

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

<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Accessibility <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Occupancy																																			
Type of Work (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Additional construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy	Type of Construction (Check all that apply) <input type="checkbox"/> IA <input type="checkbox"/> IV <input type="checkbox"/> 1B <input type="checkbox"/> IIA <input type="checkbox"/> VB <input type="checkbox"/> IIB <input type="checkbox"/> VA <input type="checkbox"/> IIIA <input type="checkbox"/> Separate Use <input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use	Previous L&I Certificate #(s) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>																																	
PROPOSED CODE/YEAR FOR THIS PROJECT																																			
Use Group (List all) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> A1</td> <td><input type="checkbox"/> H1</td> <td><input type="checkbox"/> R1</td> </tr> <tr> <td><input type="checkbox"/> A2</td> <td><input type="checkbox"/> H2</td> <td><input type="checkbox"/> R2</td> </tr> <tr> <td><input type="checkbox"/> A3</td> <td><input type="checkbox"/> H3</td> <td><input type="checkbox"/> R3</td> </tr> <tr> <td><input type="checkbox"/> A4</td> <td><input type="checkbox"/> H4</td> <td><input type="checkbox"/> R4</td> </tr> <tr> <td><input type="checkbox"/> A5</td> <td><input type="checkbox"/> H5</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> S1</td> <td><input type="checkbox"/> S2</td> </tr> <tr> <td><input type="checkbox"/> B</td> <td><input type="checkbox"/> I1</td> <td><input type="checkbox"/> I2</td> </tr> <tr> <td></td> <td><input type="checkbox"/> I3</td> <td><input type="checkbox"/> I4</td> </tr> <tr> <td><input type="checkbox"/> E</td> <td></td> <td><input type="checkbox"/> U</td> </tr> <tr> <td><input type="checkbox"/> F1</td> <td><input type="checkbox"/> I4</td> <td></td> </tr> <tr> <td><input type="checkbox"/> F2</td> <td><input type="checkbox"/> M</td> <td></td> </tr> </table>	<input type="checkbox"/> A1	<input type="checkbox"/> H1	<input type="checkbox"/> R1	<input type="checkbox"/> A2	<input type="checkbox"/> H2	<input type="checkbox"/> R2	<input type="checkbox"/> A3	<input type="checkbox"/> H3	<input type="checkbox"/> R3	<input type="checkbox"/> A4	<input type="checkbox"/> H4	<input type="checkbox"/> R4	<input type="checkbox"/> A5	<input type="checkbox"/> H5			<input type="checkbox"/> S1	<input type="checkbox"/> S2	<input type="checkbox"/> B	<input type="checkbox"/> I1	<input type="checkbox"/> I2		<input type="checkbox"/> I3	<input type="checkbox"/> I4	<input type="checkbox"/> E		<input type="checkbox"/> U	<input type="checkbox"/> F1	<input type="checkbox"/> I4		<input type="checkbox"/> F2	<input type="checkbox"/> M		Fire Separation <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-separated Mixed Use <input type="checkbox"/> Incidental Use Main Use _____	Fire Suppression (List all) Type: <input type="checkbox"/> Wet (Water) # _____ Standard _____ <input type="checkbox"/> Dry (Water) # _____ Standard _____ <input type="checkbox"/> Chemical # _____ Standard _____ Type _____
<input type="checkbox"/> A1	<input type="checkbox"/> H1	<input type="checkbox"/> R1																																	
<input type="checkbox"/> A2	<input type="checkbox"/> H2	<input type="checkbox"/> R2																																	
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Start Date	Finish Date	Total Value of All Work																																	

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

Municipal Tracking #

Permit #

Plan Review #

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				

[illegible]

Mechanical Permit Information

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

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

Fire Alarm Permit Information

Requiring Code Section _____		
Type(s) of Wiring _____		
Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no Generator <input type="checkbox"/> yes <input type="checkbox"/> 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

Requiring Code Section(s) _____ Number of Systems _____

Design: NFPA 13 <input type="checkbox"/> yes <input type="checkbox"/> no	Wet System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no	Dry System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
System Type	Piping Type	System Design Pressure (PSI)
		System Design Capacity (GPM)

Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no Number of Systems _____			
System Type	Chemical	Capacity	Reference Standard(s)
Start Date	Finish Date	Value of Work	

PROPOSED DEFERRED SUBMITTALS

<input type="checkbox"/> Foundation Permit	ETA	____/____/____
<input type="checkbox"/> Structural Steel	ETA	____/____/____
<input type="checkbox"/> Fire Suppression	ETA	____/____/____
<input type="checkbox"/> Fire Alarm	ETA	____/____/____
<input type="checkbox"/> Roof Truss	ETA	____/____/____
<input type="checkbox"/> Floor Truss	ETA	____/____/____
<input type="checkbox"/> 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