

## ***Professional Code Services, Inc.*** **Building Permit Application**

|                                                                                                 |                                                                          |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Date: _____<br>Applicant Name: _____<br>Address: _____<br>Ph: _____ Fax: _____<br>E-Mail: _____ | Architect/Engineer: _____<br>Phone: _____<br>Fax: _____<br>E-Mail: _____ |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                        |               |
|----------------------------------------|---------------|
| Property Owner: _____                  | Phone # _____ |
| Property where work is proposed: _____ |               |
| Parcel # _____                         |               |

| <b>New Construction or Alterations</b>                                            |
|-----------------------------------------------------------------------------------|
| Proposed construction or alteration (explain in detail) _____                     |
| Total Square Footage: Basement: _____ 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ |

| <b>Contractor Information</b>                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contractor Name: _____                                                                                                                                                                 |
| Address: _____                                                                                                                                                                         |
| Phone: _____ Fax: _____                                                                                                                                                                |
| Worker's Compensation Policy No.: _____                                                                                                                                                |
| Insurer: _____                                                                                                                                                                         |
| Expiration No.: _____                                                                                                                                                                  |
| <b>Note, A permit will not be issued until a copy of the worker's compensation insurance certificate is submitted indicating Professional Code Services as the certificate holder.</b> |

All permits required by the Commonwealth of Pennsylvania Department of Labor & Industry including Highway Occupancy Permits shall be obtained by and are the responsibility of the applicant. The applicant shall be responsible for identification of all utilities prior to excavation.

The undersigned hereby acknowledges that the above information is true and accurate and that the permit requirements has been read and understood. It is also understood that all fees are non-refundable after the Building Permit work has begun and at least one inspection has been performed by PCS. Fees for which a Plan Review that has been performed are non-refundable.

Applicant Signature: \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature: \_\_\_\_\_ (Required for all applications)

|                                                      |                                    |
|------------------------------------------------------|------------------------------------|
| PCS Information: Date Received _____ / _____ / _____ | Initials _____                     |
| Date Approved: _____ / _____ / _____                 | Date Denied: _____ / _____ / _____ |