APPLICATION FOR BUILDING AND/OR ELECTRIAL PERMIT

Municipality _____ County _____ Tax Parcel _____

Construction Site Address _____ Date Received _____

Permit Applicant: _____ Owner _____

Address: _____ Address _____

Telephone: _____ State _____ Zip _____ Phone# _____

Email: _____ Describe proposed work in detail _____

_____

Signature **Owner** ☐ **Authourized Agent** ☐

Date: _____

Applicant certifies that the information contained herein is true and correct and that the applicant will comply with the PA Uniform Construction Code and all other federal, state, and municipal laws and ordinances.

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT # _____

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Total square feet: _____ Use Group _____ Type Construction _____

No. of Stories: _____ Height of Structure _____

Type of work:

Alterations/Additions of: _____ Square Ft. _____

( ) Roofing - Total square feet _____

( ) Fencing, supply height if it exceeds 6 foot _____

( ) Sign - Total Square feet _____

( ) Pool - Total Square feet _____

( ) Decks - Total Square feet _____

( ) Demolition - Total Square feet _____

( ) Accessibility _____

Other: _____

_____

Permit Issued to: _____
PERMIT HOLDER

Date Issued: _____

_____ BCO No. _____

Building Code Official

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Building Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

ELECTRICAL PERMIT # _____

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Quanitity	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____	_____	Service
_____	_____	Sub-Panels
_____	_____	Feeders
_____		Baseboard Heater
_____		Dryer Receptacle

_____ Range _____ Dishwasher _____ Garbage Disposal

_____ Heater _____ Central A/C Units

Permit Issued to: _____
PERMIT HOLDER

Date Issued: _____

_____ BCO No. _____

Building Code Official

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Electrical Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

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PERMIT APPLICATION

MECHANICAL PERMIT _____ **PLUMBING PERMIT** _____

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

_____

_____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

MECHANICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Technical Site Data No.	Fixture/Equipment
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC

Others: _____

_____

Signature: _____
Owner ( ) Contractor ( ) Owner Representative ( )

PLUMBING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Technical Site Data No.	Items	Technical Site Data No.	Items
_____	Water Closet		
_____	Urinal/Bidet	_____	Interceptor/Separator
_____	Bath tub	_____	Backflow preventer
_____	Lavatory	_____	Grease trap
_____	Shower	_____	Sewer Connection
_____	Floor drain	_____	Sewer Pump
_____	Sink	_____	Stacks
_____	Dishwasher	_____	Solar
_____	Drinking fountain		
_____	Washing Machine		
_____	Hose Bibb		
_____	Water Heater		
_____	Fuel Oil Piping		
_____	Gas Piping		
_____	Steam Boiler		
_____	Hot Water Boiler		
_____	Water Service Connection		

Others: _____

_____

Signature: _____
Owner ( ) Contractor ( ) Owner Representative ( )

MECHANICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Mechanical Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

PLUMBING BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Plumbing Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

