

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

A PERMIT MUST BE COMPLETED FOR EACH PORTION OR TRADE. ALL INFORMATION IS REQUIRED ONLY ONCE. (DON'T REPEAT ANSWERS) PLEASE FILL IN ALL SECTIONS. A LACK OF ANSWERS AND PLANS WILL DELAY YOUR PERMIT. 3 COPIES OF YOUR PLANS ARE REQUIRED. PLANS MUST SHOW ALL DETAILS OF CONSTRUCTION METHODS AND MATERIALS TO INSURE COMPLIANCE

PERMIT NUMBER _____ DATE APPLICATION RECEIVED: _____

OWNER NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____ BUILDER SAME AS OWNER

BUILDING PERMIT APPLICATION

DESCRIPTION OF CONSTRUCTION: NONE _____

TOTAL SQ. FT. OF CONSTRUCTION: _____ ESTIMATED COST OF CONSTRUCTION: _____

A licensed architect or licensed professional engineer shall prepare the construction documents under the architects licensure law (63 p. S. §§ 34.1— 34.22), or the engineer, land surveyor and geologist registration law (63 p. S. §§ 148— 158.2). An unlicensed person may prepare design documents for the remodeling or alteration of a building if there is no compensation and the remodeling or alteration does not relate to additions to the building or changes to the building's structure or means of egress.

ARCHITECT/ENGINEER NAME: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

BUILDER NAME: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Applicant is responsible for obtaining required highway occupancy permits from the pa department of transportation as required under section 402 of the state highway law (36 p.s. § 670-420). I hereby certify that the above information is true and correct. I hereby agree that all applicable provisions of the municipalities codes shall be complied with, as well as the requirements of the municipal sewer and water authority whether specified or not.

APPLICANT/ AGENT I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE _____ PRINT NAME _____ DATE _____

**** FOR DEPARTMENT USE ONLY ****

BUILDING PERMIT APPLICATION approved denied BUILDING PERMIT FEE \$ _____

BY: _____ PLAN REVIEW FEE \$ _____

DATE: _____ PERMIT NO. _____ MUNICIPAL FEE \$ _____

TRAINING FEE \$ _____

TOTAL PERMIT FEE \$ _____

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____ PLUMBER SAME AS BUILDER

PLUMBING PERMIT APPLICATION

DESCRIPTION OF PLUMBING WORK: NONE _____

TOTAL PLUMBING FIXTURES: _____ ESTIMATED COST OF PLUMBING WORK: _____

PLUMBING CONTRACTOR: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Plumbing fixtures shall include but be limited to, water closets, lavatories, sinks, bathtubs, showers, drinking fountains, boilers, water heaters, washers, dishwashers, urinals, floor drains, grease traps, pumps, and backflow preventers not associated with a fixture.

THE FOLLOWING WORK DOES NOT REQUIRE A PERMIT, all other plumbing work must be included on this application.

Stopping leaks in a drain and water, soil, waste or vent pipe. The Uniform Construction Code applies if a concealed trap; drainpipe, water, soil, waste or vent pipe becomes defective and is removed and replaced with new material. Clearing stoppages or repairing leaks in pipes, valves or fixtures, and the removal and installation of water closets, faucets and lavatories if the valves or pipes are not replaced or rearranged.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

APPLICANT/ AGENT

SIGNATURE _____ PRINT NAME _____ DATE _____

****** FOR DEPARTMENT USE ONLY ******

PLUMBING PERMIT APPLICATION	approved	denied	PLUMBING PERMIT FEE	\$ _____
BY: _____			PLAN REVIEW FEE	\$ _____
DATE: _____	PERMIT NO. _____		TRAINING FEE	\$ _____
			TOTAL PERMIT FEE	\$ _____

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____ ELECTRICIAN SAME AS BUILDER

ELECTRICAL PERMIT APPLICATION

DESCRIPTION OF ELECTRICAL WORK: NONE _____

ESTIMATED COST OF ELECTRICAL WORK: _____

ELECTRICAL CONTRACTOR: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Outlets shall include but not be limited to, lighting outlets, receptacles, switches, three ways, four ways, double pole switches, post or pole lights, parking lot lights, exhaust fans, and other standard 120 volt devices.

Total 120 volt outlets (see above) _____ **Total 240 volt outlets** for single unit of 15Kw or less _____

240-600 volt equipment and transformers hard wired to a disconnect or panel

8-29 HP, Kw or Kva _____ 30-49 HP, Kw or Kva _____ 50-74 HP, Kw or Kva _____

75-199 HP, Kw or Kva _____ 200-500 HP, Kw or Kva _____ Over 500 HP, Kw or Kva _____

Panels, sub panels, service disconnects, primary transformers, generators, etc. single or three phase

400 Amp or less _____ 401-800Amp _____ 801-1600Amp _____

1601-3000Amp _____ over 3000Amp _____

Any panel or service disconnect requiring GFI protection _____ services and panels over 600v _____

Low voltage systems

Burglar alarms, security, fire alarms, fire suppression alarms, smoke detectors, telephones, CATV, speakers, etc.

Total devices _____

Signs Illuminated signs on walls, poles, bases, free standing, messaging, etc. _____

THE FOLLOWING WORK DOES NOT REQUIRE A PERMIT, all other electrical work must be included on this application.

Minor repair and maintenance work that includes the replacement of lamps or the connection of approved portable electrical equipment to approved permanently installed receptacles.

