

**APPLICATION FOR BUILDING AND/OR ELECTRICAL PERMIT**

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Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_  
 Construction Site Address \_\_\_\_\_ Date Received \_\_\_\_\_

Permit Applicant: \_\_\_\_\_ Owner \_\_\_\_\_  
 Address: \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
 Email: \_\_\_\_\_ Describe proposed work in detail \_\_\_\_\_

Signature \_\_\_\_\_ Owner  Authorized Agent

Date: \_\_\_\_\_

**Applicant certifies that the information contained herein is true and correct and that the applicant will comply with the PA Uniform Construction Code and all other federal, state, and municipal laws and ordinances.**

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

**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: \_\_\_\_\_

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

Quantity	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 _____	Garbage Disposal _____
_____		Central A/C Units

Permit Issued to: \_\_\_\_\_  
PERMIT HOLDER

Date Issued: \_\_\_\_\_

\_\_\_\_\_ BCO No. \_\_\_\_\_  
*Building Code Official*

Permit Issued to: \_\_\_\_\_  
PERMIT HOLDER

Date Issued: \_\_\_\_\_

\_\_\_\_\_ BCO No. \_\_\_\_\_  
*Building Code Official*

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Building Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Scan Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Electrical Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Scan Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_