

BUILDING PERMIT \_\_\_\_\_ ELECTRICAL PERMIT \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State PA Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Front Yard \_\_\_\_\_ Ft. (Front of building to property line) Describe proposed work in detail \_\_\_\_\_

Rear Yard \_\_\_\_\_ Ft. (Rear of building to property line) \_\_\_\_\_

Side Yard \_\_\_\_\_ Ft. Side Yard \_\_\_\_\_ FT. \_\_\_\_\_

State Classification: New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**BUILDING PERMIT**  
 Contractor \_\_\_\_\_  
 (if owner, put same name above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Fed Employee No. \_\_\_\_\_  
 (Certificate of Insurance for Workers Compensation needed or signed exemption form)  
 Estimate of total costs for all work \_\_\_\_\_  
 Total square feet: \_\_\_\_\_ Use Group \_\_\_\_\_ Type Construction \_\_\_\_\_  
 No. of Stories: \_\_\_\_\_ Height of Structure \_\_\_\_\_  
 Description of work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Type of work:**  
 Alterations/Additions of: \_\_\_\_\_ Square Ft. \_\_\_\_\_  
 ( ) Roofing - Total square feet \_\_\_\_\_  
 ( ) Fencing, supply height if it exceeds 6 foot \_\_\_\_\_  
 ( ) Sign - Total Square feet \_\_\_\_\_  
 ( ) Pool - Total Square feet \_\_\_\_\_  
 ( ) Decks - Total Square feet \_\_\_\_\_  
 ( ) Demolition - Total Square feet \_\_\_\_\_  
 ( ) Accessibility \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.  
 Signature: \_\_\_\_\_  
 Owner ( ) Contractor ( ) Owner Representative ( )

**ELECTRICAL PERMIT**  
 Contractor \_\_\_\_\_  
 (if owner, put same name above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Fed Employee No. \_\_\_\_\_  
 (Certificate of Insurance for Workers Compensation needed or signed exemption form)  
 Estimate of total costs for all work \_\_\_\_\_  
**Technical Site**  

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units _____
_____		Signs _____
_____		Survey Fee _____

 Others: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**  
 Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Building Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

**ELECTRICAL CODE OFFICIAL USE ONLY**  
 Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Electrical Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_  
 Date Issued: \_\_\_\_\_