

Stamp
Date
Received

APPLICATION FOR PLAN REVIEW & COMMERCIAL BUILDING PERMIT

PROPERTY ADDRESS

Street Address:	Parcel	Zoning
Subdivision:	Lot	Type
Municipality	County	

OWNER ADDRESS

Last name or Business	First name	Phone	
Address	City	State	Zip

TYPE OF APPLICATION

<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Accessibility <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Occupancy			
Type of Work (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Additional construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy	Type of Construction (Check all that apply) <input type="checkbox"/> IA <input type="checkbox"/> IV <input type="checkbox"/> 1B <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> VB <input type="checkbox"/> IIIA <input type="checkbox"/> VA <input type="checkbox"/> IIIB <input type="checkbox"/> Separate Mixed Use <input type="checkbox"/> Non-separated Mixed Use	Previous L&I Certificate # (s) 	
Use Group (List all) and Maximum Occupant Load <input type="checkbox"/> A1 _____ <input type="checkbox"/> H1 _____ <input type="checkbox"/> R1 _____ <input type="checkbox"/> A2 _____ <input type="checkbox"/> H2 _____ <input type="checkbox"/> R2 _____ <input type="checkbox"/> A3 _____ <input type="checkbox"/> H3 _____ <input type="checkbox"/> R3 _____ <input type="checkbox"/> A4 _____ <input type="checkbox"/> H4 _____ <input type="checkbox"/> R4 _____ <input type="checkbox"/> A5 _____ <input type="checkbox"/> H5 _____ <input type="checkbox"/> S1 _____ <input type="checkbox"/> B _____ <input type="checkbox"/> I1 _____ <input type="checkbox"/> S2 _____ <input type="checkbox"/> I2 _____ <input type="checkbox"/> E _____ <input type="checkbox"/> I3 _____ <input type="checkbox"/> U _____ <input type="checkbox"/> I4 _____ <input type="checkbox"/> F1 _____ <input type="checkbox"/> F2 _____ <input type="checkbox"/> M _____	Fire Separation <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-separated Mixed Use <input type="checkbox"/> Incidental Use Main Use _____	Fire Suppression (List all) Type: <input type="checkbox"/> Wet (Water) # _____ Standard _____ <input type="checkbox"/> Dry (Water) # _____ Standard _____ <input type="checkbox"/> Chemical # _____ Standard _____ Type _____	
Start Date	Finish Date	Total Value of All Work	

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

Municipal Tracking #

Permit #

Plan Review #

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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Fire Alarm Permit Information

Requiring Code Section _____		
Type(s) of Wiring _____		
Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no Generator <input type="checkbox"/> yes <input type="checkbox"/> 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 <input type="checkbox"/> yes <input type="checkbox"/> no	Wet System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no	Dry System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
System Type Piping Type	System Design Pressure (PSI)	System Design Capacity (GPM)

Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no Number of Systems _____			
System Type	Chemical	Capacity	Reference Standard(s)
Start Date	Finish Date	Value of Work	

PROPOSED DEFERRED SUBMITTALS

- | | | |
|---|-----|-----------------------|
| <input type="checkbox"/> Foundation Permit (All Deferred) | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Structural Steel | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Fire Suppression | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Fire Alarm | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Roof Truss | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Floor Truss | ETA | _____ / _____ / _____ |
| <input type="checkbox"/> Spec Books | ETA | _____ / _____ / _____ |

PERSONNEL

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 _____	

General Contractor

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_____	

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_____	

Fire Suppression Engineer / Designer

Firm _____		
Lead Engineer _____	Contact Person _____	
Street Address _____		
City _____	State _____	Zip _____
Phone _____	Mobile _____	
Fax _____	Email _____	

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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 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's signature _____ Date _____

Applicant's name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Fax _____ Email _____

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2006 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 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. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Contact your local CCIS office at: 1102 Sheller Avenue • Chambersburg, PA 17201 • Ph: (717) 262-0081 • Fx: (717) 263-3546