



# Application for Commercial Building Permit & Plans Examination

## Code Administrators, Inc.

Plan Review ~Code Inspection ~Code Consulting~ Code Education ~Code Development

York County

2 West Market Street • Hallam, PA 17406  
Phone: 717.755.9120 • Fax: 717.755.9135

Lancaster County

4340 Oregon Pike • Ephrata, PA 17522  
Phone: 717.859.3350 • Fax: 717.859.3363

PERMIT NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

LOCATION  
OF PROJECT

Address \_\_\_\_\_  
Intended Use \_\_\_\_\_

OWNER OF  
RECORD

Name of Owner \_\_\_\_\_  
Address of Owner \_\_\_\_\_ City \_\_\_\_\_  
Phone Number of Owner \_\_\_\_\_

PROJECT  
INFO

New Building  Addition  Alteration  Repair  Demolition  Relocation  
 Fire Prevention  Change of Use  Plumbing  Mechanical  Electrical  
Brief Description of Project \_\_\_\_\_  
\_\_\_\_\_  
Cost of Construction \_\_\_\_\_ Sq. Footage \_\_\_\_\_

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Applicant for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE  
REQUIRED

Applicant Printed Name \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICIAL USE BELOW THIS LINE

Permit Number \_\_\_\_\_ Zoning Fee: \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

Construction Plans Submitted \_\_\_\_\_ Review Fee: \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

Date Issued \_\_\_\_\_ Inspections: \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

Permit Type \_\_\_\_\_ Education/Program Training Fee = 4.00

Use Group \_\_\_\_\_ TOTAL FEE TO BE COLLECTED

Code Administrator \_\_\_\_\_

# Commercial Building Permit Application

Permit # \_\_\_\_\_

## Contractor Information

General Contractor

General Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Demolition Contractor

Framing Contractor \_\_\_\_\_ Contract # \_\_\_\_\_  
Scope of Work \_\_\_\_\_  
Asbestos Notification submitted by \_\_\_\_\_ Date \_\_\_\_\_

Framing Contractor

Framing Contractor \_\_\_\_\_ Contact # \_\_\_\_\_  
Scope of Work \_\_\_\_\_

Electrical Contractor

Electrical Contractor \_\_\_\_\_ Contact # \_\_\_\_\_  
Scope of Work \_\_\_\_\_

Plumbing Contractor

Plumbing Contractor \_\_\_\_\_ Contact # \_\_\_\_\_  
Scope of Work \_\_\_\_\_

Heating Contractor

Heating Contractor \_\_\_\_\_ Contact # \_\_\_\_\_  
Scope of Work \_\_\_\_\_

# Commercial Building Permit Application

Foundation  
Contractor

Foundation Contractor _____ Contact # _____
Scope of Work/Type of Work _____
_____
_____

Fire Prevention  
Contractor

Fire Prevention Contractor _____ Contact # _____
Scope of Work/ _____
_____
_____

Provide copies of all other applicable permits, certifications or licensing requirements, which may apply under the following:

1. Elevator or Lifting Device Regulations
2. Boiler and Unfired Pressure Vessel Law
3. Propane and Liquefied Petroleum Gas Act
4. Health Care Facilities Act
5. Older Adult Daily Living Centers Licensing Act