

Civil • Municipal • Environmental • Engineering and Surveying

UCC BUILDING PERMIT APPLICATION

MUNICIPALITY: _____ PARCEL I.D. #: _____

PLAN REVIEW #: _____ BUILDING PERMIT #: _____

ALL BUILDING PERMIT APPLICANTS:

The following must be included in the submission of your Plan Review and/or Building Permit application. Incomplete applications will be returned.

- Local Municipal / Zoning Approval
- Sealed Survey / Site Plan
- Road occupancy permit, (State / Local) ALL new driveways / road access N/A
- Proof of accepted means of sewage disposal N/A
- Completed Residential Sprinkler Supplemental (Single and 2 family homes) N/A
- Proof of energy compliance (Res-Check, Com-Check, Prescriptive Details) N/A
- 3 complete sets of architectural / structural drawings **in sufficient detail** to review for code compliance. (*The Plan Reviewer does not know what you're thinking.*)
- For townhomes, duplexes and commercial sites, provide a separate application and address or designation for each unit, building, or structure.

PROJECT SPECIFIC SUPPLEMENTAL' S / CHECKLIST

- Fire Sprinkler Deck Pool Factory Built Home Residential Commercial

ALL BOXES MUST BE CHECKED ACCORDINGLY. MISSING / INCOMPLETE INFORMATION WILL CAUSE A DELAY IN APPLICATION REVIEW AND MAY INCUR ADDITIONAL REVIEW COSTS.

PROJECT (SITE) INFORMATION:

Project/Tenant Name: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Parcel I.D. # _____ Municipality: _____ County: _____

APPLICANT:

Name: _____

Billing Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Cell: _____

E-Mail Address: _____

OWNER INFORMATION:

Name: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Cell: _____

CONTRACTOR:

Name: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Cell: _____

APPLICATION TYPE: **COMMERCIAL** **RESIDENTIAL**

 New
 Structure Addition Alterations Repairs Demolition Relocation Deck Pool
 Manufactured Home (Trailer / Mobil) Industrialized Home (Modular) Change of Use Plumbing
 HVAC Electrical Fire Protection Energy Other

Project Description: _____

USE / OCCUPANCY CLASSIFICATION: (Check all that apply)

Residential Single Family Dwelling / Duplex / Townhouse
 Commercial A1 A2 A3 A4 A5 B E F1 F2 H1
 H2 H3 H4 H5 I1 I2 I3 I4 M R1
 R2 R3 R4 S1 S2 U

TYPE OF CONSTRUCTION:

Residential Wood Frame
 Commercial IA IB IIA IIB IIIA IIIB IV VA VB

PROJECT DATA INFORMATION:

Estimated cost of construction: _____

Number of stories above grade: _____

Basement: ___ Yes ___ No

Total square footage: _____

NEW floor area: _____ ADDITIONAL floor area: _____ RENOVATED floor area: _____

Sprinkler: ___ Full ___ Partial ___ None

IS PROJECT IN A FLOOD HAZARD AREA? ___ No ___ Yes

(If yes, submit 1 copy of the flood hazard certificate.)

IS THIS CONSTRUCTION REGULATED BY THE HEALTHCARE FACILITIES ACT?

___ No ___ Yes

(If yes, submit 1 copy of the approval letter issued by the PA Department of Health.)

DESIGN PROFESSIONAL *(Commercial applicants only - Residential if applicable)*

Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail Address: _____

PA License No.: _____

(SEAL)

APPLICANT RESPONSIBILITY: Any missing or incorrect information provided on the plans or not discovered during the Plan Review process may require field changes resulting in additional costs to you (due to a correction of non-compliant construction and/or re-inspections). Once a Building Permit is issued, ***you are responsible*** to call for all of your required inspections. Work constructed and concealed without inspection may be required to be removed and/or reconstructed to confirm code compliance. HMT & Associates, Inc. is not responsible or liable for any additional costs which may be incurred. By signing below, the applicant acknowledges full responsibility for any such additional costs. A Certificate of Occupancy ***will not*** be issued until all required inspections have been confirmed as passed and all fees have been paid.

Signature

Date

Print Name