COMMONWEALTH CODE INSPECTION SERVICE, INC.

APPLICATION FOR BUILDING PERMIT/USE CERTIFICATE

MUNICIPALITY _____ **COUNTY**_____

Permit Application Date _____ **CCIS Permit Application No.** _____

1. PROPERTY INFORMATION

Tax Map_____ Site Address_____

Parcel No_____ Land Use Permit Number _____

Use: □ Single-Family Dwelling/Duplex □ Multi-Family □ New Manufactured Dwelling □ Relocated Manufactured Home

□ Commercial □ Demolition □ Sign □ Other:_____ Floodplain Present: □ Yes □ No

Improvement Type: □ New □ Addition □ Alteration □ Repair/Replacement □ Relocation □ Other:_____

Zone: □ Agricultural □ Commercial □ Conservation □ Industrial □ Residential

2. BUILDING OWNER'S INFORMATION

First Name: **M:** **Last Name:**

Phone No.: **E-mail Address:**

Street Address: **City:** **State:** **Zip:**

3. BUILDING PERMIT APPLICATION

Provide below a description of work: *(Also provide details on plot plan. Show all improvements on lot & approximate distances to lot lines)*

Total Lot Area _____ Acres/Sq Ft ESTIMATED COST OF CONSTRUCTION: $_____

ICC Use Group: _____ ICC Construction Type: _____

ESTIMATED START DATE __/__/____ ESTIMATED COMPLETION DATE __/__/____

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE_____DATE_____

PRINT NAME (Legibly) _____Email:_____

Address_____Phone:_____

(TURN PAGE OVER)

5. CONTRACTOR INFORMATION

Please list additional general contractor information on additional sheet(s) if applicable

Name of Contractor_____ Phone/Email _____

Person in Charge of Work_____ Cell/Email_____

Contractor Address _____

City _____ State _____ Zip _____

Proof of "Workman's Compensation" Insurance _____

---

6. PROJECT DETAILS

Trades: □ Building □ Electrical Work □ Plumbing Work □ Mechanical Work (HVAC) □ Fire Suppression/Fire Alarm System Heat Source (if applicable): _____ Fuel Type: _____

Foundation Type: □ Crawlspace □ Foundation □ Slab at Grade □ Piers □ Other:_____

7. SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades, use additional sheet(s) if applicable □ Additional sheet(s) attached

Contractor	City, State, Zip	Phone/Email	PA HIC#
Contractor	City, State, Zip	Phone/Email	PA HIC#
Contractor	City, State, Zip	Phone/Email	PA HIC#
Contractor	City, State, Zip	Phone/Email	PA HIC#
Contractor	City, State, Zip	Phone/Email	PA HIC#

---

8. OFFICE INFORMATION

(for official use only)

APPLICATION FEE: $_____ ISSUANCE DATE ____/____/____

PERMIT FEE: $_____ EXPIRATION DATE ____/____/____

INSPECTION FEES $_____ EXTENSION DATE ____/____/____

TOTAL FEES $_____

APPLICATION IS: GRANTED ☐ DENIED ☐ INCOMPLETE ☐

SIGNATURE OF PERMIT OFFICER_____DATE._____

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.