Date\_\_\_/\_\_\_/ APPLICATION FOR PLAN REVIEW

### & APPLICATION FOR COMMERCIAL BUILDING PERMIT

Street Address:				Parcel		Zonir	ng
Subdivision:		Lot		Туре			
Municipality			County			I	
	O	WNER	ADDRESS	5			
Last name or Business			First name			Phone Fax	
Address			City			State	Zip
	TY	PE OF	APPLICA	TION			
□ Building □ Electrical □ Plumbing □ Mechanical				□ Fire	Alarm upancy	□ O	other
<ul> <li>New Construction</li> <li>Additional construction</li> <li>Alteration/Structural/Egress Change</li> <li>Repair/Renovation   IBC   IEBC (1  Foundation Permit</li> </ul>	2□3□)	<ul> <li>IA</li> <li>1B</li> <li>IIA</li> <li>IIB</li> </ul>	all that apply) IV VB VA		Previous L&I Certificate		DE/YEAR
<ul> <li>Change of Use/Occupancy</li> <li>Initial Certificate of Occupancy</li> </ul>		□ IIIA □ IIIB	□ Separate Use □ Non-separate			OR THIS PRO	OJECT
			□ Non-separate		F	OR THIS PRO	
□ Initial Certificate of Occupancy		<ul> <li>IIIB</li> <li>Fire Seg</li> <li>Single</li> <li>Separ</li> <li>Non-s Mixed</li> <li>Incide</li> </ul>	<ul> <li>Non-separate</li> <li>Daration</li> <li>Use</li> <li>ated Uses</li> <li>separated</li> </ul>		Fire Su Type: □ Wet ( # □ Dry ( #	ppression (Lis Water) _Standard Water) _Standard	st all)

**Description of proposed project:** 

# **Electrical Permit Information**

Electrical Service Size							
Amps	Power Co	ompany Name					
Volts	Power Co	ompany Job #					
ø							
General outlets:		120 vol	t _	240 vol	t		
Circuits:		2 wire	-	3 wire			_4 wire
Device Name	Watts	Amps	# ]	Device Name	Watts	Amps	#
Start Date		Finish Date	-	Value of work			

# **Plumbing Permit Information**

Water Service Size	Water Com	pany Name_						
	t main (PSI)							
Supply branches:	Hot	Co	ld	Total D	emand:	GPM	PSI	
Fixture Name	GPM	PSI	PSI # Fixture Name			GPM	PSI	#
						#		
Size of Main			f Lateral		_	pacity of System_		
						#		
Size of Building	-				Outflow	pacity of System_	aiu	
Fixture Name	Drain (in)		DFU	Fixture		Drain (in)	Vent(in)	DFU
		v ent(iii)		Fixture			v ent(iii)	Dru
Grease Trap gal.	Garbage Di	sposal #	Aiı	Admitta	nce Valve #	Back Fl	ow Preventer	• #
Start Date	Fii	nish Date						

# **Mechanical Permit Information**

Number of systems	Type(	s)					
SYSTEM	BTU		FUEL	VENT	TYPE (+R-	?) FU	NCTION (Heat? Cool? Water? Vent?)
						_	
						_	
						_	
						_	
						_	
Fuel Gas? $\Box$ yes $\Box$ no							
Oil? $\Box$ yes $\Box$ no					U	nderg	round? $\Box$ yes $\Box$ no
Electric?  up yes  up no	Total l	XW		_			
Duct Detectors?	□ yes	□ no	Number of Zones	s?			Type?
Kitchen Hood?	□ yes	□ no	Fire Suppression	System	? □ yes □	no	Type?
Hazardous Exhaust?	□ yes	□ no	Fire Suppression	System	□ yes □	no	Type?
Fire Dampers?	□ yes	□ no	Smoke Dampers		□ yes □	no	
Smoke Control System?	□ yes	□ no	Governing Code	Section(	(s)		
Regular Exhaust Fans?	□ yes	□ no	Number?		D	uct T	ype(s)
Fireplace?	s □ no	Number	?				
Gas?	s □ no	Piping 7	уре		V	ent T	ype
Masonry?	s □ no	Materia	l Type		C	himne	ey Type
Electric?	s □ no	Kw?		_			
Start Date		Finish Da	te		Value of wor	k	

# Fire Alarm Permit Information

Requiring Code Section								
Type(s) of Wiring								
Battery Back Up □ yes □ no	Generator 🗆 yes	□ no						
Number of Zones	_							
Type(s) of System(s)								
Type(s) of Detectors(s) Smoke, heat, infrared, ultraviolet, etc.								
Types of Special Applications								
Types of Initiating Tests								
Start Date	Finish Date		Value of Work					

# Fire Suppression System Permit

Requirin	g Code Section(s)						_	Number of Systems
Design:	NFPA 13	□ yes	□ no		Wet System	□ yes	□ no	Number
	NFPA 13R	□ yes	□ no		Dry System	□ yes	□ no	Number
	System Type	Piping	Туре	Syst	em Design Pressure	(PSI)	System	Design Capacity (GPM)

Alternate Systems	□ no	Pre-action	□ yes □ no	Numbe	r of Systems
System Type	Chemic	al	Capacity		Reference Standard(s)
Start Date		Finish Date		Value of	Work

## PROPOSED DEFERRED SUBMITTALS

□ Foundation Permit	ETA	/ /
□ Structural Steel	ETA	/
□ Fire Suppression	ETA	/
□ Fire Alarm	ETA	/ /
□ Roof Truss	ETA	/
□ Floor Truss	ETA	/
□ Spec Books	ETA	/

### **Design Professional in Responsible Charge**

Name:

Registration Number\_\_\_\_\_

Seal:		

#### FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant		Date	Phone
Fax	Email		Mobile

### PERSONNEL

**General Contractor** 

General Contractor	
Contact Person	Are there other prime contractors? $\Box$ yes $\Box$ no If yes, list separately.
Street Address	
City	_StateZip
Phone	
Mobile	
Fax	
Email	

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Architect

Architect in Responsible Charge			
Lead Architect	Contact Person		
Street Address			
City	State	Zip	
Phone			
Mobile			
Fax			
Email			
	Structural Engineer		
Firm			
Lead Engineer	Contact Person		
Street Address			
City	State	Zip	
Phone			
Mobile			
Fax			
Email		_	
	<b>Electrical Engineer</b>		
Firm			
Lead Engineer	Contact Person		
Street Address			
City	State	Zip	
Phone			
Mobile			

Email

Fax\_

### **Mechanical Engineer**

Architect in Responsible Charge		
Lead Architect	Contact Person	
Street Address		
City	State	Zip
Phone		
Mobile		
Fax		
Email		

### **Plumbing Engineer**

Firm		
Lead Engineer	Contact Person	
Street Address		
City	State	_Zip
Phone		
Mobile		
Fax		
Email		

#### Fire Alarm Engineer / Designer

Firm				_
Lead Engineer/Designer		Contact Person		_
Street Address				_
City	_State		_Zip	_
Phone				_
Mobile				
Fax				_
Email				

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#### **Fire Suppression Engineer / Designer**

Firm			
Lead Engineer	Contact Person_		
Street Address			
City	State	Zip	
Phone			
Mobile			
Fax			
Email			

## **NOTICE**

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to Commonwealth Code Inspection Service for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at