Date	/	' /	1

## APPLICATION FOR PLAN REVIEW

&

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

Street Address:				· · · · · · · · · · · · · · · · · · ·		Da1		7	ina
5						Parcel		Zoni	ing
Subdivision:							Lot Type		
Municipality	·				County				
			O	WNER	ADDRES	S			
ast name or Busines	SS				First name	***		Phone Email	
Address					City			State	Zip
			TY	PE OF	APPLICA	ATION			
□ Building □ Plumbing		Electrical Mechanical			ssibility Suppression		Alarm upancy	(	Other
Type of Work (Check all that apply)  □ New Construction □ Additional construction □ Alteration/Structural/Egress Change □ Repair/Renovation □ IBC □ IEBC (1□ 2□ 3□) □ Foundation Permit □ Change of Use/Occupancy □ Initial Certificate of Occupancy				(Check all that apply)  □ IA IV  □ 1B  □ IIA VB  □ IIB VA  □ IIIA □ Separate Use  □ IIIB □ Non-separated Use		Building Code Inspector (select 1)  □ CCSI □ ABI			
<ul><li>☐ Foundation Pe</li><li>☐ Change of Use</li></ul>	ation □ IBC c ermit e/Occupancy	□ IEBC (1□ 2□	3□)	□ IIB □ IIIA	VA □ Separate Use		□ CCSI	Code Inspe	ector (select 1)
□ Foundation Pe □ Change of Use □ Initial Certifica	ation □ IBC cermit ermit e/Occupancy ate of Occupa	□ IEBC (1□ 2□	30)	□ IIB □ IIIA □ IIIB	VA □ Separate Use		□ CCSI □ ABI	Code Insperience	
Jse Group (List A1 A2 A3 A4 A5 B	ation □ IBC cermit ermit e/Occupancy ate of Occupa	□ IEBC (1□ 2□	30)	☐ IIB ☐ IIIA ☐ IIIB ☐ IIIA ☐ IIIB ☐ IIII	VA □ Separate Use □ Non-separat  paration e Use separated Uses	ed Use	CCSI ABI  Fire Sup Type: Wet ('# Dry (\V #	Water) Standard Vater) Standard Standard	
□ Foundation Pe □ Change of Use □ Initial Certifica  Use Group (List  A1  A2  A3  A4  A5	ation □ IBC crimit e/Occupancy ate of Occupa  all)  H1 H2 H3 H4 H5  I1 I2 I3 □ I4	R1 R2 R3 R4		☐ IIB ☐ IIIA ☐ IIIB ☐ IIIA ☐ IIIB ☐ IIII	VA  □ Separate Use □ Non-separat  paration e Use ated Uses separated d Use ental Use Use Use	ed Use	CCSI ABI  Fire Sup Type: Wet ('# Dry (V#	Water) Standard Vater) Standard Standard	ist all)

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Description of proposed	d project:						
				,			
		Electr	ical Pe	rmit Information	l		
Electrical Service Size							
Amps	Power Cor	mpany Name_					
Volts	Power Cor	npany Job #					
Ø							
General outlets:		120 vol	t	240 vo	olt		
Circuits:		2 wire		3 wire	_		_4 wire
Device Name	Watts	Amps	#	Device Name	Watts	Amps	#
		1					
		:					
Cr. t Date		inial Dete		Value ofd-			
Start Date		inish Date		Value of work			

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# **Plumbing Permit Information**

Water Service SizeIn. Dia.	Water Comp	pany Name_ pany Job #						
Pressure a	t main (PSI)		S	upply at r	nain (GPM)			
Supply branches:	Hot	Co	old	Total D	emand:	GPM	PSI	
Fixture Name	GPM	PSI	#	Fixture	Name	GPM	PSI	#
□ Sewer Sewer	Company Nan	me			Job #			****
Size of Main			f Lateral_			city of System_		
Size of Tank		Size o				city of System_		
Size of Failk					Outflow			
Fixture Name	Drain (in)	Vent(in)	DFU	Fixture		Drain (in)	Vent(in)	DFU
Pixture Ivanie	Drain (iii)	vent(m)	bro	Tixture		Diam (m)	v circ(iii)	
								<del>VI. 15. 1</del>
100								
***************************************								
					,,			
				<u></u>				·
Grease Trapgal.	Garbage Dis	sposal #	Aiı	r Admittaı	nce Valve #	Back Fl	ow Preventer	#
Start Date	Fin	ish Date			Value of Plumbir	ng Work		

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## **Mechanical Permit Information**

Number of systems	Type(s)			
SYSTEM	BTU	FUEL	VENT TYPE (+R-?)	FUNCTION (Heat? Cool? Water? Vent?)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				1,444
uel Gas? □ yes □ no	Public?	ves □ no Pipi	ng Type(s)	
il? □ yes □ no	Tank Capac	ity?	Uno	derground? □ yes □ no
ectric? □ ves □ no	Total KW			

