

BUILDING SUBCODE TECHNICAL SECTION



DATE RECEIVED

DATE ISSUED

PERMIT #

R/N R/O

C/N

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE I CONTRACTORS, NOTIFY THIS OFFICE. Work Site Location	NFORMATION. WHEN CHANGING		C/O
Owner Address Telephone ()	 	D. TECHNICAL SITE DATA DESCRIPTION OF WORK	
Contractor Address Telephone ()			1 1 1 1
License Number or Builders Reg. No Federal Emp. No. PA. HIC #			1 1 1 1
JOB SUMMARY (OFFICE USE ONLY) PLAN REVIEW Date Initial INSPECTIONS No Plans Required TYPE: All FOOTING Footing FOUNDATION	DATES (MONTH/DAY) FAILURE FAILURE APPROVAL INITIAL		
Foundation SLAB Frame FRAME Other BARRIER-FREE JOINT PLAN REVIEW REQUIRED: INSULATION ELEC PLUMB. FIRE ELEVATOR FINISHED		TYPE OF WORK: NEW BUILDING ADDITION ALTERATION ROOFING	FEE (OFFICE USE ONLY)
SUBCODE APPROVAL COCOCA MECHANICAL DATE: TCO APPROVED BY: OTHER FINALL		SIDING FENCE HEIGHT (EXCEEDS 6 FEET SIGN SQ.FT. POOL ASBESTOS ABATEMENT	
USE GROUP PRESENT PROPOSED	EST. COST OF BUILDING WORK: 1. NEW BUILDING \$	☐ LEAD HAZ. ABATEMENT ☐ OTHER ☐ DEMOLITION	
CONSTR. CLASS PRESENT PROPOSED NUMBER OF STORIES HEIGHT OF STRUCTURE FT AREA - LARGEST FLOOR SQ.FT. NEW BUILDING. AREA/ ALL FLOORS SQ.FT.	2. ALTERATION \$ 3. TOTAL (1 + 2) \$ C. CERTIFICATION IN LIEU OF OATH I HEREBY CERTIFY I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION	TOTA	•