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Permit # _____

Parcel # _____

ABI # _____

Date Received ____/____/____

Date Approved / /

COMMERCIAL/RESIDENTIAL BUILDING PERMIT APPLICATION

Application Type (Check all that apply) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Addition <input type="checkbox"/> Accessibility Only Review <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> Uncertified Existing Building <input type="checkbox"/> New Building / NSF Dwelling <input type="checkbox"/> Change of Use and Occupancy	<input type="checkbox"/> Phased Approval (commercial only) <input type="checkbox"/> If Phased Approval indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan.
Use/Occupancy Classification: Check box to left of applicable group. (Check all that apply)	<div> <input type="checkbox"/> 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 </div> <div> <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 </div> <div> <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 </div> <div> <input type="checkbox"/> R-3 Adult Care <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U </div>	
Project Information (Subdivision & County names are required.)	Project Name _____ Street Name and # _____ City _____ State _____ Zip Code _____ Subdivision _____ County _____ Zoning District: AG _____ Con. _____ Rural _____ Res-1 _____ Res-2 _____ VC _____ LC _____ I _____ Total Lot Area: _____ Acres/Sq.FT _____ Sq Ft of project area: _____ (must include) Are there any deed restrictions or HOA covenants? _____, explain _____ <hr/> Cost of Construction: _____ (must include)	
Special Requirements and Documentation <u>Proposed timeline must be filled out for all commercial & residential jobs.</u>	Check each block below indicating that all the following will be submitted with this application: <div> <input type="checkbox"/> Two (2) site plans <input type="checkbox"/> Two (2) complete sets of construction drawings </div> <div> <input type="checkbox"/> One (1) completed copy of the ABI-2 UCC PLAN REVIEW CHECKLIST </div> <div> <input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building or New Structure/Facility) </div> <div> <input type="checkbox"/> PDF files of design drawings <input type="checkbox"/> Proposed project timeline _____ yr/mo(s) </div>	
	Does this construction involve modular units built in a factory	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.
	Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", submit 1 copy of approval letter from the Pennsylvania Department of Health.