APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Applicable Codes: 2009 IBC/IRC, 2012 IBC Chapter 11, 2009 ICC A11 7.1

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application Date	Application Date Permit Application No					
		1. PROPER	TY INFORMATION			
Owner:				Tax Map:		
Site Address:				Parcel No.	:	
Municipality:		County:	Use	Permit No		
Use: Single-Family Dwellin	ng / Duplex [Multi Family	New Manufactured Ho	me Relocated Mar	nufactured Home	
Commercial Otl	ner		Flo	oodplain present: Ye	es 🗌 No	
Improvement Type: New	Addition	Alteration	Repair/Replacement	Relocation Oth	ner	
	<u>2.</u>	BUILDING OV	VNER'S INFORMATION			
First Name	Mi.		Last Name		Phone No:	
Street Address			City	State	Zip	
Total Lot Area:	Acres/Sq. Ft	t. ESTIMATE	ED COST OF CONSTRUCT	ION: \$		
ICC Use Group:			ICC Construction Type:			
ESTIMATED START DATE:	//		ESTIMATED COM	IPLETION DATE:	/	
I certify that I am the owner of a work described has been author property lines for required setbal laws governing the execution of areas in which this work is bein further certify that this informat APPLICANT SIGNATURE:	ized by the own teks prior to the f this project. I g performed, at ion is true and	I have been authoner of record. I under start of construction certify that the C tany reasonable I correct to the besides.	nderstand and assume respontion, and agree to conform to ode official or his representation, to enforce the provision t of my knowledge and belie	sibility for the establish of all applicable local, stative shall have the authors of the Codes governing. Ref. 18 Pa. Cons. State/	ament of official ate, and federal prity to enter the ng this project. I at. § 4903.	
Address:				_Phone No.:		

(TURN PAGE OVER)

5. CONTRACTOR INFORMATION

Additional sheet(s) attached Please list additional general contractor information on additional sheet(s) if needed. Name of Contractor: Phone No: _____ City State Contractor Street Address Zip Person in Charge of Work: _____ Phone No.: _____ Email: _____ Cell No.: _____ Workman's Compensation Insurance: Provided On Record Exempt PA Home Improvement Contr. Reg. #_____ 6. PROJECT DETAILS Trades: Building Electrical Work Plumbing Work Mechanical Work (HVAC) Fire Suppression/Fire Alarm System Heat Source (if applicable): ______ Fuel Type: _____ Foundation Slab at Grade Piers **Foundation Type**: Crawlspace Other: 7. SUBCONTRACTOR INFORMATION Please list subcontractors for major trades. Use additional sheet(s) if needed. Additional sheet(s) attached Contractor Address Phone No Pa HIC# Contractor Phone No Pa HIC# Address Contractor Pa HIC# Address Phone No Contractor Pa HIC# Address Phone No Contractor Phone No Pa HIC# For official use only 9. OFFICE INFORMATION APPLICATION FEE: **ISSUANCE DATE** PERMIT FEE: **EXPIRATION DATE INSPECTION FEES EXTENSION DATE TOTAL FEES** APPLICATION IS: GRANTED DENIED INCOMPLETE:_____ DATE / / SIGNATURE OF PERMIT OFFICER:

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.