



# 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:  Yes  No *(market value can be taken from tax records or certified appraiser)*  
 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

Residential  Non-Residential

One-Family  Change of Use  Y  N

Two-Family Existing Use: \_\_\_\_\_

Manufactured Proposed Use: \_\_\_\_\_

### V. CONSTRUCTION DATA

No. Stories Above Grade: \_\_\_\_\_ Basement  Y  N

Construction Sq. Ft: \_\_\_\_\_ *(Copy of Signed Contract Required)*

*(Including other permit costs)*  
 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: _____

