

CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED _____

LOCATION OF PROPERTY _____

LOT & BLOCK OR PARCEL NUMBER _____

SUBDIVISION _____

MUNICIPALITY _____ COUNTY _____

OWNER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ *Email!*

BUILDING PERMIT

Commercial Use _____

New Construction Alteration Repair Demolition Sign

DESCRIPTION OF CONSTRUCTION _____

TOTAL SQ. FT. OF CONSTRUCTION _____ ESTIMATED COST OF CONSTRUCTION _____

ARCHITECT/ENGINEER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

BUILDER NAME _____

DBA _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISION OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENT OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT / AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

★★★★ FOR DEPARTMENT USE ONLY ★★★★★

BUILDING PERMIT APPLICATION APPROVED DENIED BUILDING PERMIT FEE \$ _____

BY _____ PLAN REVIEW FEE \$ _____

DATE _____ MUNICIPAL FEE \$ _____

PERMIT NO. _____ TRAINING FEE \$ 4.50

TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL _____

OVER FOR SUBCODES PERMIT

PLUMBING PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (_____) _____ FAX (_____) _____

PLUMBING SYSTEM New Additional Alterations
 TYPE Public Sewer Private Septic
 TYPE Public Water Private Well

DESCRIPTION OF WORK _____

ESTIMATED COST OF PLUMBING WORK _____

NO. EQUIPMENT	NO. EQUIPMENT	NO. EQUIPMENT
_____ Water Closet	_____ Urinal/Bidet	_____ Bath Tub
_____ Lavatory	_____ Shower	_____ Floor Drain
_____ Sink	_____ Dishwasher	_____ Drinking Fountain
_____ Washing Machine	_____ Hose Bibb	_____ Water Heater
_____ Hot Water Boiler	_____ Sewer Pump	_____ Backflow Preventer
_____ Greasetrap	_____ Automatic Sprinkler System	
_____ Other: _____	_____ Other: _____	
_____ Other: _____	_____ Other: _____	

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APPLICANT / AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

***** FOR DEPARTMENT USE ONLY *****

PLUMBING PERMIT APPLICATION APPROVED DENIED

BY _____ DATE _____

PERMIT NO. _____ PLUMBING PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

TRAINING FEE \$ 4.50

TOTAL PERMIT FEE \$ _____

ELECTRICAL PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____ FAX (____) _____

TYPE OF ELECTRICAL WORK New Additional Alterations
 UTILITY COMPANY _____
 WORK ORDER NUMBER _____
 DESCRIPTION OF WORK _____

ESTIMATED COST OF ELECTRICAL WORK

NO.	EQUIPMENT	NO.	SIZE	EQUIPMENT	NO.	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	AMP Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	AMP Sub-Panels	_____	_____	KW Oven/Surface Unit
_____	Switches	_____	_____	AMP Sub-Panels	_____	_____	KW Electric Water Heater
_____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP/KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garbage Disposal	_____	_____	KW Electric Dryer Receptacle
_____	Spa/Hot Tub	_____	_____	KW Central A/C Unit	_____	_____	KW Baseboard Heat
_____	Swimming Pool	<input type="checkbox"/> Above Ground	<input type="checkbox"/> In Ground				
_____	Other: Fire Alarm System _____						
_____	Other: Cable/Cat 5 _____						
_____	Other: Phone _____						

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APPLICANT / AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

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ELECTRICAL PERMIT APPLICATION APPROVED DENIED

BY _____ DATE _____
 PERMIT NO. _____ ELECTRICAL PERMIT FEE \$ _____
 PLAN REVIEW FEE \$ _____
 TRAINING FEE \$ 4.50
TOTAL PERMIT FEE \$ _____

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

MECHANICAL PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____ FAX (____) _____

HEATING SYSTEM New Replacement
 FUEL Gas Oil Electric Solar
 TYPE Hydronic Forced Air

DESCRIPTION OF WORK _____

ESTIMATED COST OF MECHANICAL WORK

NO. _____	EQUIPMENT	NO. _____	EQUIPMENT	NO. _____	EQUIPMENT
_____	Water Heater	_____	Fuel Oil Piping	_____	Gas Piping
_____	Steam Boiler	_____	Hot Water Boiler	_____	Hot Air Furnace
_____	Oil Tank	_____	LPG Tank	_____	Fireplace
_____	Other: _____	_____	Other: _____	_____	Other: _____

Plan Required

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APPLICANT / AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

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MECHANICAL PERMIT APPLICATION APPROVED DENIED

BY _____ DATE _____

PERMIT NO. _____ MECHANICAL PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

TRAINING FEE \$ 4.50

TOTAL PERMIT FEE \$ _____