

COMMONWEALTH CODE INSPECTION SERVICE, INC.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Permit Application Date: _____ Permit Application No.: _____

PROPERTY ADDRESS

Street Address:	Parcel:	Zoning:
Subdivision:	Lot:	Type:
Municipality:	County:	

OWNER ADDRESS

Last Name or Business:	First Name:	Phone:	
Address:	City:	Fax:	Zip:
		State:	

TYPE OF APPLICATION

<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Accessibility <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Occupancy		
Type of Work (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Additional Construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>) <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy	Type of Construction (Check all that apply) <input type="checkbox"/> I-A <input type="checkbox"/> I-V <input type="checkbox"/> I-B <input type="checkbox"/> II-A <input type="checkbox"/> V-B <input type="checkbox"/> II-B <input type="checkbox"/> V-A <input type="checkbox"/> III-A <input type="checkbox"/> Separate Use <input type="checkbox"/> III-B <input type="checkbox"/> Non-Separated Use	Previous L & I Certificate #(s) PROPOSED CODE/YEAR FOR THIS PROJECT
Use Group (List All) <input type="checkbox"/> A-1 <input type="checkbox"/> H-1 <input type="checkbox"/> R-1 <input type="checkbox"/> A-2 <input type="checkbox"/> H-2 <input type="checkbox"/> R-2 <input type="checkbox"/> A-3 <input type="checkbox"/> H-3 <input type="checkbox"/> R-3 <input type="checkbox"/> A-4 <input type="checkbox"/> H-4 <input type="checkbox"/> R-4 <input type="checkbox"/> A-5 <input type="checkbox"/> H-5 <input type="checkbox"/> B <input type="checkbox"/> I-1 <input type="checkbox"/> S-1 <input type="checkbox"/> E <input type="checkbox"/> I-2 <input type="checkbox"/> S-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> U <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> M	Fire Separation <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-Separated Mixed Use <input type="checkbox"/> Incidental Use Main Use _____	Fire Suppression (List All) Type: <input type="checkbox"/> Wet (Water) # _____ Standard <input type="checkbox"/> Dry (Water) # _____ Standard <input type="checkbox"/> Chemical # _____ Standard Type _____
Start Date:	End Date:	Total Value of All Work:

Description of Proposed Project:

Empty box for project description.

ELECTRICAL PERMIT INFORMATION

Electrical Service Site

_____ Amps Power Company Name: _____
_____ Volts Power Company Job #: _____
_____ Ø

General Outlets: _____ 120 Volt _____ 240 Volt
Circuits: _____ 2 Wire _____ 3 Wire _____ 4 Wire

Device Name	Watts	Amps	#	Device Name	Watts	Amps	#

Start Date: _____ **Finish Date:** _____ **Value of Work:** _____

PLUMBING PERMIT INFORMATION

Water Service Size _____ Water Company Name: _____
 _____ Inches Diameter Water Company Job #: _____
 _____ Pressure at Main (PSI) _____ Supply at Main (GPM)
 Supply Branches: _____ Hot _____ Cold Total Demand: GPM _____ PSI _____

Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#

Sewer Sewer Company Name: _____ Job #: _____
 Size of Main: _____ in. Size of Lateral: _____ in. Capacity of System: _____ dfu
 Septic S.E.O Name: _____ Job #: _____
 Size of Tank: _____ in. Size of Lateral: _____ in. Capacity of System: _____ dfu
 Size of Building Drain: _____ in. Total Calculated Outflow: _____ dfu

Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#

Grease Trap: _____ gal. Garbage Disposal #: _____ Air Admittance Valve #: _____ Back Flow Preventer #: _____

Start Date: _____	Finish Date: _____	Value of Plumbing Work: _____
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MECHANICAL PERMIT INFORMATION

Number of Systems:		Type(s):		
SYSTEM	BTU	FUEL	VENT TYPE (+R-?)	FUNCTION (Heat? Cool? Water? Vent?)

