

Permit # \_\_\_\_\_ Tax Parcel # \_\_\_\_\_ Applicant \_\_\_\_\_  
Date of Application \_\_\_\_\_ Fee \$ (WAIVED)

**Application for Zoning Permit – REPAIR/DEMOLISH/ELEVATE FLOOD DAMAGED STRUCTURE**  
**Borough of Selinsgrove**

Permit Application to (check all that apply):

Repair                       Principal                       Residential                       Building  
 Demolish                       Accessory                       Non-Residential                       Structure (incl. fences, walls)  
 Elevate                       Non-Conforming

Applicant Name/Contact: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_

Applicant Contact Phone # / FAX # / email address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Building or structure located at (street address or physical location): \_\_\_\_\_

**PLEASE COMPLETE THIS PORTION OF THE FORM FOR EACH STRUCTURE WHICH IS PROPOSED TO BE REPAIRED, DEMOLISHED, AND/OR ELEVATED** (attach separate sheets as needed)

[Call the Borough Office at 374-2311 or stop in our office M-F, 9 AM to 4 PM for assistance in completing this form]

Existing or most recent use of structure: \_\_\_\_\_

Brief description of proposed repairs, demolition and/or raising of the structure:

\_\_\_\_\_

Does structure have a basement [ ], crawl space [ ], and/or garage/storage space [ ] under the first habitable floor?

What was the depth of water within basement, crawl space or garage/storage space? \_\_\_\_\_ feet

What was the depth of water on the first habitable floor of the structure? \_\_\_\_\_ inches

Was there any damage to the supporting structures (i.e. cracked, displaced, collapsed foundation walls or exterior or interior walls of the structure above the foundation)? YES [ ] NO [ ] UNKNOWN [ ]

Describe all significant damage to each of the following elements of the structure:

Foundation: \_\_\_\_\_

Floor structure: \_\_\_\_\_

Flooring: \_\_\_\_\_

Exterior walls: \_\_\_\_\_

Roof: \_\_\_\_\_

Interior walls: \_\_\_\_\_

Plumbing, including water heater/ water softener: \_\_\_\_\_

Heating/Air Conditioning, including furnace, heat pump, air handler: \_\_\_\_\_

Electrical system, including water in breaker box: \_\_\_\_\_

Do you have Flood Insurance? YES [ ] NO [ ]

Have you had prior Flood Insurance claims for the structure defined above? YES [ ] NO [ ] UNKNOWN [ ]

If so, list the amount of the damage claims for any prior damage: \_\_\_\_\_

Have you had any prior damage from any cause (fire, wind, tree, vehicle or anything else hitting or otherwise damaging the structure, etc.) since 1978 that were not covered by Flood Insurance? YES [ ] NO [ ] UNKNOWN [ ]

If so, list the date and estimated cost of any prior damage: \_\_\_\_\_

Estimated replacement cost of entire structure: \$ \_\_\_\_\_, source of estimate: \_\_\_\_\_

Estimated damage to contents: \$ \_\_\_\_\_, source of estimate: \_\_\_\_\_

Additional Comments/Explanations of the above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

