



Code Administrators Inc

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Application for Commercial Building Permit and Plans Examination

Please note that the following are required to be submitted with this application:

- Two (2) Sets of Site Plans
- Two (2) Complete Sets of Stamped & Signed Construction Drawings
- Two (2) Sets of Specifications

When Possible an Additional Digital Submission of Construction Documents is Requested

Property Information

Project Address		City	Zip
Owner's Name	Phone	Fax	Email
Owner's Address	City	State	Zip

Scope of Project

Description of Work: _____

Cost of Construction	Square Feet	Stories Above Grade	Stories Below Grade
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Check ALL That Apply:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Interior Alterations | <input type="checkbox"/> Exterior Alterations |
| <input type="checkbox"/> Change in Use | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Change in Occupancy | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Alarm System |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Demolition | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Roof |

FOR BOROUGH USE BELOW THIS LINE

Permit Number: _____

Date Issued: _____

Code Administrator: _____

Review Fee: _____ X \$ _____ = _____

Inspections: _____ X \$ _____ = _____

Administration Fee 10% X \$ _____ = _____

Zoning Fee: _____ X \$ _____ = _____

Education/Program Training Fee = \$ 4.50

TOTAL FEE TO BE COLLECTED = _____

Construction Type:	IA <input type="checkbox"/>	IIA <input type="checkbox"/>	IIIA <input type="checkbox"/>	VA <input type="checkbox"/>	IV <input type="checkbox"/>	IB <input type="checkbox"/>	IIB <input type="checkbox"/>	IIIB <input type="checkbox"/>	VB <input type="checkbox"/>
Use Group:	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>	B <input type="checkbox"/>	E <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>
	H-1 <input type="checkbox"/>	H-2 <input type="checkbox"/>	H-3 <input type="checkbox"/>	H-4 <input type="checkbox"/>	H-5 <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	I-4 <input type="checkbox"/>
	M <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	R-4 <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>	U <input type="checkbox"/>	

Phased Project / Deferred Submittals

(If not needed for project, write N/A)

Please note the following regarding Phased Projects and Deferred Submittals:

- Work can only be done on reviewed and approved construction documents.
- Construction documents for total building approval must be submitted and reviewed before any additional construction can occur.
- This limited approval does not guarantee that a permit will be issued for the entirety of the construction project.
 - The Applicant assumes all risk.

I am requesting a Phased Approval. (If checked, please indicate the total number of phases and brief description of the scope of work for each in the space provided below.)

I am requesting a Deferred Approval. (Please check the disciplines you wish to defer and indicate their estimated submittal date in the space provided below.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Structural | <input type="checkbox"/> Accessibility | <input type="checkbox"/> Energy/Insulation |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fire Sprinkler System |
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Wood Roof Trusses (Stamped and Signed) | | |

Design Professional (This Section must be fully completed prior to permit processing.)

Name	Phone	Fax		
Address	City	State	Zip	
Company	Phone			
Pennsylvania License Number	Email			

Contractor Information

(If not needed for project, write N/A)

General Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Electrical Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

HVAC Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Plumbing Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Fire Alarm Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Fire Sprinkler Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

