

# CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

## BUILDING PERMIT

One Family Dwelling       Two Family Dwelling       Commercial Use \_\_\_\_\_

New Construction       Alteration       Repair       Demolition

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

TOTAL SQ. FT. OF CONSTRUCTION: \_\_\_\_\_ ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

Plan Review Required      ARCHITECT/ENGINEER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

BUILDER NAME: \_\_\_\_\_ (REG #) \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*

**BUILDING PERMIT APPLICATION**       APPROVED       DENIED      BUILDING PERMIT FEE      \$ \_\_\_\_\_

BY: \_\_\_\_\_ PLAN REVIEW FEE      \$ \_\_\_\_\_

DATE: \_\_\_\_\_ MUNICIPAL FEE      \$ \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ TRAINING FEE      \$ 4.<sup>00</sup> \_\_\_\_\_

**TOTAL PERMIT FEE**      \$ \_\_\_\_\_

REASON(S) FOR DENIAL: \_\_\_\_\_

# PLUMBING PERMIT

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (REG #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

PLUMBING SYSTEM  New  Additional  Alterations

TYPE  Public Sewer  Private Septic

TYPE  Public Water  Private Well

DESCRIPTION OF WORK: \_\_\_\_\_

### ESTIMATED COST OF MECHANICAL WORK

| NO:   | EQUIPMENT                | NO:   | EQUIPMENT    | NO:   | EQUIPMENT             |
|-------|--------------------------|-------|--------------|-------|-----------------------|
| _____ | Water Closet             | _____ | Urinal/Bidet | _____ | Bath Tub              |
| _____ | Lavatory                 | _____ | Shower       | _____ | Floor Drain           |
| _____ | Sink                     | _____ | Dishwasher   | _____ | Drinking Fountain     |
| _____ | Washing Machine          | _____ | Hose Bibb    | _____ | Water Heater          |
| _____ | Fuel Oil Piping          | _____ | Gas Piping   | _____ | Hot Water Boiler      |
| _____ | Steam Boiler             | _____ | Sewer Pump   | _____ | Interceptor/Separator |
| _____ | Backflow Preventer       | _____ | Greasetrap   | _____ | Sewer Connection      |
| _____ | Water Service Connection | _____ | Stacks       |       |                       |
| _____ | Other _____              |       |              | _____ | Other _____           |
| _____ | Other _____              |       |              | _____ | Other _____           |

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APPLICANT/AGENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

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**PLUMBING PERMIT APPLICATION**  APPROVED  DENIED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

|                         |                           |
|-------------------------|---------------------------|
| PLUMBING PERMIT FEE     | \$ _____                  |
| PLAN FEE                | \$ _____                  |
| MUNICIPAL FEE           | \$ _____                  |
| TRAINING FEE            | \$ 4. <sup>00</sup> _____ |
| <b>TOTAL PERMIT FEE</b> | <b>\$ _____</b>           |

# ELECTRICAL PERMIT

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (REG #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_

TYPE OF ELECTRICAL WORK  New  Additional  Repair/Alterations

UTILITY COMPANY: \_\_\_\_\_

WORK ORDER NUMBER: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

ESTIMATED COST OF ELECTRICAL WORK

| NO:   | EQUIPMENT       | NO:                      | SIZE         | EQUIPMENT                | NO:       | SIZE  | EQUIPMENT                    |
|-------|-----------------|--------------------------|--------------|--------------------------|-----------|-------|------------------------------|
| _____ | Luminaries      | _____                    | _____        | Amp Service Panel        | _____     | _____ | KW Electric Range Receptacle |
| _____ | Receptacles     | _____                    | _____        | AMP Sub-Panels           | _____     | _____ | KW Oven/Surface Unit         |
| _____ | Switches        | _____                    | _____        | AMP Sub-Panels           | _____     | _____ | KW Electric Water Heater     |
| _____ | Detectors       | _____                    | _____        | KW Dishwasher            | _____     | _____ | HP/KW Space Heater           |
| _____ | Pole Luminaries | _____                    | _____        | HP Garbage Disposal      | _____     | _____ | KW Electric Dryer Receptacle |
| _____ | Spa /Hot Tub    | _____                    | _____        | KW Central A/C Unit      | _____     | _____ | KW Baseboard Heat            |
| _____ | Swimming Pool   | <input type="checkbox"/> | Above Ground | <input type="checkbox"/> | In Ground |       |                              |
| _____ | Other _____     |                          |              |                          |           |       |                              |
| _____ | Other _____     |                          |              |                          |           |       |                              |
| _____ | Other _____     |                          |              |                          |           |       |                              |

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APPLICANT/AGENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\* FOR DEPARTMENT USE ONLY \*\*\*

**ELECTRICAL PERMIT APPLICATION**  APPROVED  DENIED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

|                         |                           |
|-------------------------|---------------------------|
| ELECTRICAL PERMIT FEE   | \$ _____                  |
| MUNICIPAL FEE           | \$ _____                  |
| TRAINING FEE            | \$ 4. <sup>00</sup> _____ |
| <b>TOTAL PERMIT FEE</b> | <b>\$ _____</b>           |

# MECHANICAL PERMIT

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (REG #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_

HEATING SYSTEM  New  Replacement

FUEL  Gas  Oil  Electric  Solar

TYPE  Hydronic  Forced Air

DESCRIPTION OF WORK: \_\_\_\_\_

ESTIMATED COST OF MECHANICAL WORK: \$ \_\_\_\_\_

|           |              |           |                  |           |                 |
|-----------|--------------|-----------|------------------|-----------|-----------------|
| NO: _____ | EQUIPMENT    | NO: _____ | EQUIPMENT        | NO: _____ | EQUIPMENT       |
| _____     | Water Heater | _____     | Fuel Oil Piping  | _____     | Gas Piping      |
| _____     | Steam Boiler | _____     | Hot Water Boiler | _____     | Hot Air Furnace |
| _____     | Oil Tank     | _____     | LPG Tank         | _____     | Fireplace       |
| _____     | Other        | _____     | _____            |           |                 |

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\_\_\_\_\_  
APPLICANT/AGENT SIGNATURE PRINT NAME DATE

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**MECHANICAL PERMIT APPLICATION**  APPROVED  DENIED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

|                         |                 |
|-------------------------|-----------------|
| MECHANICAL PERMIT FEE   | \$ _____        |
| MUNICIPAL FEE           | \$ _____        |
| TRAINING FEE            | \$ <u>4.00</u>  |
| <b>TOTAL PERMIT FEE</b> | <b>\$ _____</b> |