

Borough of Jim Thorpe  
101 East 10<sup>th</sup> Street  
Jim Thorpe, PA 18229  
570-325-3025 / Fax: 570-325-8154

Submit To: Borough of Jim Thorpe  
All fees payable to Borough of Jim Thorpe

Please Print Clearly

Date: \_\_\_\_\_

Work Site Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Third-Party Inspection Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Third-Party Agency Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**TYPE OF WORK (Please check either "Residential" or "Non-Residential" below and provide all information requested):**

<input type="checkbox"/> Residential Project	Description: _____	Cost: _____
New building square footage (excluding garage) _____ (all floors)		Finished basement square footage: _____ (if applicable)

<input type="checkbox"/> Non-Residential Project	Description: _____	Cost: _____
Check One:	<input type="checkbox"/> New Building <input type="checkbox"/> Existing Building	New building square footage _____ (all floors)

I hereby certify that the proposed work is authorized by the owner of record and that I am, or have been, authorized to make application as his/her authorized agent and agree to conform to all applicable laws of the jurisdiction.

\_\_\_\_\_  
(Print Name) (Signature) (Date)

OFFICIAL USE ONLY			
Date Received: _____	Fees Paid:	Residential: _____	Cash/Check: _____
		Non-Residential: _____	Cash/Check: _____