

BUILDING SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued _____
Permit # _____

R/N
R/O
C/N
C/O

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

 Owner _____
 Address _____

 Tele. (_____) _____
 Contractor _____
 Address _____

 Tele. (_____) _____ Fax (_____) _____
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. _____ PA.HIC # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	___	___	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	___	___	Footing	___	___	___	___
<input type="checkbox"/> Footing	___	___	Foundation	___	___	___	___
<input type="checkbox"/> Foundation	___	___	Slab	___	___	___	___
<input type="checkbox"/> Frame	___	___	Frame	___	___	___	___
<input type="checkbox"/> Other	___	___	Barrier-Free	___	___	___	___
Joint Plan Review Required:			Insulation	___	___	___	___
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes	___	___	___	___
SUBCODE APPROVAL			Energy	___	___	___	___
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical	___	___	___	___
Date: _____			TCO	___	___	___	___
Approved by: _____			Other	___	___	___	___
			Final	___	___	___	___
			Barrier-Free	___	___	___	___

TYPE OF WORK:

- New Building
- Addition
- Alteration
 - Roofing
 - Siding
 - Fence _____ Height (exceeds 6')
 - Sign _____ Sq. Ft.
 - Pool
 - Asbestos Abatement
 - Lead Haz. Abatement
 - Other _____
- Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
 UCC Inspection \$ _____
 PA L&I \$ _____
TOTAL \$ _____

1 White = Inspector Copy 2 Canary = Office Copy
 3 Pink = Office Copy 4 Gold = Applicant Copy

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Constr. Class Present _____ Proposed _____
 No. of Stories _____
 Height of Structure _____ Ft.
 Area — Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____