

COMMONWEALTH CODE INSPECTION SERVICE, INC.

APPLICATION FOR BUILDING PERMIT/USE CERTIFICATE

Permit Application Date: _____ Permit Application No.: _____

1. PROPERTY INFORMATION

Owner: _____ Parcel No.: _____ Tax Map: _____

Site Address: _____ City/Zip: _____

Municipality: _____ County: _____ Land Use Permit No.: _____

Use: Single-Family Dwelling/Duplex Multi Family New Manufactured Dwelling Relocated Manufactured Home
 Commercial Demolition Sign Other: _____ Floodplain Present: Yes No

Improvement Type: New Addition Alteration Repair/Replacement Relocation Other: _____

2. BUILDING OWNER'S INFORMATION

First Name _____ MI. _____ Last Name _____ Phone No. _____

Street Address _____ City _____ State _____ Zip _____

3. BUILDING PERMIT APPLICATION

Provide below a description of work: (Also provide details on plot plan Show all improvements on lot & approximately distances to lot lines)

Total Lot Area: _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ _____

ICC Use Group: _____ ICC Construction Type: _____

ESTIMATED START DATE: ____/____/____ ESTIMATED COMPLETION DATE: ____/____/____

4. CERTIFICATION

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. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and 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 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. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Const. Stat§ 4903.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

PRINT NAME (legibly): _____ Email: _____

Address: _____ Phone No.: _____

5. CONTRACTOR INFORMATION

Name of Contractor: _____ Phone No.: _____
Contractor Street Address _____ City _____ State _____ Zip _____
Person in Charge of Work: _____ Phone No.: _____
Email: _____ Cell No.: _____

6. PROJECT DETAILS

Trades: Building Electrical Work Plumbing Work Mechanical Work (HVAC) Fire Suppression/Fire Alarm System
Heat Source (if applicable): _____ Fuel Type: _____
Foundation Type: Crawlspace Foundation Slab at Grade Piers Other: _____

7. SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades. Use addition sheet(s) if needed. Additional sheet(s) attached

Contractor	Address	Phone No.	Pa HIC#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. OFFICE INFORMATION

For official use only
APPLICATION FEE: \$ _____ ISSUANCE DATE: ____/____/____
PERMIT FEE: \$ _____ EXPIRATION DATE: ____/____/____
INSPECTION FEES: \$ _____ EXTENSION DATE: ____/____/____
TOTAL FEES: \$ _____

APPLICATION IS: GRANTED DENIED INCOMPLETE: _____
SIGNATURE OF PERMIT OFFICER: _____ DATE: ____/____/____

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.