Fuel Gas? □ yes	□ no	Public?	⊃ u yes	□ no Piping Type(s)_		
Oil? 🗆 yes	□ no	Tank C	apacity?_			Underground? □ yes □ no
Electric? □ yes	□ no	Total k	ζW			
Duct Detectors?		□ yes	□ no	Number of Zones?		Type?
Kitchen Hood?		□ yes	□ no	Fire Suppression System?	□ yes	□ no Type?
Hazardous Exhau	st?	□ yes	□ no	Fire Suppression System	□ yes	□ no Type?
Fire Dampers?		□ yes	□ no	Smoke Dampers	□ yes	□ no
Smoke Control S	ystem?	□ yes	□ no	Governing Code Section(s	s)	
Regular Exhaust	Fans?	□ yes	□ no	Number?		Duct Type(s)
Fireplace?	□ yes	□ no	Number	r?		
Gas?	□ yes	□ no	Piping	Туре		Vent Type
Masonry?	□ yes	□ no	Materia	I Type		Chimney Type
Electric?	□ yes	□ no	Kw?			
Start Date			Finish Da	te	Value of	work

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## Fire Alarm Permit Information

Requiring	g Code Section						
Type(s) o	of Wiring						
Battery B	ack Up	□ no	Generator	□ yes □ no			
Number of	of Zones		NASA-FIRM				
Type(s) c	of System(s)						
Type(s) o	of Detectors(s)						
		·	heat, infrared,	•			
Types of	Initiating Tests						
Start Date			Finish Date		Value of	Work	
						<b></b>	
			Fire St	uppression Sys	stem P	Permit	
Requiring	g Code Section(s)						Number of Systems
Design:	NFPA 13	□ yes	□ no	Wet System	□ yes	□ no	Number
	NFPA 13R	□ yes	□ no	Dry System	□ yes	□ no	Number
	System Type	Piping	Type Syste	em Design Pressure (	PSI)	System	Design Capacity (GPM)
<del></del>							
				W-1004			
Altamata	Systems □ yes	□ no	Pre-action	□ yes □ no	Numbai	r of Syste	ame
				Т	Nullibei	Ι	
System	1 ype	Chemic	aı	Capacity		Keleren	ce Standard(s)
Start Date			Finish Date		Value of	l Work	

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PROPOSED DI	EFERREI	SUBM	ITTALS	Design Professional in Respons	sible Charge
☐ Foundation Permit	ЕТА _	/		Name:	
□ Structural Steel	ЕТА _	/		Registration Number	NF V-1
□ Fire Suppression	ЕТА _	/			
□ Fire Alarm	ETA _	/		Seal:	
□ Roof Truss	ЕТА _				
□ Floor Truss	ETA _	/			
□ Spec Books	ЕТА _	/			
FAILURE TO FILL O	OUT THE PER	MIT APPLIC	CATION COMPLET	ELY MAY RESULT IN DELAYS OR REJECTION	N OF APPLICATION
described has been author	orized by the ov t the Code Offic	vner of record cial or his dele	d, and I agree to confo egated representative	rized by the owner of record to submit this application to all applicable local, state, and federal laws go shall have the authority to enter the areas in which governing this project.	verning the execution
Applicant			Date	Phone	
Fax		Email	I	Mobile	
			DEDCO:	RYRYEDY	
			PERSO	NNEL	
			General Co	ontractor	
General Contractor					
Contact Person	***************************************		Are ther	re other prime contractors? □ yes □ no If yes, list	separately.
Street Address					
City			State	Zip	
Phone					
Mobile					·
Fax					
Email					

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#### Architect

Architect in Responsible Charge			
Lead Architect	Contact Person		
Street Address			
City	State	Zip	
Phone			
Mobile			
Fax			
Email			
	Structural Engineer		
Firm			
Lead Engineer	Contact Person		
Street Address	4.500		
City	State	Zip	
Phone			· 
Mobile		44-94-18-1	
Fax			
Email			
	Electrical Engineer		
Firm			
Lead Engineer	Contact Person		
Street Address			
City	State	Zip	
Phone			
Mobile			
Fax			A14,472-74
Email			

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#### Mechanical Engineer

Architect in Responsible Charge			-
Lead Architect	Contact Person	1	
Street Address			a maliforni de maliforni de de del del del del del del del del d
City	State	Zip	
Phone			
Mobile			<del></del>
Fax		134444	<del></del>
Email			
	Plumbing Engine	er	
Firm			
Lead Engineer	Contact Person	1	
Street Address			
City	State	Zip	
Phone			
Mobile			
Fax			A
Email			
	Fire Alarm Engineer / I	Jesigner	
And the second s	THE MAIN BIGINST 7	o congress	
Firm	A		
Lead Engineer/Designer	Conta	ct Person	
Street Address			
City	State	Zip	
Phone			
Mobile			
Fax			
Email			

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#### Fire Suppression Engineer / Designer

Firm		4 - 41-451 (1977)	
Lead Engineer			
Street Address			
City	State	Zip	
Phone			***************************************
Mobile			
Fax			
Email			

#### **NOTICE**

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by the Code Official, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to Code Official for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through the Code Official with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM by the Codes Official and provided their schedule allows for this flexibility.

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