PA MUNICIPAL CODE ALLIANCE, Inc.

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
Somerset Office: 318 Georgian Place, Somerset, PA 15501 **Phone:** 814 444-6112
Adams Office: 1895B York Road, Gettysburg, PA 17325 **Phone:** 717 321-9046
Email: pmca@pacodealliance.com **Website:** https://pacodealliance.com/

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application No._____

1. PROPERTY / SITE INFORMATION

Site Address: _____ Tax Map / Parcel No.: _____
Complete Address / Street / Lot #

_____
City State Zip

Municipality: _____ County: _____ Land Use Permit No._____

Use: ☐ **Residential** ☐ Single-Family Dwelling / Duplex ☐ Multi Family ☐ New / ☐ Relocated Manufactured Home ☐ Modular

☐ **Commercial** ☐ Other _____ Floodplain present: ☐ Yes ☐ No

Improvement Type: ☐ New ☐ Addition ☐ Alteration ☐ Repair/Replacement ☐ Relocation ☐ Other _____

2. LAND / PROPERTY OWNER'S INFORMATION (Complete Section 5 for Contractor's Info)

First Name Mi. Last Name Phone No: Cell No.:

Street Address City State Zip Email:

3. BUILDING / STRUCTURE OWNER'S INFORMATION [If Different From Above]

First Name Mi. Last Name Phone No: Cell No.:

Street Address City State Zip Email:

4. BUILDING PERMIT APPLICATION

Provide below description of Work: *(Also provide details on plot plan: Show all improvements on lot & approx. distances to lot lines)*

Total Lot Area: _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: $_____

ICC Use Group: _____ ICC Construction Type: _____

ESTIMATED START DATE: ____/____/____ ESTIMATED COMPLETION DATE: ____/____/____

5. CONTRACTOR INFORMATION

Business Name: _____ Phone No: _____

_____

Contractor Street Address City State Zip

Person in Charge of Work: _____ Phone No.: _____

Email: _____ Cell No.: _____

Workman's Compensation Insurance: ☐ Provided ☐ On Record ☐ Exempt PA Home Improvement Contr. Reg. #_____

►► THIS SECTION MUST BE FULLY COMPLETED OR THE APPLICATION MAY BE REJECTED AS INCOMPLETE ◄◄

6. CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true & correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. §4903.

_____ _____ _____

Applicant Signature Print Name (***legibly***): Date

_____ _____

Applicant Phone (Land Line and Cell) Applicant Email

_____ _____

Business Name (if applicable) Email

_____

☐ Business **OR** ☐ Applicant Complete Mailing Address

_____

Business Phone Number (Land Line and Cell)

7. PROJECT DETAILS

Trades: ☐ Building ☐ Electrical Work ☐ Plumbing Work ☐ Mechanical Work (HVAC) ☐ Fire Suppression/Fire Alarm System

Heat Source (if applicable): _____ Fuel Type: _____

Foundation Type: ☐ Crawlspace ☐ Foundation ☐ Slab at Grade ☐ Piers ☐ Other: _____

Details: _____

_____

SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades. Use additional sheet(s) if needed. ☐Additional sheet(s) attached

Contractor	Address	Phone No	Pa HIC #

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING PMCA OFFICE FOR ALL REQUIRED INSPECTIONS.

►► IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT **N/A** ON THE LINE/ SPACE ◄◄