Date____/____/_____

APPLICATION FOR PLAN REVIEW
&
APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

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 ☐ Electrical ☐ Accessibility ☐ Fire Alarm ☐ Other
☐ Plumbing ☐ Mechanical ☐ Fire Suppression ☐ Occupancy

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)

PROPOSED CODE/YEAR
FOR THIS PROJECT

Use Group (List all)

☐ A1 ☐ H1 ☐ R1
☐ A2 ☐ H2 ☐ R2
☐ A3 ☐ H3 ☐ R3
☐ A4 ☐ H4 ☐ R4
☐ A5 ☐ H5
☐ S1
☐ B ☐ I1 ☐ S2
☐ I2
☐ E ☐ I3 ☐ U
☐ I4
☐ F1
☐ 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 #

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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

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Plumbing Permit Information

Water Service Size

Water Company Name_____

_____In. Dia. 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

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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

Requiring Code Section(s)_____ Number of Systems_____

Design:	NFPA 13	☐ yes	☐ no	Wet System	☐ yes	☐ no	Number_____
	NFPA 13R	☐ yes	☐ no	Dry System	☐ yes	☐ no	Number_____

System Type	Piping Type	System Design Pressure (PSI)	System Design Capacity (GPM)

Alternate Systems ☐ yes ☐ no Pre-action ☐ yes ☐ no Number of Systems_____

System Type	Chemical	Capacity	Reference Standard(s)

Start Date	Finish Date	Value of Work

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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

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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

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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

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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

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