

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# APPLICATION FOR PLAN REVIEW & APPLICATION FOR COMMERCIAL BUILDING PERMIT

## PROPERTY ADDRESS

Street Address:	Parcel	Zoning
Subdivision:	Lot	Type
Municipality	County	

## OWNER ADDRESS

Last name or Business	First name	Phone:	
		Email:	
Address	City	State	Zip

## TYPE OF APPLICATION

<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Accessibility <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Occupancy																														
<b>Type of Work</b> (Check all that apply)  <input type="checkbox"/> New Construction <input type="checkbox"/> Additional construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC   (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy	<b>Type of Construction</b> (Check all that apply) <input type="checkbox"/> IA <input type="checkbox"/> IV <input type="checkbox"/> 1B <input type="checkbox"/> IIA <input type="checkbox"/> VB <input type="checkbox"/> IIB <input type="checkbox"/> VA <input type="checkbox"/> IIIA <input type="checkbox"/> Separate Use <input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use	<b>Previous L&amp;I Certificate #(s)</b>  <hr/> <p style="text-align: center;"><b>PROPOSED CODE/YEAR FOR THIS PROJECT</b></p>																												
<b>Use Group</b> (List all)  <table style="width: 100%;"> <tr> <td><input type="checkbox"/> A1</td> <td><input type="checkbox"/> H1</td> <td><input type="checkbox"/> R1</td> </tr> <tr> <td><input type="checkbox"/> A2</td> <td><input type="checkbox"/> H2</td> <td><input type="checkbox"/> R2</td> </tr> <tr> <td><input type="checkbox"/> A3</td> <td><input type="checkbox"/> H3</td> <td><input type="checkbox"/> R3</td> </tr> <tr> <td><input type="checkbox"/> A4</td> <td><input type="checkbox"/> H4</td> <td><input type="checkbox"/> R4</td> </tr> <tr> <td><input type="checkbox"/> A5</td> <td><input type="checkbox"/> H5</td> <td><input type="checkbox"/> S1</td> </tr> <tr> <td><input type="checkbox"/> B</td> <td><input type="checkbox"/> I1</td> <td><input type="checkbox"/> S2</td> </tr> <tr> <td><input type="checkbox"/> E</td> <td><input type="checkbox"/> I3</td> <td><input type="checkbox"/> U</td> </tr> <tr> <td><input type="checkbox"/> F1</td> <td><input type="checkbox"/> I4</td> <td></td> </tr> <tr> <td><input type="checkbox"/> F2</td> <td><input type="checkbox"/> M</td> <td></td> </tr> </table>	<input type="checkbox"/> A1	<input type="checkbox"/> H1	<input type="checkbox"/> R1	<input type="checkbox"/> A2	<input type="checkbox"/> H2	<input type="checkbox"/> R2	<input type="checkbox"/> A3	<input type="checkbox"/> H3	<input type="checkbox"/> R3	<input type="checkbox"/> A4	<input type="checkbox"/> H4	<input type="checkbox"/> R4	<input type="checkbox"/> A5	<input type="checkbox"/> H5	<input type="checkbox"/> S1	<input type="checkbox"/> B	<input type="checkbox"/> I1	<input type="checkbox"/> S2	<input type="checkbox"/> E	<input type="checkbox"/> I3	<input type="checkbox"/> U	<input type="checkbox"/> F1	<input type="checkbox"/> I4		<input type="checkbox"/> F2	<input type="checkbox"/> M		<b>Fire Separation</b>  <input type="checkbox"/> Single Use  <input type="checkbox"/> Separated Uses  <input type="checkbox"/> Non-separated Mixed Use  <input type="checkbox"/> Incidental Use Main Use _____	<b>Fire Suppression</b> (List all)  Type: <input type="checkbox"/> Wet (Water) # _____ Standard _____  <input type="checkbox"/> Dry (Water) # _____ Standard _____  <input type="checkbox"/> Chemical # _____ Standard _____  Type _____	
<input type="checkbox"/> A1	<input type="checkbox"/> H1	<input type="checkbox"/> R1																												
<input type="checkbox"/> A2	<input type="checkbox"/> H2	<input type="checkbox"/> R2																												
<input type="checkbox"/> A3	<input type="checkbox"/> H3	<input type="checkbox"/> R3																												
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<input type="checkbox"/> F2	<input type="checkbox"/> M																													
Start Date	Finish Date	Total Value of All Work																												

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

Municipal Tracking #

Permit #

Plan Review #

**Written Description of proposed project (Include all details and specifics):**

**Electrical Permit Information**

**Electrical Service Size**

\_\_\_\_\_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
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Plumbing Permit Information

Water Service Size

Water Company Name

In. Dia.

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 gal.

Size of Lateral in.

Capacity of System dfu.

Size of Building Drain in.

Total Calculated Outflow dfu

Fixture Name	Drain (in)	Vent(in)	DFU	Fixture Name	Drain (in)	Vent(in)	DFU

Grease Trap gal.

