COMMERCIAL CONSTRUCTION PERMIT APPLICATION

A PERMIT MUST BE COMPLETED FOR EACH PORTION OR TRADE. ALL INFORMATION IS REQUIRED ONLY ONCE. (DON'T REPEAT ANSWERS) PLEASE FILL IN ALL SECTIONS. A LACK OF ANSWERS AND PLANS WILL DELAY YOUR PERMIT. 3 COPIES OF YOUR PLANS ARE REQUIRED. PLANS MUST SHOW ALL DETAILS OF CONSTRUCTION METHODS AND MATERIALS TO ENSURE COMPLIANCE.

PERMIT NUMBER	DATE APPLICATION RECEIVED:			
OWNER NAME:		and the same of th		
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:				
LOCATION OF PROPERTY:	and the state of t	er yn de lât Anglesjie yn gellan i de lât de		
MUNICIPALITY:	COUNTY:	BUILDER SAME AS	SOWNER	
BUILDIN	IG PERMIT A	PPLICATION		
DESCRIPTION OF CONSTRUCTION:				
TOTAL SQ. FT. OF CONSTRUCTION:		COST OF CONSTRUCTION:		
A licensed architect or licensed profession licensure law (63 p. S. §§ 34.1— 34.22), on the licensed person may prepare compensation and the remodeling or alterestructure or means of egress.	or the engineer, land survey e design documents for the	or and geologist registration law remodeling or alteration of a bu	/ (63 p. S. §§ 148— ilding if there is no	
ARCHITECT/ENGINEER NAME:		E-MAIL ADDRESS:		
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:				
BUILDER NAME:		E-MAIL ADDRESS:		
ADDRESS:				
PHONE:				
Applicant is responsible for obtaining required under section 402 of the state high and correct. I hereby agree that all applicate requirements of the municipal sewer and requirements of the municipal sewer and requirements.	ghway law (36 p.s. § 670-42 able provisions of the munic	20). I hereby certify that the abo sipality's codes shall be complied	ve information is true	
APPLICANT/ AGENT I HEREE	BY CERTIFY THAT THE A	BOVE INFORMATION IS TRUE	AND CORRECT	
SIGNATURE	PRINT NAME		DATE	
*	*** FOR DEPARTMENT U	SE ONLY ****		
BUILDING PERMIT APPLICATION ap	proved denied	BUILDING PERMIT FEE	\$	
BY:			\$	
DATE: PERMIT	NO	MUNICIPAL FEE	\$	
,		TRAINING FEE	\$	
		TOTAL PERMIT FEE	\$	

LOCATION OF PROPERTY:	.'	W-J-A-WIIVIA-PAI		
MUNICIPALITY:	COUNTY		PLUMBER SAME	AS BUILDER
PLUMB	ING PEF	RMIT AF	PLICATION	
DESCRIPTION OF PLUMBING WORK	NONE			
TOTAL PLUMBING FIXTURES:	ESTII	MATED COST (OF PLUMBING WORK:	
PLUMBING CONTRACTOR:		E-MAIL ADDRESS:		
ADDRESS:	CITY:		STATE:	ZIP:
PHONE:				
Plumbing fixtures shall include but be boilers, water heaters, washers, dishwa associated with a fixture.	limited to, water shers, urinals, flo	closets, lavatorio or drains, greas	es, sinks, bathtubs, showers, e traps, pumps, and backflov	drinking fountains, v preventers not
THE FOLLOWING WORK DOES NOT application.	REQUIRE A PEF	RMIT, all other p	lumbing work must be includ	ed on this
Stopping leaks in a drain and water, soi drainpipe, water, soil, waste or vent pipe Clearing stoppages or repairing leaks in faucets and lavatories if the valves or pi	e becomes defec ı pipes, valves or	tive and is remo fixtures, and the	ved and replaced with new n e removal and installation of v	naterial.
I HEREBY CERTIFY THAT THE ABOV APPLICABLE PROVISIONS OF THE M REQUIREMENTS OF THE MUNICIPAL	IUNICIPALITIES	CODES SHALL	. BE COMPLIED WITH, AS V	VELL AS THE
APPLICANT/ AGENT				
SIGNATURE	PRI	NT NAME	AND THE RESERVE AND THE PROPERTY OF THE PROPER	DATE
	**** FOR DEPA	RTMENT USE	ONLY ****	
PLUMBING PERMIT APPLICATION	approved	denied	PLUMBING PERMIT FEE	\$
BY:			PLAN REVIEW FEE	\$
DATE: PERM	IT NO			\$
			TOTAL PERMIT FEE	\$