Fuel Gas? Yes No Public? Yes No Piping Type(s): _____
 Oil? Yes No Tank Capacity? _____ Underground? Yes No
 Electric? Yes No Total KW: _____

Duct Detectors? Yes No Number of Zones? _____ Type? _____

Kitchen Hood Yes No Fire Suppression System? Yes No Type? _____

Hazardous Exhaust? Yes No Fire Suppression System: Yes No Type? _____

Fire Dampers? Yes No Smoke Dampers: Yes No

Smoke Control System? Yes No Governing Code Section(s): _____

Regular Exhaust Fans? Yes No Number? _____ Duct Type(s): _____

Fireplace? Yes No Number? _____

Gas? Yes No Piping Type: _____ Vent Type: _____

Masonry? Yes No Material Type: _____ Chimney Type: _____

Electric? Yes No Kw? _____

Start Date:	Finish Date:	Value of Work:
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FIRE ALARM PERMIT INFORMATION

Requiring Code Section: _____

Type(s) of Wiring: _____

Battery Back Up: Yes No Generator: Yes No

Number of Zones: _____

Type(s) of System(s): _____

Type(s) of Detector(s): _____
 Smoke, Heat, Infrared, Ultraviolet, Etc.

Types of Special Applications: _____

Types of Initiating Tests: _____

Start Date: _____	Finish Date: _____	Value of Work: _____
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FIRE SUPPRESSION SYSTEM PERMIT

Requiring Code Section(s): _____ Number of Systems: _____

Design:	NFPA 13 <input type="checkbox"/> Yes <input type="checkbox"/> No	Wet System <input type="checkbox"/> Yes <input type="checkbox"/> No	Number: _____
	NFPA 13R <input type="checkbox"/> Yes <input type="checkbox"/> No	Dry System <input type="checkbox"/> Yes <input type="checkbox"/> No	Number: _____
	System Type	Piping Type	System Design Pressure (PSI)
			System Design Capacity (GMP)
Alternate Systems: <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-Action: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Systems: _____			
System Type	Chemical	Capacity	Reference Standard(s)
Start Date: _____	Finish Date: _____	Value of Work: _____	

PROPOSED DEFERRED SUBMITTALS

- Foundation Permit (All Deferred) ETA / /
- Structural Steel ETA / /
- Fire Suppression ETA / /
- Fire Alarm ETA / /
- Roof Truss ETA / /
- Floor Truss ETA / /
- Spec Books ETA / /

PERSONNEL

Architect

Architect in Responsible Charge: _____		
Lead Architect: _____	Contact Person: _____	
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Mobile: _____		
Fax: _____		
Email: _____		

Structural Engineer

Firm: _____		
Lead Engineer: _____	Contact Person: _____	
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		
Mobile: _____		
Fax: _____		
Email: _____		

General Contractor

General Contractor: _____

Contact Person: _____ Are there other prime contractors: Yes No If yes, list separately.

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Mobile: _____

Fax: _____

Email: _____

Electrical Engineer

Firm: _____

Lead Engineer: _____ Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Mobile: _____

Fax: _____

Email: _____

Mechanical Engineer

Firm: _____

Lead Engineer: _____ Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Mobile: _____

Fax: _____

Email: _____

Plumbing Engineer

Firm: _____
Lead Engineer: _____ Contact Person: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Mobile: _____
Fax: _____
Email: _____

Fire Alarm Engineer/Designer

Firm: _____
Lead Engineer: _____ Contact Person: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Mobile: _____
Fax: _____
Email: _____

Fire Suppression Engineer/Designer

Firm: _____
Lead Engineer: _____ Contact Person: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Mobile: _____
Fax: _____
Email: _____

FAILURE TO FILL OUT THE PERMIT APPLICATION MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

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, and I 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 delegated 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.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

NOTICE

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional. The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hour notice.

Contact your local CCIS office at: 1102 Sheller Avenue, Suite B • Chambersburg, PA 17201 • Phone: (717) 262-0081 • Fax: (717) 263-3546