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:			ZIP:
PHONE:			
LOCATION OF PROPERTY:			
MUNICIPALITY:			S OWNER
BUILDING	PERMIT AF	PPLICATION	
DESCRIPTION OF CONSTRUCTION: NO	NE		
TOTAL SQ. FT. OF CONSTRUCTION:	ESTIMATED C	OST OF CONSTRUCTION	
A licensed architect or licensed professional englicensure law (63 p. S. §§ 34.1— 34.22), or the 158.2). An unlicensed person may prepare desi compensation and the remodeling or alteration structure or means of egress.	gineer shall prepare the engineer, land surveyor gn documents for the re	construction documents under and geologist registration law modeling or alteration of a bu	er the architects v (63 p. S. §§ 148—
ARCHITECT/ENGINEER NAME:		E-MAIL ADDRESS:	
ADDRESS:CIT			
PHONE:			
BUILDER NAME:		E-MAIL ADDRESS:	
ADDRESS:CITY			
PHONE:			
Applicant is responsible for obtaining required hirequired under section 402 of the state highway and correct. I hereby agree that all applicable prequirements of the municipal sewer and water a	law (36 p.s. § 670-420). ovisions of the municipa	I hereby certify that the abou	e information is true
APPLICANT/ AGENT I HEREBY CE	RTIFY THAT THE ABOV	E INFORMATION IS TRUE	AND CORRECT
SIGNATURE	PRINT NAME		DATE
**** FO	R DEPARTMENT USE	ONLY ****	
BUILDING PERMIT APPLICATION approved		BUILDING PERMIT FEE	\$
BY:		PLAN REVIEW FEE	\$
DATE: PERMIT NO		MUNICIPAL FEE	\$
		TRAINING FEE	\$
		TOTAL PERMIT FEE	\$

LOCATION OF PROPERTY:						
MUNICIPALITY:	_ COUNTY:	PLUMBER SAM	E AS BUILDER			
PLUMBING	G PERMIT A	PPLICATION				
DESCRIPTION OF PLUMBING WORK:	ONE					
TOTAL PLUMBING FIXTURES:	ESTIMATED COST	OF PLUMBING WORK:				
PLUMBING CONTRACTOR:	E-M	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 appro		PLUMBING PERMIT FEE	\$			
BY:		PLAN REVIEW FEE	\$			
DATE: PERMIT NO.			\$			
		TOTAL PERMIT FEE	\$			

LOCATION OF PROPERTY:		
		ELECTRICIAN SAME AS BUILDER
ELECT	RICAL PERMIT	APPLICATION
ESTIMATED COST OF ELECTRICA	AL WORK:	
		E-MAIL ADDRESS:
		STATE: ZIP:
PHONE:		
	ted to, lighting outlets, receptacle	es, switches, three ways, four ways, double pole er standard 120 volt devices.
Total 120 volt outlets (see above)	Total 240 volt outl	ets for single unit of 15Kw or less
240-600 volt equipment and transf	formers hard wired to a disconn	ect or panel
		50-74 HP, Kw or Kva
75-199 HP, Kw or Kva	200-500 HP, Kw or Kva	Over 500 HP, Kw or Kva
		generators, etc. single or three phase
400 Amp or less	401-800Amp	
1601-3000Amp	over 3000Amp	
Any panel or service disconnect requ	uiring 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, pol		
THE FOLLOWING WORK DOES NO	OT REQUIRE A PERMIT, all oth	er electrical work must be included on this
application. Minor repair and maintenance work telectrical equipment to approved per	that includes the replacement of manently installed receptacles.	lamps or the connection of approved portable
APPLICABLE PROVISIONS OF THE	E MUNICIPALITIES CODES SH.	ND CORRECT. I HEREBY AGREE THAT ALL ALL BE COMPLIED WITH, AS WELL AS THE HORITY WHETHER SPECIFIED OR NOT.
APPLICANT/ AGENT		
SIGNATURE	PRINT NAME	DATE
	**** FOR DEPARTMENT US	
ELECTRICAL PERMIT APPLICATION		ELECTRICAL PERMIT FEE \$
BY:	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	40 A
DATE: PER	RMIT NO	TRAINING FEE \$
		TOTAL PERMIT FEF \$

LOCATION OF PROPERTY:				
MUNICIPALITY:	_ COUNTY:	HVAC CONTRACTOR S	SAME AS BUILDER	
MECHANI	CAL PERMIT	APPLICATION	1	
DESCRIPTION OF MECHANICAL WOR	K: NONE			
TOTAL SQ. FT. OF CONSTRUCTION: _	ESTIMATED (OST OF MECHANICAL WOF	RK:	
MECHANICAL CONTRACTOR:		E-MAIL ADDRESS:		
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:				
application. The following gas work: (i) A portable heating appliance. (ii) Replacement of a minor part that of 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 Construction Code. (v) Replacement of any part that does (vi) A portable evaporative cooler. (vii) A self-contained refrigeration systhat are not more than 1 horsepowers.	ent: within any heating or cooling not alter its approval or make	equipment governed under the	ne Uniform	
I HEREBY CERTIFY THAT THE ABOVE I APPLICABLE PROVISIONS OF THE MUI REQUIREMENTS OF THE MUNICIPAL S	NICIPALITIES CODES SHAI	I BE COMPLIED WITH AS V	NELL AS THE	
APPLICANT/ AGENT				
SIGNATURE	PRINT NAME		DATE	
**	*** FOR DEPARTMENT USE	ONLY ****		
		MECHANICAL PERMIT FEE \$		
BY:		PLAN REVIEW FEE	\$	
DATE: PERMIT I	NO	TRAINING FEE	\$	
		TOTAL PERMIT FEE	\$	