



Code Services

** OFFICE USE ONLY **	
Date Received:	_____
Permit No.:	_____
BIA Project No.:	_____
Total Permit Fee:	_____

APPLICATION FOR PA UCC CONSTRUCTION PERMIT

I. PROPERTY INFORMATION

Municipality:	Development:	Lot:	Section:
Proposed Work Site Address:		Tax Parcel ID:	
Property within Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>(market value can be taken from tax records or certified appraiser)</i> If yes, what is the market value of the property:	

II. CONTACT INFORMATION

Applicant Name:	email:
Mailing Address:	City: State: Zip:
Phone:	Phone: Fax:

Property Owner:	email:
Mailing Address:	City: State: Zip:
Phone:	Phone: Fax:

Contractor:	PA License:	Insurance:
Person in Charge of Work:	email:	
Mailing Address:	City: State: Zip:	
Phone:	Phone: Fax:	

Design Professional in Responsible Charge:	PA License:
Person in Charge of Work:	email:
Mailing Address:	City: State: Zip:
Phone:	Phone: Fax:

III. APPLICATION TYPE

<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential
<input type="checkbox"/> One-Family	Change of Use <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Two-Family	Existing Use:
<input type="checkbox"/> Manufactured	Proposed Use:

V. CONSTRUCTION DATA

No. Stories Above Grade:	Basement <input type="checkbox"/> Y <input type="checkbox"/> N
Construction Sq. Ft:	<i>(Copy of Signed Contract Required)</i>
<i>(Including other permit costs)</i>	
Total Cost of Construction:	\$ _____

IV. PROPOSED CONSTRUCTION

<input type="checkbox"/> New Building	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Fire Suppression
<input type="checkbox"/> Addition	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other
<input type="checkbox"/> Alteration	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electric Service
<input type="checkbox"/> Deck	<input type="checkbox"/> Electrical	<i>(Complete Sec. VII)</i>

VI. OTHER PERMITS

<input type="checkbox"/> Mechanical \$ _____	No. of Appliances: _____
<input type="checkbox"/> Electrical \$ _____	No. of Devices: _____
<input type="checkbox"/> Plumbing \$ _____	No. of Fixtures: _____