Garbage Disposal #

Air Admittance Valve #

Back Flow Preventer #

Start Date	Finish Date	Value of Plumbing Work
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## Mechanical Permit Information

Number of systems	Type(s)			
SYSTEM	BTU	FUEL	VENT TYPE (+R-?)	FUNCTION (Heat? Cool? Water? Vent?)

Fuel Gas? <input type="checkbox"/> yes <input type="checkbox"/> no		Public? <input type="checkbox"/> yes <input type="checkbox"/> no		Piping Type(s) _____	
Oil? <input type="checkbox"/> yes <input type="checkbox"/> no		Tank Capacity? _____		Underground? <input type="checkbox"/> yes <input type="checkbox"/> no	
Electric? <input type="checkbox"/> yes <input type="checkbox"/> no		Total KW _____			
Duct Detectors? <input type="checkbox"/> yes <input type="checkbox"/> no		Number of Zones? _____		Type? _____	
Kitchen Hood? <input type="checkbox"/> yes <input type="checkbox"/> no		Fire Suppression System? <input type="checkbox"/> yes <input type="checkbox"/> no		Type? _____	
Hazardous Exhaust? <input type="checkbox"/> yes <input type="checkbox"/> no		Fire Suppression System <input type="checkbox"/> yes <input type="checkbox"/> no		Type? _____	
Fire Dampers? <input type="checkbox"/> yes <input type="checkbox"/> no		Smoke Dampers <input type="checkbox"/> yes <input type="checkbox"/> no			
Smoke Control System? <input type="checkbox"/> yes <input type="checkbox"/> no		Governing Code Section(s) _____			
Regular Exhaust Fans? <input type="checkbox"/> yes <input type="checkbox"/> no		Number? _____		Duct Type(s) _____	
Fireplace? <input type="checkbox"/> yes <input type="checkbox"/> no		Number? _____			
Gas? <input type="checkbox"/> yes <input type="checkbox"/> no		Piping Type _____		Vent Type _____	
Masonry? <input type="checkbox"/> yes <input type="checkbox"/> no		Material Type _____		Chimney Type _____	
Electric? <input type="checkbox"/> yes <input type="checkbox"/> no		Kw? _____			
Start Date		Finish Date		Value of work	

### Fire Alarm Permit Information

Requiring Code Section _____		
Type(s) of Wiring _____		
Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no            Generator <input type="checkbox"/> yes <input type="checkbox"/> no		
Number of Zones _____		
Type(s) of System(s) _____		
Type(s) of Detectors(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 <input type="checkbox"/> yes <input type="checkbox"/> no NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no	Wet System <input type="checkbox"/> yes <input type="checkbox"/> no    Number _____ Dry System <input type="checkbox"/> yes <input type="checkbox"/> no    Number _____	
System Type	Piping Type	System Design Pressure (PSI)
System Design Capacity (GPM)		

Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no            Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no            Number of Systems _____			
System Type	Chemical	Capacity	Reference Standard(s)
Start Date	Finish Date	Value of Work	

PROPOSED DEFERRED SUBMITTALS

<input type="checkbox"/> Foundation Permit	ETA	_____	_____	_____
<input type="checkbox"/> Structural Steel	ETA	_____	_____	_____
<input type="checkbox"/> Fire Suppression	ETA	_____	_____	_____
<input type="checkbox"/> Fire Alarm	ETA	_____	_____	_____
<input type="checkbox"/> Roof Truss	ETA	_____	_____	_____
<input type="checkbox"/> Floor Truss	ETA	_____	_____	_____
<input type="checkbox"/> Spec Books	ETA	_____	_____	_____

Design Professional in Responsible Charge

Name: \_\_\_\_\_

Registration Number \_\_\_\_\_

Seal:

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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 \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_ Mobile \_\_\_\_\_

Email : \_\_\_\_\_ Signature \_\_\_\_\_

\*\*\*FAILURE TO SUBMIT ANY OF THE INFORMATION REQUIRED WILL RESULT IN AN INCOMPLETE SUBMISSION AND THIS APPLICATION WILL BE DENIED\*\*\*NO REFUNDS ON ANY ISSUED PERMITS\*\*\*

PERSONNEL

General Contractor

General Contractor

Contact Person

Street Address

City

State

Zip

Phone

Mobile

Fax

Email

Are there other prime contractors? ☐ yes ☐ no If yes, list separately.

**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 \_\_\_\_\_

**Electrical Engineer**

Firm \_\_\_\_\_

Lead Engineer \_\_\_\_\_ Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Mechanical Engineer**

Architect in Responsible Charge \_\_\_\_\_

Lead Architect \_\_\_\_\_ 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/Designer \_\_\_\_\_ 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 _____

**Inspection Agency: Commonwealth Code Inspection Service, Inc.      717-846-2004**

### **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.

A special inspection program list shall be furnished to Commonwealth Code Inspection Service for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

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

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at