



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:		

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	(Complete Sec. VII)

V. CONSTRUCTION DATA

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

VI. OTHER PERMITS

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

