

2 sets of plans

# APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Applicable Codes: 2009 IBC/IRC, 2012 IBC Chapter 11, 2009 ICC A11 7.1

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application Date \_\_\_\_\_ Permit Application No. \_\_\_\_\_

## 1. PROPERTY INFORMATION

Owner: \_\_\_\_\_ Tax Map: \_\_\_\_\_

Site Address: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ Use Permit No. \_\_\_\_\_

Use:  Single-Family Dwelling / Duplex  Multi Family  New Manufactured Home  Relocated Manufactured Home  
 Commercial  Other \_\_\_\_\_ Floodplain present:  Yes  No

Improvement Type:  New  Addition  Alteration  Repair/Replacement  Relocation  Other \_\_\_\_\_

## 2. BUILDING OWNER'S INFORMATION

First Name \_\_\_\_\_ Mi. \_\_\_\_\_ Last Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 3. BUILDING PERMIT APPLICATION

Provide below description of Work: (Also provide details on plot plan: Show all improvements on lot & approx. distances to lot lines)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Lot Area: \_\_\_\_\_ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_

ICC Use Group: \_\_\_\_\_ ICC Construction Type: \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 4. CERTIFICATION

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. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and 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 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. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME (legibly): \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

(TURN PAGE OVER)

**5. CONTRACTOR INFORMATION**

Please list additional general contractor information on additional sheet(s) if needed.

Additional sheet(s) attached

Name of Contractor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contractor Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person in Charge of Work: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Workman's Compensation Insurance:  Provided  On Record  Exempt PA Home Improvement Contr. Reg. # \_\_\_\_\_

**6. PROJECT DETAILS**

Trades:  Building  Electrical Work  Plumbing Work  Mechanical Work (HVAC)  Fire Suppression/Fire Alarm System

Heat Source (if applicable): \_\_\_\_\_ Fuel Type: \_\_\_\_\_

Foundation Type:  Crawlspace  Foundation  Slab at Grade  Piers  Other: \_\_\_\_\_

**7. SUBCONTRACTOR INFORMATION**

Please list subcontractors for major trades. Use additional sheet(s) if needed.

Additional sheet(s) attached

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

For official use only

**9. OFFICE INFORMATION**

APPLICATION FEE: \$ \_\_\_\_\_ ISSUANCE DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INSPECTION FEES \$ \_\_\_\_\_ EXTENSION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

APPLICATION IS:  GRANTED  DENIED  INCOMPLETE: \_\_\_\_\_

SIGNATURE OF PERMIT OFFICER: \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.**