

PA MUNICIPAL CODE ALLIANCE (1013 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996)
Commercial Building Permit Application
for any Structure other than a One- or Two-Family Dwelling

Name of Building / Business (if applicable) _____ Building Owner _____

SECTION I: LOCATION

Municipality: _____ County: _____ Tax Parcel ID#: _____

SITE LOCATION: Complete Address Street / Lot # _____ City /Town _____ Zip Code _____

SECTION II: PROPOSED WORK

Edition of PA UCC/ICC used _____ If New Construction check here OR check all that apply in the two rows below

Existing Building Repair Alteration Addition Demolition

Change of Use Change of Occupancy Other Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes No

Brief Description of Proposed Work: _____

SECTION III: COMPLETE THIS SECTION IF THIS IS FOR AN EXISTING BUILDING UNDERGOING A RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Additional Construction Alteration/Structural Egress Change Repair Renovation Change of Use/Occupancy
Applicable Code: IBC IEBC Level of Alteration: I II III

Existing Use Group(s): _____ Proposed Use Group(s): _____

SECTION IV: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION V: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 A-3 A-4 A-5 Type: _____ **B: Business** **E: Educational**
F: Factory F-1 F2 **H: High Hazard** H-1 H-2 H-3 H-4 H-5
I: Institutional I-1 I-2 I-3 I-4 **M: Mercantile** **R: Residential** R-1 R-2 R-3 R-4
S: Storage S-1 S-2 **U: Utility** **Mixed Use** Describe: _____
 Special Use Description: _____

SECTION VI: CONSTRUCTION TYPE (Check as applicable)

IA **IB** **IIA** **IIB** **IIIA** **IIIB** **IV** **VA** **VB**

SECTION VII: SITE INFORMATION

Flood Zone Information: Check if outside Flood Zone or Identify Zone: _____ Land Use Permit # _____
Hazards to Air Navigation: Is structure within airport approach area? Yes No

SECTION VIII: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____
Does the building contain a Sprinkler System? _____
Design Occupant Load per Floor and Assembly space: _____
Special Stipulations: _____

SECTION IX: PROPERTY OWNER/APPLICANT INFORMATION

Name Property Owner and contact information:

Name (*Print*) _____ No. and Street _____ City/Town _____ State _____ Zip _____

Telephone No. (*business*) _____ Telephone No. (*cell*) _____ Email address _____

If applicable, the property owner hereby authorizes:

Name (*Print*) _____ No. and Street _____ City/Town _____ State _____ Zip _____

Telephone No. (*business*) _____ Telephone No. (*cell*) _____ Email address _____

to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION X: CONSTRUCTION DETAILS

X.i: Registered Design Professional Responsible for this Project

Name (Registrant) _____	Telephone No. _____	Email address _____	Registration Number _____
Street Address _____	City/Town _____	State _____ Zip _____	Discipline _____ Expiration Date _____

X.ii: General Contractor

Company Name _____ Name of Person Responsible for Construction _____ License No. & Type if Applicable _____

Street Address _____ City/Town _____ State _____ Zip _____

Telephone No. (*business*) _____ Telephone No. (*cell*) _____ Email address _____

SECTION XI

A Workers' Compensation Insurance Affidavit form must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Is a signed Affidavit submitted with this application? **Yes** **No**

SECTION XII: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$ _____	START DATE: _____ FINISH DATE: _____ TOTAL NUMBER OF WEEKS: _____ TOTAL VALUE OF WORK: \$ _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Other: _____	\$ _____	
6. Total Cost	\$ _____	

SECTION XIII: SIGNATURE OF PERMIT APPLICANT

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

_____/_____/_____
 Please Sign Name _____ Print Name _____ Date _____

 Position / Title _____ Acting on Behalf of Company / Business Name _____

Complete Address: Street _____ City/Town _____ State _____ Zip _____

Business Phone No. _____ Cell Phone No. _____ Email Address _____

Appendix 1

Registered Professional Contact Information

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

The checklist below is a partial list of documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Workers Compensation Insurance			
18	FEMA Elevation Certificates & other Flood Plain Documentation			
19	Other (Specify)			
20	Other (Specify)			
21	Other (Specify)			

*Deferred Submittals must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction documents have been approved by the authority having jurisdiction.

PMCA Office Locations:

Chambersburg Office: 1013 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996
Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326
Somerset Office: 510 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112
Adams Office: 1895B York Road, Gettysburg, PA 17325 Phone: 717 321-9046