



Code Services

**** OFFICE USE ONLY ****

Date Received: _____
 Permit No.: _____
 BIA Project No.: _____
 Total Permit Fee: _____

APPLICATION FOR PA UCC CONSTRUCTION PERMIT

I. PROPERTY INFORMATION

Municipality: _____ Development: _____ Lot: _____ Section: _____
 Proposed Work Site Address: _____ Tax Parcel ID: _____
 Property within Floodplain: Yes No *(market value can be taken from tax records or certified appraiser)*
 If yes, what is the market value of the property: _____

II. CONTACT INFORMATION

Applicant Name: _____ email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Phone: _____ Fax: _____
Property Owner: _____ email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Phone: _____ Fax: _____

Contractor: _____ PA License: _____ Insurance: _____
 Person in Charge of Work: _____ email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Phone: _____ Fax: _____
Design Professional in Responsible Charge: _____ PA License: _____
 Person in Charge of Work: _____ email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Phone: _____ Fax: _____

III. APPLICATION TYPE

Residential Non-Residential
 One-Family Change of Use Y N
 Two-Family Existing Use: _____
 Manufactured Proposed Use: _____

V. CONSTRUCTION DATA

No. Stories Above Grade: _____ Basement Y N
 Construction Sq. Ft: _____ *(Copy of Signed Contract Required)*
 Total Cost of Construction: \$ _____

IV. PROPOSED CONSTRUCTION

<input type="checkbox"/> New Building	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Fire Suppression
<input type="checkbox"/> Addition	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other
<input type="checkbox"/> Alteration	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electric Service
<input type="checkbox"/> Deck	<input type="checkbox"/> Electrical	(Complete Sec. VII)

VI. OTHER PERMITS

<input type="checkbox"/> Mechanical \$ _____	No. of Appliances: _____
<input type="checkbox"/> Electrical \$ _____	No. of Devices: _____
<input type="checkbox"/> Plumbing \$ _____	No. of Fixtures: _____

VII. ELECTRIC SERVICE

<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		<input type="checkbox"/> New Service <input type="checkbox"/> Upgrade Existing <input type="checkbox"/> Other:	
<input type="checkbox"/> PPL <input type="checkbox"/> UGI <input type="checkbox"/> PECO <input type="checkbox"/> MET ED <input type="checkbox"/> Other:		Work Permit No.:	<input type="checkbox"/> Overhead
Meter No.:	Phase:	Voltage:	Amps:
			<input type="checkbox"/> Underground

VIII. DESCRIPTION OF WORK

IX. APPLICANT'S CERTIFICATION

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents.
2. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Building Code Official.
4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
5. Any changes to the approved documents will be filed with the Building Code Official.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official.
7. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements.
8. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.

Applicant Signature: _____ Date: _____

(3) SETS OF DETAILED CONSTRUCTION PLANS MUST BE SUBMITTED WITH ALL APPLICATIONS.
ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED & SEALED BY A LICENSED DESIGN PROFESSIONAL
FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

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PERMIT FEES	PROJECT DATA
Plan Review:	Use Group: _____ Code Edition: _____
Permit & Inspection:	Construction Type: _____ Fire Sprinkler: <input type="checkbox"/> Y <input type="checkbox"/> N
Municipality Admin:	APPROVED PERMITS
State:	Zoning Permit No.: _____ NPDES Permit No.: _____
Total Permit Fee:	Sewage Permit No.: _____ Water/Well Permit No.: _____

Permit No.:	Approval Date:
Approved by: _____	