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APPLICANT/ AGENT

SIGNATURE _____ PRINT NAME _____ DATE _____

***** FOR DEPARTMENT USE ONLY *****

ELECTRICAL PERMIT APPLICATION approved _____ denied _____ ELECTRICAL PERMIT FEE \$ _____

BY: _____ PLAN REVIEW FEE \$ _____

DATE: _____ PERMIT NO. _____ TRAINING FEE \$ _____

TOTAL PERMIT FEE \$ _____

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____ HVAC CONTRACTOR SAME AS BUILDER

MECHANICAL PERMIT APPLICATION

DESCRIPTION OF MECHANICAL WORK: NONE _____

TOTAL SQ. FT. OF CONSTRUCTION: _____ ESTIMATED COST OF MECHANICAL WORK: _____

MECHANICAL CONTRACTOR: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

THE FOLLOWING WORK DOES NOT REQUIRE A PERMIT, all other mechanical work must be included on this application.

The following gas work:

- (i) A portable heating appliance.
- (ii) Replacement of a minor part that does not alter approval of equipment or make the equipment unsafe.

The following mechanical work or equipment:

- (i) A portable heating appliance.
- (ii) Portable ventilation equipment.
- (iii) A portable cooling unit.
- (iv) Steam, hot or chilled water piping within any heating or cooling equipment governed under the Uniform Construction Code.
- (v) Replacement of any part that does not alter its approval or make it unsafe.
- (vi) A portable evaporative cooler.
- (vii) A self-contained refrigeration system containing 10 pounds or less of refrigerant and placed into action by motors that are not more than 1 horsepower.

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APPLICANT/ AGENT

SIGNATURE _____ PRINT NAME _____ DATE _____

****** FOR DEPARTMENT USE ONLY ******

MECHANICAL PERMIT APPLICATION	approved denied	MECHANICAL PERMIT FEE \$ _____
BY: _____		PLAN REVIEW FEE \$ _____
DATE: _____	PERMIT NO. _____	TRAINING FEE \$ _____
		TOTAL PERMIT FEE \$ _____

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____ FIRE PROTECTION CONTRACTOR

FIRE PROTECTION PERMIT APPLICATION

DESCRIPTION OF FIRE PROTECTION WORK: NONE _____

TOTAL NUMBER OF DEVICES: _____ ESTIMATED COST OF FIRE PROTECTION WORK: _____

FIRE PROTECTION CONTRACTOR: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

AUTOMATIC SPRINKLER SYSTEM

NUMBER OF HEADS _____

HOOD EXTINGUISHING

NUMBER OF DEVICES _____

MANUAL ALARM SYSTEM

NUMBER OF DEVICES _____

DOOR HOLD-OPEN DEVICES

NUMBER OF DEVICES _____

AUTOMATIC ALARM SYSTEM (SMOKE, HEAT, AND CARBON MONOXIDE DETECTORS)

NUMBER OF DEVICES _____

STANDPIPE

NUMBER OF OUTLETS _____

SPRINKLER MONITOR

NUMBER OF DEVICES _____

SMOKE VENTS

QUANTITY _____

ELEVATOR RECALL

NUMBER OF DEVICES _____

DELAYED EGRESS LOCKS

NUMBER OF DEVICES _____

SMOKE CONTROL

NUMBER OF DEVICES _____

ELECTRIC STRIKES

NUMBER OF DEVICES _____

PAINT BOOTH

NUMBER OF DEVICES _____

ACCESS CONTROL

NUMBER OF DEVICES _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT. I FURTHER CERTIFY THAT I WILL USE THE APPLICABLE NFPA STANDARDS.

APPLICANT/ AGENT

SIGNATURE _____ PRINT NAME _____ DATE _____

****** FOR DEPARTMENT USE ONLY ******

FIRE PROTECTION PERMIT APPLICATION approved denied FIRE PROTECTION PERMIT FEE \$ _____

BY: _____ PLAN REVIEW FEE \$ _____

DATE: _____ PERMIT NO. _____ TRAINING FEE \$ _____

TOTAL PERMIT FEE \$ _____

COMMERCIAL CONSTRUCTION PERMIT SUMMARY

**** FOR DEPARTMENT USE ONLY ****

TRANSFERRED FROM THE BUILDING PERMIT APPLICATION

BUILDING PERMIT FEE \$ _____
PLAN REVIEW FEE \$ _____
MUNICIPAL FEE \$ _____
TRAINING FEE \$ _____
TOTAL PERMIT FEE \$ _____

TRANSFERRED FROM THE PLUMBING PERMIT

PLUMBING PERMIT FEE \$ _____
PLAN REVIEW FEE \$ _____
TRAINING FEE \$ _____
TOTAL PERMIT FEE \$ _____

TRANSFERRED FROM THE ELECTRICAL PERMIT APPLICATION

ELECTRICAL PERMIT FEE \$ _____
PLAN REVIEW FEE \$ _____
TRAINING FEE \$ _____
TOTAL PERMIT FEE \$ _____

TRANSFERRED FROM THE MECHANICAL PERMIT APPLICATION

MECHANICAL PERMIT FEE \$ _____
PLAN REVIEW FEE \$ _____
TRAINING FEE \$ _____
TOTAL PERMIT FEE \$ _____

TRANSFERRED FROM THE FIRE PROTECTION PERMIT APPLICATION

FIRE PROTECTION PERMIT FEE \$ _____
PLAN REVIEW FEE \$ _____
TRAINING FEE \$ _____
TOTAL PERMIT FEE \$ _____

TOTAL PERMIT FEES FOR THIS APPLICATION

TOTAL PERMIT FEES \$ _____