

APPLICATION FOR BUILDING AND/OR ELECTRICAL 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 Authorized 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: _____

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 _____

Quantity	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 _____
_____	Heater _____	Garbage Disposal _____
_____		Central A/C Units

Permit Issued to: _____
PERMIT HOLDER

Date Issued: _____
 _____ BCO No. _____
Building Code Official

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: _____

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: _____