



# Code Administrators Inc

1525 Oregon Pike Suite 901  
Lancaster, PA 17601  
T: 717-859-3350 F: 717-859-3363  
www.CodeAdministrators.com

## Application for Residential Permit and Plans Examination

Please note that the following are required to be submitted with this application:

Two (2) Sets of Site Plans

Two (2) Complete Sets of Construction Drawings

**When Possible an Additional Digital Submission of Construction Documents is Requested**

### Property Information

Project Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Scope of Project

Description of Work: \_\_\_\_\_

\_\_\_\_\_ Finished / Unfinished Attached / Detached / No  
Cost of Construction Square Feet Floors Basement Garage

### Contractor Information

(If not needed for project, write N/A)

General Contractor:

Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

**Contractor Information Contd.****(If not needed for project, write N/A)**

Electrical Contractor:

Please check if you requesting a Religious Sect Electrical Exemption (If checked, please fill out, notarize and submit form 901(b) Electrical Exemption Affidavit)

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	<b>Email</b>	Cell	

Plumbing Contractor:

Address	City	State	Zip
Contact	<b>Email</b>	Cell	

Heating/Air Conditioning Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	<b>Email</b>	Cell	

**Applicant Certification****This Section MUST be Fully Completed.**

As the owner, lessee, design professional employed in connection with the proposed work or agents thereof, I certify that:

- All information provided on and with this application is true and correct and that 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;
- I understand that this permit is valid for one (1) year after its issuance by the Municipality;
- I understand that this permit shall become invalid unless the authorized construction work begins within 180 days of this permit’s issuance or if the authorized construction work is stopped for a period longer than 180 days;
- I understand that no work may be started, or continued, unless a permit is issued by, and the fees paid to, the Municipality;
- I understand that, once issued, a copy of this permit will remain on the work site until the completion of this project;
- I understand that a Building Permit Placard shall be placed on the property visible from the street;
- I am responsible for locating all property lines, setback lines, casements, rights-of-way, flood areas, etc.;
- I understand that the 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;
- I understand all applicable codes, ordinances and regulations;
- Any changes to the approved documents will be submitted in writing and these changes will not occur until they have been reviewed and approved;
- I understand that Code Administrators, Inc., or their authorized representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit;
- I understand that I am required to apply for any required Zoning Permits;
- I understand that I am responsible for any plan review fees or any additional inspections fees, which may be required during construction, that were not identified during the initial permit approval; and,
- I understand that all fees must be paid in full before a Certificate of Use and Occupancy can be issued. Should I decide to cancel the project, I agree that I am responsible for any fees incurred in the reviewing process.

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Applicant Printed Name	Phone	Email
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Address	City	State	Zip
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 Applicant Signature

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 Date