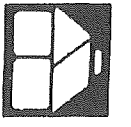


BUILDING SUBCODE TECHNICAL SECTION



Date Received
 Date Issued
 Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____
 Address _____

Tele. (____) _____
 Contractor _____

Address _____
 Tele. (____) _____ Fax (____) _____

Lic. No. or Bids. Reg. No. _____
 Federal Emp. No. _____ PA HIC # _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	_____	Footings	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	_____	Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	Insulation	_____	_____	_____	_____
Joint Plan Review Required:	_____	_____	_____	Finishes	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____	_____	Energy	_____	_____	_____	_____
SUBCODE APPROVAL	_____	_____	_____	Mechanical	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	_____	TCO	_____	_____	_____	_____
Date: _____	_____	_____	_____	Other	_____	_____	_____	_____
Approved by: _____	_____	_____	_____	Final	_____	_____	_____	_____
_____	_____	_____	_____	Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present _____	Proposed _____
No. of Stories	_____	_____
Height of Structure	_____ Ft.	_____ Ft.
Area — Largest Floor	_____ Sq. Ft.	_____ Sq. Ft.
New Bldg. Area/All Floors	_____ Sq. Ft.	_____ Sq. Ft.
Volume of New Structure	_____ Cu. Ft.	_____ Cu. Ft.
Total Land Area Disturbed	_____ Sq. Ft.	_____ Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
_____	<input type="checkbox"/> New Building	_____	_____	_____
_____	<input type="checkbox"/> Addition	_____	_____	_____
_____	<input type="checkbox"/> Alteration	_____	_____	_____
_____	<input type="checkbox"/> Roofing	_____	_____	_____
_____	<input type="checkbox"/> Siding	_____	_____	_____
_____	<input type="checkbox"/> Fence	_____	_____	_____
_____	<input type="checkbox"/> Sign	_____	_____	_____
_____	<input type="checkbox"/> Pool	_____	_____	_____
_____	<input type="checkbox"/> Asbestos Abatement	_____	_____	_____
_____	<input type="checkbox"/> Lead Haz. Abatement	_____	_____	_____
_____	<input type="checkbox"/> Other _____	_____	_____	_____
_____	<input type="checkbox"/> Demolition	_____	_____	_____

Est. Cost of Bldg. Work:

1. New Bldg.	\$ _____
2. Alteration	\$ _____
3. Total (1+2)	\$ _____

Administrative Surcharge	\$ _____
UCC Inspection	\$ _____
PA L&I	\$ _____
TOTAL	\$ _____

1 White = Inspector Copy
 2 Canary = Office Copy
 3 Pink = Office Copy
 4 Gold = Applicant Copy