

Building Permit Application

Construction Code Inspectors, Inc.
4885 US 322 Suite 1, Franklin, PA 16323
814-432-2630 814-432-2634(fax)
cci@constructcodepa.com

Township/Borough/City _____ Date: ____/____/____

Owner/Agent _____ Phone: _____

Email: _____ Fax: _____

Owners Address: _____

Contractor: _____ Phone: _____

Site Address: _____

Type of Application

- | | | | | |
|------------------------------------|---|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Renovations |
| <input type="checkbox"/> Occupancy | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Other _____ | |

- | | | |
|--|---|---|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Addition | <input type="checkbox"/> Accessory Bldg. |
| <input type="checkbox"/> New Mobile Home | <input type="checkbox"/> Relocated Mobile Home | <input type="checkbox"/> Modular Home |
| <input type="checkbox"/> Commercial New Building | <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Commercial Renovations |
| <input type="checkbox"/> Change of Occupancy | <input type="checkbox"/> Initial Cert. of Occupancy | <input type="checkbox"/> Demolition |

Description of work: _____

Proposed Building Area: _____ Number of Stories _____

Total Value of Work: _____ Municipal Checklist Attached

Commercial Only

Use Group: (Check all that apply)

Type of Construction: (Check all that apply)

- | | | | | | | | | | | | |
|-----------------------------|------------------------------|------------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> A2 | <input type="checkbox"/> A3 | <input type="checkbox"/> A4 | <input type="checkbox"/> A5 | <input type="checkbox"/> B | <input type="checkbox"/> IA | <input type="checkbox"/> IB | <input type="checkbox"/> IIA | <input type="checkbox"/> IIB | <input type="checkbox"/> IIIA | <input type="checkbox"/> IIIB |
| <input type="checkbox"/> E | <input type="checkbox"/> F1 | <input type="checkbox"/> F2 | <input type="checkbox"/> H1 | <input type="checkbox"/> H2 | <input type="checkbox"/> H3 | | | | | | |
| <input type="checkbox"/> H4 | <input type="checkbox"/> H5 | <input type="checkbox"/> I1 | <input type="checkbox"/> I2 | <input type="checkbox"/> I3 | <input type="checkbox"/> I4 | <input type="checkbox"/> IV | <input type="checkbox"/> 2B | <input type="checkbox"/> IV | <input type="checkbox"/> VA | <input type="checkbox"/> VB | |
| <input type="checkbox"/> M | <input type="checkbox"/> R1 | <input type="checkbox"/> R2 | <input type="checkbox"/> R3 | <input type="checkbox"/> R4 | <input type="checkbox"/> S1 | | | | | | |
| <input type="checkbox"/> S2 | <input type="checkbox"/> U/M | <input type="checkbox"/> Separated | <input type="checkbox"/> Non-Separated | | | | | | | | |

Signature: _____ Printed: _____

Directions to site: _____