



# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Provide certificates of insurance for ALL CONTRACTORS listed and PA Contractors License Numbers when applicable. Include PPL Job Number, provide descriptions of work on application and include telephone numbers. Follow **APPLICANT INSTRUCTIONS**.

**APPLICANT INSTRUCTIONS:** For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete Part 6. If plumbing work, complete Part 7. If mechanical work, complete Part 8. For other permits (Grading Permits), complete Part 9. Attach Site Plans and Project Narratives.

Application Date:  / /	Permit Type:  <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other (See item 9)	Is Owner the Applicant?  <input type="checkbox"/> Yes <input type="checkbox"/> No
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### 1. PROPERTY INFORMATION

Street Address	Apt. #	Zip Code	PIN Number	Zoning District
Subdivision	Phase	Lot Number	Parcel Type <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other	

### 2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State      Zip

### 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	STREET ADDRESS	CITY	STATE	PHONE NUMBER
Applicant (not owner)					
Architect/Engineer					
General Contractor					
Excavation					
Concrete					
Carpentry					
Electrical					
Plumbing					
Sewer					
Mechanical					
Drywall					
Sprinkler					
Paving					
Fire Alarm					
Other					

### 4. CERTIFICATION

I hereby certify 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/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RESPONSIBLE PERSON IN CHARGE OF WORK

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PHONE NUMBER

### 5. BUILDING PERMIT APPLICATION

<b>Application For:</b> <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation Only <input type="checkbox"/> Accessory Building <input type="checkbox"/> Temporary Building <input type="checkbox"/> Parking Lot <input type="checkbox"/> Grading Only <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical	<b>Proposed Use:</b> <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Townhome <input type="checkbox"/> Multi-Family <input type="checkbox"/> Place of Assembly <input type="checkbox"/> Business (Office) <input type="checkbox"/> Educational <input type="checkbox"/> Factory or Industrial <input type="checkbox"/> Warehouse/Distribution <input type="checkbox"/> Institutional <input type="checkbox"/> High Hazard <input type="checkbox"/> Mercantile (Store)	<b>Construction Type:</b> <b>Structural Frame:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other <b>Exterior Walls:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	<b>Structure Information:</b> Int. Floorspace _____ sq. ft. No. of Units _____ # of Bedrooms _____ # of Stories _____ Building Height _____ ft Gross Area * _____ sq. ft. * Include basement, garage, porch and decks (1st and 2nd floor) Lot Sq. Ft. _____ sq. ft. Bldg Sq. Ft. _____ sq. ft. % Bldg Coverage _____ sq. ft. Est. Start Date _____ Est. Finish Date _____ Construction Cost \$ _____ PA ONE CALL # _____ Date _____
<b>Detailed Description of Proposed Work:</b> _____ _____ _____			

### 6. ELECTRICAL PERMIT APPLICATION

<b>Electrical Work</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Service: _____ amps.					
# of Circuits:    _____ 2 wire    _____ 3 wire    _____ 4 wire		Number of Service Outlets: _____ 120 V					
PPL # _____		_____ 240 V					
	<b>Power Devices</b>	<b>No.</b>	<b>Output/Load</b>		<b>Power Devices</b>	<b>No.</b>	<b>Output/Load</b>
1			7				
2			8				
3			9				
4			10				
5							
6			Total Number of Motors				
Utility Service Revisions: _____ _____							
Est. Start _____		Est. Finish _____		Electrical Work		Est. Value \$ _____	

### 7. PLUMBING PERMIT APPLICATION

<b>Plumbing Work</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
Enter the Number of Fixture Being Installed, Replaced or Repaired							
Tubs/showers		Laundry Tubs		Sump Pumps		Inside Downspouts	
Shower Stalls		Dishwashers		Grease Traps		Swimming Pools	
Lavatories		Garbage Disposals		Bidets		Standpipes	No. of Outlets
Toilets		Drinking Fountains		Back Flow Preventers		Fire Sprinklers	No. of Heads
Urinals		Floor Drains		Water Pumps		Lawn Sprinklers	No. of Heads
Sinks		Water Softeners		Roof Openings			
Water Heaters		Sewage Ejectors		Parking Lot Drains			
						Total Fixtures:	
Public Water (Y/N) _____		Public Sewer (Y/N): _____		Water Service Size (in.): _____		Water Meter Size (GPD): _____	
Utility Service Revisions: _____ _____							
Est. Start _____		Est. Finish _____		Plumbing Work		Est. Value \$ _____	

### 8. MECHANICAL PERMIT APPLICATION

<b>Mechanical Work</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Service: _____ amps.	
<b>Enter the Number of New or Replacement Units</b>			
Forced Air Furnace		Incinerator	Air Handling Unit
Unit Heater		Boiler/Water Heater	Heat Pump
Gas/Oil Conversion		Coil Unit	Air Cleaner
Space Heater		Window A/C Unit	Kitchen Exhaust Hood
Gravity Furnace		Split System A/C	Hazardous Exhaust System
Solid Fuel Appliance		A/C Compressor	Electric Furnace
Type of Heating Fuel (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other _____			
Utility Service Revisions: _____ _____			
Est. Start	Est. Finish	Mechanical Work	
_____	_____	Est. Value	\$ _____

### 9. OTHER REQUIRED PERMIT APPLICATION(S)

<b>Permit Type:</b> _____		
Description of Work: _____ _____ _____ _____ _____ _____		
Est. Start	Est. Finish	Est. Value
_____	_____	\$ _____

### 10. FEES AND APPROVALS

Approval:	REVIEWER	N/A	DENIAL	DATE	Fees:	
<input type="checkbox"/> PLANNING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Building Permit	\$ _____ -
<input type="checkbox"/> ZONING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Electrical Permit	\$ _____ -
<input type="checkbox"/> BUILDING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Plumbing Permit	\$ _____ -
<input type="checkbox"/> ELECTRIC	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Mechanical Permit	\$ _____ -
<input type="checkbox"/> PLUMBING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Plan Review	\$ _____ -
<input type="checkbox"/> FIRE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Administration (20%)	\$ _____ -
<input type="checkbox"/> PUBLIC WORKS	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Re-Review Fee	\$ _____ -
<input type="checkbox"/> Sewer Allocation Fee:	\$ _____	-			<input type="checkbox"/> Re-Review Admin Fee	\$ _____ -
<input type="checkbox"/> Sewer Tapping Fee:	\$ _____	-			<input type="checkbox"/> PA Act 157 Fee	\$ _____ 4.00
<input type="checkbox"/> Other:	\$ _____	-			<b>Total</b>	<b>\$ _____ -</b>
	\$ _____	-				

<b>Approval Conditions:</b>	U.C.CONSTRUCTION TYPE: _____ USE CLASSIFICATION: _____ OCCUPANT LOAD: _____
_____ _____ _____	

<b>PERMIT ISSUED BY:</b> _____	<b>TITLE:</b> _____	<b>DATE:</b> _____
If not picked up by the Applicant, Building Permit expires one-hundred and eighty (180) days after approval.		