



Date Received  
Date Issued  
Permit #

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

R/N  
R/O  
C/N  
C/O

Work Site Location \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ PA, HIC # \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required				Footings				
<input type="checkbox"/> All				Foundation				
<input type="checkbox"/> Footing				Slab				
<input type="checkbox"/> Foundation				Frame				
<input type="checkbox"/> Frame				Barrier-Free				
<input type="checkbox"/> Other				Insulation				
Joint Plan Review Required:				Finishes				
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Mechanical				
SUBCODE APPROVAL				TCO				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA		Other				
Date: _____				Final				
Approved by: _____				Barrier-Free				

**B. BUILDING CHARACTERISTICS**

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure		
Area — Largest Floor		
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

**Dates (Month/Day)**

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_
2. Alteration \$ \_\_\_\_\_
3. Total (1+2) \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**TYPE OF WORK:**

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence \_\_\_\_\_
- Sign \_\_\_\_\_
- Pool \_\_\_\_\_
- Asbestos Abatement
- Lead Haz. Abatement
- Other \_\_\_\_\_
- Demolition

Height (exceeds 6')  
Sq. Ft.

**FEE (Office Use Only)**

Administrative Surcharge	\$ _____
UCC Inspection	\$ _____
PA L&I	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

1 White = Inspector Copy  
2 Canary = Office Copy  
3 Pink = Office Copy  
4 Gold = Applicant Copy