________________

CITY__________________ STATE____ ZIP________

PHONE (_______) ______________ FAX (_______)

TYPE OF ELECTRICAL WORK  ☐ New  ☐ Additional  ☐ Alterations

UTILITY COMPANY __________________________

WORK ORDER NUMBER ________________________

DESCRIPTION OF WORK ________________________________

ESTIMATED COST OF ELECTRICAL WORK

<table>
<thead>
<tr>
<th>NO.</th>
<th>EQUIPMENT</th>
<th>NO.</th>
<th>SIZE</th>
<th>EQUIPMENT</th>
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<th>SIZE</th>
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<tbody>
<tr>
<td></td>
<td>Luminaries</td>
<td></td>
<td></td>
<td>AMP Service Panel</td>
<td></td>
<td></td>
<td>KW Electric Range Receptacle</td>
</tr>
<tr>
<td></td>
<td>Receptacles</td>
<td></td>
<td></td>
<td>AMP Sub-Panels</td>
<td></td>
<td></td>
<td>KW Oven/Surface Unit</td>
</tr>
<tr>
<td></td>
<td>Switches</td>
<td></td>
<td></td>
<td>AMP Sub-Panels</td>
<td></td>
<td></td>
<td>KW Electric Water Heater</td>
</tr>
<tr>
<td></td>
<td>Detectors</td>
<td></td>
<td></td>
<td>KW Dishwasher</td>
<td></td>
<td></td>
<td>HP/KW Space Heater</td>
</tr>
<tr>
<td></td>
<td>Pole Luminaries</td>
<td></td>
<td></td>
<td>HP Garbage Disposal</td>
<td></td>
<td></td>
<td>KW Electric Dryer Receptacle</td>
</tr>
<tr>
<td></td>
<td>Spa/Hot Tub</td>
<td></td>
<td></td>
<td>KW Central A/C Unit</td>
<td></td>
<td></td>
<td>KW Baseboard Heat</td>
</tr>
<tr>
<td></td>
<td>Swimming Pool</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other: Fire Alarm System</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Other: Cable/Cat 5</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Other: Phone</td>
<td></td>
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</tbody>
</table>

☐ Above Ground  ☐ In Ground

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

APPLICANT / AGENT SIGNATURE __________________________________________

PRINT NAME __________________________ DATE ______________

FOR DEPARTMENT USE ONLY

ELECTRICAL PERMIT APPLICATION  ☐ APPROVED  ☐ DENIED

BY __________________________ DATE ______________

PERMIT NO. __________________________

ELECTRICAL PERMIT FEE $ ______________
PLAN REVIEW FEE $ ______________
TRAINING FEE $ 450
TOTAL PERMIT FEE $ ______________

OVER FOR SUBCODES PERMIT
MECHANICAL PERMIT

☐ CONTRACTOR SAME AS BUILDER

CONTRACTOR ____________________________

ADDRESS ____________________________________________________________

CITY ____________________________ STATE __________ ZIP __________

PHONE (_____) ________________________ FAX (_____) ____________________

HEATING SYSTEM
☐ New
☐ Replacement

FUEL
☐ Gas
☐ Oil
☐ Electric
☐ Solar

TYPE
☐ Hydronic
☐ Forced Air

DESCRIPTION OF WORK ____________________________________________________

ESTIMATED COST OF MECHANICAL WORK

<table>
<thead>
<tr>
<th>NO.</th>
<th>EQUIPMENT</th>
<th>NO.</th>
<th>EQUIPMENT</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Water Heater</td>
<td></td>
<td>Fuel Oil Piping</td>
<td></td>
<td>Gas Piping</td>
</tr>
<tr>
<td></td>
<td>Steam Boiler</td>
<td></td>
<td>Hot Water Boiler</td>
<td></td>
<td>Hot Air Furnace</td>
</tr>
<tr>
<td></td>
<td>Oil Tank</td>
<td></td>
<td>LPG Tank</td>
<td></td>
<td>Fireplace</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Plan Required

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APPLICANT / AGENT SIGNATURE ____________________________________________

PRINT NAME ____________________________ DATE _______________________

FOR DEPARTMENT USE ONLY

MECHANICAL PERMIT APPLICATION
☐ APPROVED ☐ DENIED

BY ____________________________ DATE ____________________________

PERMIT NO. ____________________________ MECHANICAL PERMIT FEE $ ________

PLAN REVIEW FEE $ ________

TRAINING FEE $ 450

TOTAL PERMIT FEE $ ________