LOCATION OF PROPERTY:					
MUNICIPALITY:	col	JNTY:	ELECTRICIAN SA	AME AS BUILDER	
ELECTR	ICAL	PERMIT	APPLICATIO	N	
DESCRIPTION OF ELECTRICAL WO	RK: NONE				
ESTIMATED COST OF ELECTRICAL	WORK:				
ELECTRICAL CONTRACTOR:			E-MAIL ADDRESS:	·-	
ADDRESS:					
PHONE:					
Outlets shall include but not be limited switches, post or pole lights, parking lo	to, lighting ou	itlets, receptacle est fans, and oth	es, switches, three ways, four er standard 120 volt devices.	ways, double pole	
Total 12ง volt อนนิเ อเ ธ (see above)	Tot	al 240 volt outl	ets for single unit of 15Kw or	less	_
240- 600 voft equipment and transfo n	mers hard wi	red to a disconn	ect or panel		
8-29 HP, Kw or Kva			•	or Kva	
75-199 HP, Kw or Kva					
Panels, sub panels, service disconne					
400 Amp or less	401	-800Amp	801-160	0Amp	
1601-3000Amp	ove	r 3000Amp			
Any panel or service disconnect requiri				r 600v	
Low voltage systems					
Burglar alarms, security, fire alarms, fire Total devices	e suppression	alarms, smoke	detectors, telephones, CATV	, speakers, etc.	
Signs Illuminated signs on walls, poles	bases, free s	standing, messa	ging, etc		
THE FOLLOWING WORK DOES NOT application. Minor repair and maintenance work tha	t includes the	replacement of			
electrical equipment to approved perma HEREBY CERTIFY THAT THE ABOV APPLICABLE PROVISIONS OF THE M REQUIREMENTS OF THE MUNICIPAL	E INFORMAT IUNICIPALITI	TON IS TRUE A ES CODES SH.	ALL BE COMPLIED WITH, A	S WELL AS THE	
APPLICANT/ AGENT					
SIGNATURE	F	PRINT NAME		DATE	
	**** FOR DE	PARTMENT US	SF ON V ****		
ELECTRICAL PERMIT APPLICATION				:FF \$	
BY:					
DATE: PERMIT NO				\$	
			TOTAL PERMIT FEE	\$	

LOCATION OF PROPERTY:					
MUNICIPALITY:	_COUNTY: _		HVAC CONTRACTOR S	SAME AS BUILDER	
MECHANI	CAL P	ERMIT A	APPLICATION	V	
DESCRIPTION OF MECHANICAL WORK	K: NONE	draw 1664-		. 1945	
TOTAL SQ. FT. OF CONSTRUCTION: _		ESTIMATED CC	ST OF MECHANICAL WOF	RK:	
MECHANICAL CONTRACTOR:		E-MAIL ADDRESS:			
ADDRESS:	c	ITY:	STATE:	ZIP:	
PHONE:					
THE FOLLOWING WORK DOES NOT RI application. The following gas work: (i) A portable heating appliance. (ii) Replacement of a minor part that of the following mechanical work or equipment (i) A portable heating appliance. (ii) Portable ventilation equipment. (iii) A portable cooling unit. (iv) Steam, hot or chilled water piping Construction Code. (v) Replacement of any part that does (vi) A portable evaporative cooler. (vii) A self-contained refrigeration systhat are not more than 1 horseports.	does not alter ent: within any he s not alter its a tem containin wer.	approval of equiposating or cooling eapproval or make	oment or make the equipment equipment governed under the it unsafe. ess of refrigerant and placed	nt unsafe. he Uniform into action by motors	
I HEREBY CERTIFY THAT THE ABOVE APPLICABLE PROVISIONS OF THE MU REQUIREMENTS OF THE MUNICIPAL S	NICIPALITIE:	S CODES SHALL	BE COMPLIED WITH, AS	WELL AS THE	
APPLICANT/ AGENT					
SIGNATURE	PR	RINT NAME		DATE	
**** FOR DEPARTMENT USE ONLY ****					
MECHANICAL PERMIT APPLICATION BY:	• •		MECHANICAL PERMIT FEE \$ PLAN REVIEW FEE \$		
DATE: PERMIT	NO		TRAINING FEE	\$	
			TOTAL PERMIT FEE	\$	