

## Code Services

**\*\* OFFICE USE ONLY \*\***

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

Permit No.: \_\_\_\_\_

BIA Project No.: \_\_\_\_\_

Total Permit Fee: \_\_\_\_\_

### APPLICATION FOR PA UCC CONSTRUCTION PERMIT

#### I. PROPERTY INFORMATION

Municipality: \_\_\_\_\_ Development: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_

Proposed Work Site Address: \_\_\_\_\_ Tax Parcel ID: \_\_\_\_\_

Property within Floodplain: \_\_\_\_\_  
(market value can be taken from tax records or certified appraiser)  
If yes, what is the market value of the property: \_\_\_\_\_

#### II. CONTACT INFORMATION

Applicant Name: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_ PA License: \_\_\_\_\_ Insurance: \_\_\_\_\_

Person in Charge of Work: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Design Professional in Responsible Charge: \_\_\_\_\_ PA License: \_\_\_\_\_

Person in Charge of Work: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### III. APPLICATION TYPE

☐ Residential ☐ Non-Residential

☐ One-Family Change of Use

☐ Two-Family Existing Use:

☐ Manufactured Proposed Use:

#### V. CONSTRUCTION DATA

No. Stories Above Grade: \_\_\_\_\_ Basement \_\_\_\_\_

Construction Sq. Ft: \_\_\_\_\_  
(Copy of Signed Contract Required)

(Including other permit costs)

Total Cost of Construction: \$ \_\_\_\_\_

#### IV. PROPOSED CONSTRUCTION

☐ New Building ☐ Swimming Pool ☐ Fire Suppression

☐ Addition ☐ Mechanical ☐ Other

☐ Alteration ☐ Plumbing ☐ Electric Service

☐ Deck ☐ Electrical (Complete Sec. VII)

#### VI. OTHER PERMITS

☐ Mechanical \$ \_\_\_\_\_ No. of Appliances: \_\_\_\_\_

☐ Electrical \$ \_\_\_\_\_ No. of Devices: \_\_\_\_\_

☐ Plumbing \$ \_\_\_\_\_ No. of Fixtures: \_\_\_\_\_

| VII. ELECTRIC SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                |                                                                               |          |
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| <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> New Service <input type="checkbox"/> Upgrade Existing <input type="checkbox"/> Other: |                                                                               |          |
| <input type="checkbox"/> PPL <input type="checkbox"/> UGI <input type="checkbox"/> PECO <input type="checkbox"/> MET ED <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                | Work Permit No.:                                                              |          |
| Meter No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Phase:                                                                                                         |                                                                               | Voltage: |
| Amps:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                | <input type="checkbox"/> Overhead<br><br><input type="checkbox"/> Underground |          |
| VIII. DESCRIPTION OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |                                                                               |          |
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| IX. APPLICANT'S CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                |                                                                               |          |
| <p>As the owner or the authorized agent of the project for which this application is filed, I certify that:</p> <ol style="list-style-type: none"> <li>1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents.</li> <li>2. The estimated construction cost and all other information provided as part of this application for a building permit is correct.</li> <li>3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Building Code Official.</li> <li>4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.</li> <li>5. Any changes to the approved documents will be filed with the Building Code Official.</li> <li>6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official.</li> <li>7. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements.</li> <li>8. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.</li> </ol> <p style="margin-top: 20px;"> <b>Applicant Signature:</b> _____         <span style="margin-left: 100px;"><b>Date:</b> _____</span> </p> <p style="text-align: center; margin-top: 10px;"> <b>*(3) SETS OF DETAILED CONSTRUCTION PLANS MUST BE SUBMITTED WITH ALL APPLICATIONS.*</b><br/> <b>ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED &amp; SEALED BY A LICENSED DESIGN PROFESSIONAL</b><br/> <b>FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION</b> </p> |  |                                                                                                                |                                                                               |          |

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|--------------|----------------|
| Permit No.:  | Approval Date: |
| Approved by: |                |

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