

Application for Commercial Building Permit and Plans Examination



Code Administrators, Inc.

Plan Review ~ Code Inspection ~ Code Consulting ~ Code Education ~ Code Development
 York Lancaster
 4184 Lincoln Highway • York, PA 17406 4340 Oregon Pike • Ephrata, PA 17522
 Phone: 717.755.9120 • Fax: 717.755.9135 Phone: 717.859.3350 • Fax: 717.859.3363

PERMIT NUMBER: _____ ACCOUNT NUMBER: _____

LOCATION OF PROJECT	Address _____ Intended Use _____
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OWNER OF RECORD	Name of Owner _____ Address of Owner _____ City _____ Phone Number of Owner _____
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PROJECT INFO	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Fire Prevention <input type="checkbox"/> Change of Use <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical Brief Description of Project _____ _____ Cost of Construction _____ Sq. Footage _____
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The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Applicant for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE REQUIRED	Applicant Printed Name _____ Applicant Signature _____ Date _____
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FOR OFFICIAL USE BELOW THIS LINE

Permit Number _____	Zoning Fee: _____ x \$ _____ = _____
Construction Plans Submitted _____	Review Fee: _____ x \$ _____ = _____
Date Issued _____	Inspections: _____ x \$ _____ = _____
Permit Type _____	Education/Program Training Fee = <u>4.00</u>
Use Group _____	TOTAL FEE TO BE COLLECTED
Code Administrator _____	

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Permit # _____

Contractor Information

General Contractor

General Contractor _____
Address _____
Phone _____ Fax _____ Mobile _____

Demolition Contractor

Framing Contractor _____ Contract # _____
Scope of Work _____

Asbestos Notification submitted by _____ Date _____

Framing Contractor

Framing Contractor _____ Contract # _____
Scope of Work _____

Electrical Contractor

Electrical Contractor _____ Contract # _____
Scope of Work _____

Plumbing Contractor

Plumbing Contractor _____ Contract # _____
Scope of Work _____

Heating Contractor

Heating Contractor _____ Contract # _____
Scope of Work _____

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Foundation
Contractor

Foundation Contractor _____ Contract # _____
Scope of Work/Type of Work _____

Fire Prevention
Contractor

Fire Prevention Contractor _____ Contract # _____
Scope of Work/ _____

Provide copies of all other applicable permits, certifications or licensing requirements, which may apply under the following:

1. Elevator or Lifting Device Regulations
2. Boiler and Unfired Pressure Vessel Law
3. Propane and Liquefied Petroleum Gas Act
4. Health Care Facilities Act
5. Older Adult Daily Living Centers Licensing Act

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Permit # _____

Site or Plot Plan (show all property lines, structures and driveway accesses)

Plan scale _____

