



Code Administrators Inc

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Application for Commercial Building Permit and Plans Examination

Please note that the following are required to be submitted with this application:

- Two (2) Sets of Site Plans
- Two (2) Complete Sets of Stamped & Signed Construction Drawings
- Two (2) Sets of Specifications

When Possible an Additional Digital Submission of Construction Documents is Requested

Property Information

Project Address _____ City _____ Zip _____

Owner's Name _____ Phone _____ Fax _____ Email _____

Owner's Address _____ City _____ State _____ Zip _____

Scope of Project

Description of Work: _____

Cost of Construction _____

Square Feet _____

Stories Above Grade _____

Stories Below Grade _____

Check ALL That Apply:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Interior Alterations | <input type="checkbox"/> Exterior Alterations |
| <input type="checkbox"/> Change in Use | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Change in Occupancy | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Alarm System |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Demolition | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Roof |

Construction Type:	IA <input type="checkbox"/>	IIA <input type="checkbox"/>	IIIA <input type="checkbox"/>	VA <input type="checkbox"/>	IV <input type="checkbox"/>	IB <input type="checkbox"/>	IIB <input type="checkbox"/>	IIIB <input type="checkbox"/>	VB <input type="checkbox"/>
Use Group:	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>	B <input type="checkbox"/>	E <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>
	H-1 <input type="checkbox"/>	H-2 <input type="checkbox"/>	H-3 <input type="checkbox"/>	H-4 <input type="checkbox"/>	H-5 <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	I-4 <input type="checkbox"/>
	M <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	R-4 <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>	U <input type="checkbox"/>	

Phased Project / Deferred Submittals	(If not needed for project, write N/A)
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Please note the following regarding Phased Projects and Deferred Submittals:

- **Work can only be done on reviewed and approved construction documents.**
- **Construction documents for total building approval must be submitted and reviewed before any additional construction can occur.**
- **This limited approval does not guarantee that a permit will be issued for the entirety of the construction project.**
 - **The Applicant assumes all risk.**

I am requesting a Phased Approval. (If checked, please indicate the total number of phases and brief description of the scope of work for each in the space provided below.)

I am requesting a Deferred Approval. (Please check the disciplines you wish to defer and indicate their estimated submittal date in the space provided below.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Structural | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Energy/Insulation |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Wood Roof Trusses (Stamped and Signed) | | |

Design Professional (This Section must be fully completed prior to permit processing.)

Name	Phone	Fax
Address	City	State Zip
Company	Phone	
Pennsylvania License Number	Email	

Contractor Information

(If not needed for project, write N/A)

General Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Electrical Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

HVAC Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Plumbing Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Fire Alarm Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Fire Sprinkler Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

As the owner, lessee, design professional employed in connection with the proposed work or agents thereof, I certify that:

- All information provided on and with this application is true and correct and that 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;
- I understand that this permit is valid for one (1) year after its issuance by the Municipality;
- I understand that this permit shall become invalid unless the authorized construction work begins within 180 days of this permit’s issuance or if the authorized construction work is stopped for a period longer than 180 days;
- I understand that no work may be started, or continued, unless a permit is issued by, and the fees paid to, the Municipality;
- I understand that, once issued, a copy of this permit will remain on the work site until the completion of this project;
- I understand that a Building Permit Placard shall be placed on the property visible from the street;
- I am responsible for locating all property lines, setback lines, casements, rights-of-way, flood areas, etc.;
- I understand that the 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;
- I understand all applicable codes, ordinances and regulations;
- Any changes to the approved documents will be submitted in writing and these changes will not occur until they have been reviewed and approved;
- I understand that Code Administrators, Inc., or their authorized representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit;
- I understand that I am required to apply for any required Zoning Permits;
- I understand that I am responsible for any plan review fees or any additional inspections fees, which may be required during construction, that were not identified during the initial permit approval; and,
- I understand that all fees must be paid in full before a Certificate of Use and Occupancy can be issued. Should I decide to cancel the project, I agree that I am responsible for any fees incurred in the reviewing process.

Applicant Printed Name	Phone	Email
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Address	City	State	Zip
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Applicant Signature

Date