

Chambersburg Office: 405 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996 Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326

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APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Applicable Codes: 2009 IBC/IRC, 2012 IBC Chapter 11, 2009 ICC A11 7.1

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application Date	Permit Application No	
<u>1.</u> PR	OPERTY/SITE INFORMATION	
Owner:	Тах Мар:	
Site Address:	Parcel No.:	
Municipality: County:	Use Permit No	
Use: ☐ Single-Family Dwelling / Duplex ☐ Multi Family	☐ New Manufactured Home ☐ Relocated Manufac	ctured Home
Commercial Other	_ Floodplain present: Yes	□ No
Improvement Type: New Addition Alteration	☐ Repair/Replacement ☐ Relocation ☐ Other	
2. BUILDING OWNER'S INFORMATION		
First Name Mi.	Last Name	Phone No:
Street Address	City	State Zip
3. BU	ILDING PERMIT APPLICATION	
Total Lot Area: Acres/Sq. Ft. ESTIMATE	ED COST OF CONSTRUCTION: \$	
ICC Use Group:	ICC Construction Type:	
ESTIMATED START DATE:/	ESTIMATED COMPLETION DATE:/	
I certify that I am the owner of record, or that I have been authorize authorized by the owner of record. I understand and assume resp start of construction, and agree to conform to all applicable local, or his representative shall have the authority to enter the areas in the Codes governing this project. I further certify that this informat 4903. APPLICANT SIGNATURE: PRINT NAME (<i>legibly</i>):	consibility for the establishment of official property lines for restate, and federal laws governing the execution of this project which this work is being performed, at any reasonable hoution is true and correct to the best of my knowledge and beliated and beliated the correct to the best of my knowledge and beliated the correct to the best of my knowledge and beliated the correct to the best of my knowledge and beliated the correct to the best of my knowledge and beliated the correct to the best of my knowledge and beliated the correct to the best of my knowledge and beliated the correct to the best of my knowledge and beliated the correct to the best of my knowledge.	equired setbacks prior to the ect. I certify that the Code official r, to enforce the provisions of ief. Ref. 18 Pa. Cons. Stat. §
Address:	Phone No.:	

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5. CONTRACTOR INFORMATION

Please list additional general contractor information on additional sheet(s) if needed.

Additional sheet(s) attached Name of Contractor: Phone No: **Contractor Street Address** Person in Charge of Work: ______ Phone No.: _____ Email: _____ Cell No.: _____ Workman's Compensation Insurance: Provided On Record Exempt PA Home Improvement Contr. Reg. #____ **PROJECT DETAILS** Trades:
Building Electrical Work Plumbing Work Mechanical Work (HVAC) Fire Suppression/Fire Alarm System Heat Source (if applicable): ______ Fuel Type: _____ Foundation Slab at Grade Piers Other: _____ 7. SUBCONTRACTOR INFORMATION Please list subcontractors for major trades. Use additional sheet(s) if needed. Additional sheet(s) attached Contractor Address Phone No Pa HIC# Address Phone No Pa HIC # Contractor Pa HIC # Contractor Address Phone No Contractor Address Phone No Pa HIC# Contractor Address Phone No Pa HIC# 9. OFFICE INFORMATION For official use only APPLICATION FEE: **ISSUANCE DATE** PERMIT FEE: **EXPIRATION DATE INSPECTION FEES EXTENSION DATE TOTAL FEES** DENIED INCOMPLETE:_____ APPLICATION IS: GRANTED

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.