

Date ___ / ___ / ___

APPLICATION FOR PLAN REVIEW & APPLICATION FOR COMMERCIAL BUILDING PERMIT

PROPERTY ADDRESS

Street Address:	Parcel	Zoning
Subdivision:	Lot	Type
Municipality	County	

OWNER ADDRESS

Last name or Business	First name	Phone	
		Email	
Address	City	State	Zip

TYPE OF APPLICATION

<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical	<input type="checkbox"/> Accessibility <input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Occupancy	<input type="checkbox"/> Other
Type of Work (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Additional construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy		Type of Construction (Check all that apply) <input type="checkbox"/> IA <input type="checkbox"/> IV <input type="checkbox"/> IB <input type="checkbox"/> VB <input type="checkbox"/> IIA <input type="checkbox"/> VA <input type="checkbox"/> IIB <input type="checkbox"/> Separate Use <input type="checkbox"/> IIIA <input type="checkbox"/> Non-separated Use <input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use		Previous L&I Certificate #(s) Building Code Inspector (select 1) <input type="checkbox"/> CCSI <input type="checkbox"/> ABI
Use Group (List all) A1 H1 R1 A2 H2 R2 A3 H3 R3 A4 H4 R4 A5 H5 B I1 S1 I2 S2 <input type="checkbox"/> E I3 U I4 <input type="checkbox"/> F1 <input type="checkbox"/> F2 M		Fire Separation <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-separated Mixed Use <input type="checkbox"/> Incidental Use Main Use _____		Fire Suppression (List all) Type: <input type="checkbox"/> Wet (Water) # _____ Standard _____ <input type="checkbox"/> Dry (Water) # _____ Standard _____ <input type="checkbox"/> Chemical # _____ Standard _____ Type _____
Start Date	Finish Date	Total Value of All Work		

FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

Municipal Tracking #

Permit #

Plan Review #

Description of proposed project:

Electrical Permit Information

Electrical Service Size

_____ Amps Power Company Name _____
 _____ Volts Power Company Job # _____
 _____ Ø

General outlets: _____ 120 volt _____ 240 volt
 Circuits: _____ 2 wire _____ 3 wire _____ 4 wire

Device Name	Watts	Amps	#	Device Name	Watts	Amps	#

Start Date	Finish Date	Value of work
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Fire Alarm Permit Information

Requiring Code Section _____		
Type(s) of Wiring _____		
Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no Generator <input type="checkbox"/> yes <input type="checkbox"/> no		
Number of Zones _____		
Type(s) of System(s) _____		
Type(s) of Detectors(s) _____ Smoke, heat, infrared, ultraviolet, etc.		
Types of Special Applications _____		
Types of Initiating Tests _____		
Start Date	Finish Date	Value of Work

Fire Suppression System Permit

Requiring Code Section(s) _____ Number of Systems _____

Design: NFPA 13 <input type="checkbox"/> yes <input type="checkbox"/> no	Wet System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no	Dry System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
System Type	Piping Type	System Design Pressure (PSI)
		System Design Capacity (GPM)

Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no Number of Systems _____			
System Type	Chemical	Capacity	Reference Standard(s)
Start Date	Finish Date	Value of Work	

PROPOSED DEFERRED SUBMITTALS

Design Professional in Responsible Charge

- Foundation Permit ETA _____ / _____ / _____
- Structural Steel ETA _____ / _____ / _____
- Fire Suppression ETA _____ / _____ / _____
- Fire Alarm ETA _____ / _____ / _____
- Roof Truss ETA _____ / _____ / _____
- Floor Truss ETA _____ / _____ / _____
- Spec Books ETA _____ / _____ / _____

Name: _____

Registration Number _____

Seal:

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I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant _____ Date _____ Phone _____

Fax _____ Email _____ Mobile _____

PERSONNEL

General Contractor

General Contractor _____

Contact Person _____ Are there other prime contractors? yes no If yes, list separately.

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

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_____
City_____ State_____ Zip_____
Phone_____
Mobile_____
Fax_____
Email_____

Electrical Engineer

Firm_____
Lead Engineer_____ Contact Person_____
Street Address_____
City_____ State_____ Zip_____
Phone_____
Mobile_____
Fax_____
Email_____

Mechanical Engineer

Architect in Responsible Charge _____		
Lead Architect _____	Contact Person _____	
Street Address _____		
City _____	State _____	Zip _____
Phone _____		
Mobile _____		
Fax _____		
Email _____		

Plumbing Engineer

Firm _____		
Lead Engineer _____	Contact Person _____	
Street Address _____		
City _____	State _____	Zip _____
Phone _____		
Mobile _____		
Fax _____		
Email _____		

Fire Alarm Engineer / Designer

Firm _____		
Lead Engineer/Designer _____	Contact Person _____	
Street Address _____		
City _____	State _____	Zip _____
Phone _____		
Mobile _____		
Fax _____		
Email _____		

Fire Suppression Engineer / Designer

Firm	_____
Lead Engineer	_____ Contact Person
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.