

Code Administrators, Inc.

18 YEARS OF SERVICE WITH INTEGRITY

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Application for Residential Building Permit and Plans Examination

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

Three (3) Sets of Site Plans

Three (3) Complete Sets of Construction Drawings

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	Floors	Finished / Unfinished Basement	Attached / Detached / No Garage
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Check ALL That Apply:

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Pre-Manufactured Home | <input type="checkbox"/> Pole Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Heating/Air Conditioning | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roof | <input type="checkbox"/> Sunroom |
| <input type="checkbox"/> Deck/Porch | <input type="checkbox"/> Aboveground Pool | <input type="checkbox"/> Inground Pool | <input type="checkbox"/> Spa/Hot Tub | <input type="checkbox"/> Detached Garage |
| <input type="checkbox"/> Basement Alterations | <input type="checkbox"/> Bathroom Alterations | <input type="checkbox"/> Kitchen Alterations | <input type="checkbox"/> Foundation Only | |

Deferred Approval

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

Please note the following regarding Deferred Approvals:

- 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 and the Applicant assumes all risk.

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"/> Energy/Insulation | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Wood Roof Trusses (Stamped and Signed) | |

FOR OFFICIAL USE ONLY

Contractor Information

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

General Contractor:

- Please check if you requesting a Religious Sect Electrical Exemption
(If checked, please fill out, notarize and submit form 901(b) Electrical Exemption Affidavit)

Company Name	Phone	Fax
Address	City	State Zip
Contact	Email	Cell

Electrical Contractor:

Company Name	Phone	Fax
Address	City	State Zip
Contact	Email	Cell

Heating/Air Conditioning Contractor:

Company Name	Phone	Fax
Address	City	State Zip
Contact	Email	Cell

Plumbing Contractor:

Company Name	Phone	Fax
Address	City	State Zip

Design Professional (Where Required)

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

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

Applicant Certification

This Section MUST be Fully Completed.

As the owner, lessee, design professional employed in connection with the proposed work or agents thereof, I certify that:

- All information provided on and with this application is true and correct and that the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality;
- I understand that this permit is valid for one (1) year after its issuance by the Municipality;
- I understand that this permit shall become invalid unless the authorized construction work begins within 180 days of this permit's issuance or if the authorized construction work is stopped for a period longer than 180 days;
- I understand that no work may be started, or continued, unless a permit is issued by, and the fees paid to, the Municipality;
- I understand that, once issued, a copy of this permit will remain on the work site until the completion of this project;
- I understand that a Building Permit Placard shall be placed on the property visible from the street;
- I am responsible for locating all property lines, setback lines, easements, rights-of-way, flood areas, etc.;
- I understand that the issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body;
- I understand all applicable codes, ordinances and regulations;
- Any changes to the approved documents will be submitted in writing and these changes will not occur until they have been reviewed and approved;
- I understand that Code Administrators, Inc., or their authorized representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit;
- I understand that if this permit is for interior alterations or additions other than a deck that the existing structure shall be inspected at Final for compliance with the 2009 IRC Section 314 Smoke Alarms & Section 315 Carbon Monoxide Alarms;
- I understand that all residential properties, including the property on this application, are required to have house numbers at least 4" high and visible to both directions of traffic for compliance with the 2009 IRC Section R319 Site Address;
- I understand that I am responsible for any plan review fees or any additional inspections fees, which may be required during construction, that were not identified during the initial permit approval;
- I understand that I am responsible to apply for any required Zoning Permits and,
- I understand that all fees must be paid in full before a Certificate of Use and Occupancy can be issued. Should I decide to cancel the project, I agree that I am responsible for any fees incurred in the reviewing process.

Applicant Printed Name

Phone

Email

Applicant Address

City

State

Zip

Applicant Signature

Date