COMMONWEALTH CODE INSPECTION SERVICES, INC.

APPLICATION FOR BUILDING PERMIT/USE CERTIFICATE

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

1. PROPERTY INFORMATION

Owner: _____ Tax Map: _____

Site Address: _____ Parcel No.: _____

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 BUILIDNG INSPECTOR FOR REQUIRED INSPECTIONS.