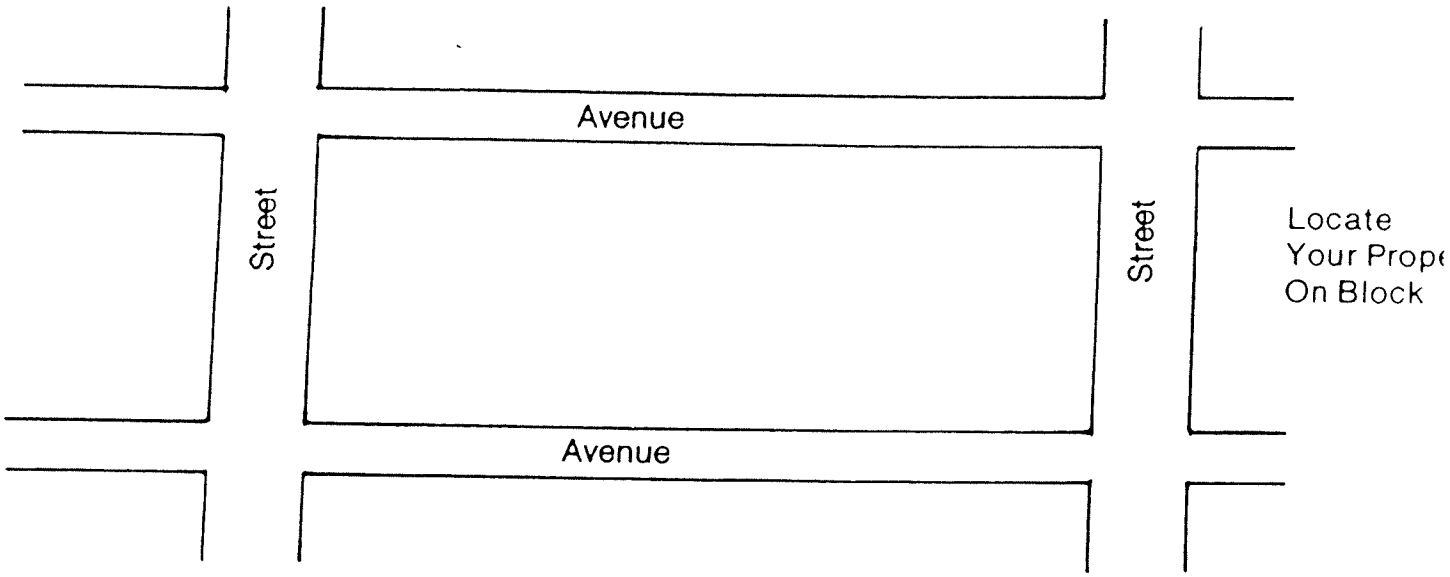
Total Cost: _____

Code Official: _____ State Cert.# _____

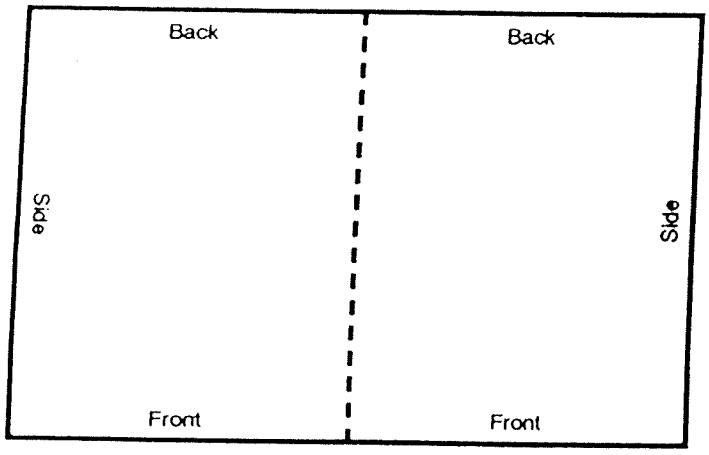
Date Issued: _____

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Plot Diagram



Your Property Lines



This is your Plot of Land.

Show all set-backs on new construction and location of new building.

Required Set-backs

Zones	Front Yard	Side Yard	Rear Yard
R-1	10'	4'	5'
R-2	10'	4'	5'
C-1	10'	4'	5'
C-2	2'	4'	5'

Zone	Front	Side	Rear
Ind.	30'	30'	30'
Rec.	50'	25'	50'

WORKERS' COMPENSATION INFORMATION FORM

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide workers compensations insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

_____ Property owner performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with these requirements.

_____ Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

_____ Use this form when applicable to part "C" on the workers' compensation form.

_____

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and acknowledged before me by the above

_____this _____ Day of _____ 20_____.

SEAL

_____

Notary Public

MUST BE NOTARIZED

Residential Plan Review Requirements

1. Plan(s) showing to scale the size and location of all new construction and existing structures on the site. Distances from lot lines, established street grades and the proposed finished grades. Site plan shall be drawn in accordance with an accurate boundary line survey.
2. Two (2) sets of plans and specifications with the following information included.

Building Plan Review Requirements

- Front, rear, and side elevations
- Footing/foundation diagram
- Garage/living area separation wall(s)
- Window and door schedule
- Design loads and design calculations
- Location of all smoke detectors or heat detectors
- "R" value of wall and ceiling insulation

Plumbing Plan Review Requirements

- Isometric diagram of potable water supply system with fixtures, locations and WSFU values
- Isometric diagram of DWV system with fixtures, location and DFU values

Mechanical Plan Review Requirements

- Location and size of equipment
- Air distribution and return air system
- Ventilation and exhaust schedule(s)
- Combustion air requirements for all new appliances
- Gas piping diagram

Electrical Plan Review Requirements

- Location of electrical devices: lighting, receptacles, switches, equipment, appliances, transformers, panels, and subpanels
- Size and type of conductors
- Panel and subpanel schedule

*** Homeowners are permitted to draw their own plans. All plans must be to scale. ***

Owner _____ Municipality _____

Address _____ Permit # _____

TYPICAL CROSS SECTION

FILL IN THE BLANKS

