COMMONWEALTH CODE INSPECTION SERVICES, INC.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Permit Application Date:_____ **Permit Application No.:**_____

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)

☐ I-A ☐ I-V
☐ I-B
☐ II-A ☐ V-B
☐ II-B ☐ V-A
☐ III-A ☐ Separate Use
☐ III-B ☐ Non-Separated Use

Previous L & I Certificate #(s)

PROPOSED CODE/YEAR FOR THIS PROJECT

Use Group (List All)

☐ A-1 ☐ H-1 ☐ R-1
☐ A-2 ☐ H-2 ☐ R-2
☐ A-3 ☐ H-3 ☐ R-3
☐ A-4 ☐ H-4 ☐ R-4
☐ A-5 ☐ H-5

☐ B ☐ I-1 ☐ S-1
☐ I-2 ☐ S-2
☐ E ☐ I-3
☐ I-4 ☐ U
☐ F-1
☐ F-2 ☐ 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:	**End Date:**	**Total Value of All Work:**

Description of Proposed Project:

ELECTRICAL PERMIT INFORMATION

Electrical Service Site

_____ 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:

PLUMBING PERMIT INFORMATION

Water Service Size

_____ Inches Diameter

Water Company Name: _____

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: _____ in. Size of Lateral: _____ in. Capacity of System: _____ dfu

Size of Building Drain: _____ in. Total Calculated Outflow: _____ dfu

Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#

Grease Trap: _____ gal. Garbage Disposal #: _____ Air Admittance Valve #: _____ Back Flow Preventer #: _____

Start Date:	Finish Date:	Value of Plumbing Work:

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:**

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 Detector(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 (GMP)

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:**

PROPOSED DEFERRED SUBMITTALS

- ☐ Foundation Permit (All Deferred) ETA ___/___/___
- ☐ Structural Steel ETA ___/___/___
- ☐ Fire Suppression ETA ___/___/___
- ☐ Fire Alarm ETA ___/___/___
- ☐ Roof Truss ETA ___/___/___
- ☐ Floor Truss ETA ___/___/___
- ☐ 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

General Contractor: _____

Contact Person: _____ Are there other prime contractors: ☐ Yes ☐ No If yes, list separately.

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

Firm: _____

Lead Engineer: _____ 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: _____ 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: _____

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

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's Signature: _____ **Date:** _____

Applicant's Name: _____

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. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hour notice.

Contact your local CCIS office at: 1102 Sheller Avenue, Suite B • Chambersburg, PA 17201 • *Phone*: (717) 262-0081 • *Fax*: (717) 263-3546