

Chambersburg Office: 380 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 Appl	ication No		
	1. PROPERTY/SITE INF	ORMATION		
Dwner: Tax Map / Parc			0.:	
Site Address: Complete Address Street		City		Zip
Municipality:	County:	Land Use Permit N	lo	
Use: Single-Family Dwelling / Duplex Mu	ulti Family 🔲 New Manufactu	ured Home 🔲 Relocated Man	ufactured Home	
☐ Commercial ☐ Other		Floodplain present: Y	es 🗌 No	
Improvement Type: New Addition	Alteration Repair/Replac	ement Relocation Ot	her	_
	2. BUILDING OWNER'S IN	<u>FORMATION</u>		
First Name Mi.	Las	t Name	Phon	e No:
Street Address		City	State	Zip
Total Lot Area: Acres/Sq. Ft.	ESTIMATED COST OF CONST	FRUCTION: \$		
ICC Use Group:	ICC Const	ruction Type:		
ESTIMATED START DATE:/	ESTIMATED	O COMPLETION DATE:/_		
I certify that I am the owner of record, or that I have be authorized by the owner of record. I understand and a start of construction, and agree to conform to all applic or his representative shall have the authority to enter t the Codes governing this project. I further certify that t 4903. APPLICANT SIGNATURE: PRINT NAME (legibly):	ssume responsibility for the estab cable local, state, and federal law the areas in which this work is bei his information is true and correct	cord to submit this application and blishment of official property lines f s governing the execution of this p ing performed, at any reasonable t to the best of my knowledge and	for required setbacks project. I certify that the chour, to enforce the belief. Ref. 18 Pa.	s prior to the the Code official provisions of
Address:Rev 5-15-15		Phone No.:	Page 1 of 2	_

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.