

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
		Fax
Address	City	State Zip

TYPE OF APPLICATION

☐ Building ☐ Plumbing	☐ Electrical ☐ Mechanical	☐ Accessibility ☐ Fire Suppression	☐ Fire Alarm ☐ Occupancy	☐ 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		Type of Construction (Check all that apply) ☐ IA ☐ IV ☐ 1B ☐ IIA ☐ VB ☐ IIB ☐ VA ☐ IIIA ☐ Separate Use ☐ IIIB ☐ Non-separated Use		Previous L&I Certificate #(s)
Use Group (List all) ☐ A1 ☐ H1 ☐ R1 ☐ A2 ☐ H2 ☐ R2 ☐ A3 ☐ H3 ☐ R3 ☐ A4 ☐ H4 ☐ R4 ☐ A5 ☐ H5 ☐ B ☐ I1 ☐ S1 ☐ ☐ I2 ☐ S2 ☐ E ☐ I3 ☐ U ☐ F1 ☐ I4 ☐ F2 ☐ M		Fire Separation ☐ Single Use ☐ Separated Uses ☐ Non-separated Mixed Use ☐ Incidental Use Main Use _____		Fire Suppression (List all) Type: ☐ Wet (Water) # _____ Standard _____ ☐ Dry (Water) # _____ Standard _____ ☐ Chemical # _____ Standard _____ Type _____
Start Date		Finish Date		Total Value of All Work

Municipal Tracking #

Permit #

Plan Review #

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

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				

Plumbing Permit Information

Water Service Size							
In. Dia. _____		Water Company Name _____					
_____		Water Company Job # _____					
Pressure at main (PSI) _____				Supply at main (GPM) _____			
Supply branches: _____ Hot _____ Cold _____		Total Demand: _____		GPM _____		PSI _____	

Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#

☐ **Sewer** Sewer Company Name _____ Job # _____
 Size of Main _____ in. Size of Lateral _____ in. Capacity of System _____ dfu

☐ **Septic** S.E.O. Name _____ Job # _____
 Size of Tank _____ gal. Size of Lateral _____ in. Capacity of System _____ dfu.
 Size of Building Drain _____ in. Total Calculated Outflow _____ dfu

Fixture Name	Drain (in)	Vent(in)	DFU	Fixture Name	Drain (in)	Vent(in)	DFU

Grease Trap _____ gal. Garbage Disposal # _____ Air Admittance Valve # _____ Back Flow Preventer # _____

Start Date _____	Finish Date _____	Value of Plumbing Work _____
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Mechanical Permit Information

Number of systems	Type(s)			
SYSTEM	BTU	FUEL	VENT TYPE (+R-?)	FUNCTION (Heat? Cool? Water? Vent?)

Fuel Gas? ☐ yes ☐ no		Public? ☐ yes ☐ no		Piping Type(s) _____	
Oil? ☐ yes ☐ no		Tank Capacity? _____		Underground? ☐ yes ☐ no	
Electric? ☐ yes ☐ no		Total KW _____			
Duct Detectors? ☐ yes ☐ no		Number of Zones? _____		Type? _____	
Kitchen Hood? ☐ yes ☐ no		Fire Suppression System? ☐ yes ☐ no		Type? _____	
Hazardous Exhaust? ☐ yes ☐ no		Fire Suppression System ☐ yes ☐ no		Type? _____	
Fire Dampers? ☐ yes ☐ no		Smoke Dampers ☐ yes ☐ no			
Smoke Control System? ☐ yes ☐ no		Governing Code Section(s) _____			
Regular Exhaust Fans? ☐ yes ☐ no		Number? _____		Duct Type(s) _____	
Fireplace? ☐ yes ☐ no		Number? _____			
Gas? ☐ yes ☐ no		Piping Type _____		Vent Type _____	
Masonry? ☐ yes ☐ no		Material Type _____		Chimney Type _____	
Electric? ☐ yes ☐ no		Kw? _____			
Start Date		Finish Date		Value of work	

Fire Alarm Permit Information

Requiring Code Section _____

Type(s) of Wiring _____

Battery Back Up ☐ yes ☐ no Generator ☐ yes ☐ 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

[illegible]

PROPOSED DEFERRED SUBMITTALS

☐ Foundation Permit	ETA	____/____/____
☐ Structural Steel	ETA	____/____/____
☐ Fire Suppression	ETA	____/____/____
☐ Fire Alarm	ETA	____/____/____
☐ Roof Truss	ETA	____/____/____
☐ Floor Truss	ETA	____/____/____
☐ Spec Books	ETA	____/____/____

Design Professional in Responsible Charge

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 Commonwealth Code Inspection Service, 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 Commonwealth Code Inspection Service 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 Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at