

Borough of Carlisle  
53 W. South Street  
Carlisle, PA 17013  
Phone: (717) 240-6930  
FAX: (717) 249-5587



This permit will not be processed until all required information is submitted.

**APPLICATION FOR TEMPORARY  
COMMERCIAL STRUCTURES**

**ADDRESS:**

Address of where the work is to be performed: \_\_\_\_\_

Type of Permit:  Industrial     Commercial    Is the property located in the Historic District?  Yes  No

**APPLICANT INFORMATION:**

Property Owner/Lessee: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor ID #: \_\_\_\_\_

**The Borough of Carlisle does not verify the registration of home improvement contractors. Applicants are advised to verify the registration of home improvement contractors by referring to the website of the PA Office of Attorney General, ([www.attorneygeneral.gov/hic.aspx](http://www.attorneygeneral.gov/hic.aspx)) or by calling this toll-free number: 1-888-520-6680.**

**DESCRIPTION OF WORK TO BE PERFORMED, INCLUDING SIZE (SQ.FT.) OF WORK AREA:**

**WORKER'S COMPENSATION INSURANCE**

Yes - current certificate of insurance is on file with the Carlisle Borough Department of Public Works.  
 No - see sworn affidavit attached hereto.

**CERTIFICATION**

I hereby certify that the information contained herein is complete and accurate, that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and that I agree to conform to all applicable laws of the Borough of Carlisle. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to make necessary inspections and to enforce the provisions of the code(s) applicable to such permit.

\_\_\_\_\_  
Signature of Owner or Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Owner or Contractor

**FOR CODE DEPARTMENT USE ONLY**

Permit #	Date Issued:	Issued by:	Fee: N/A
----------	--------------	------------	----------