

HALIFAX BOROUGH

126 Highland Lane, Halifax, PA 17032

**** OFFICE USE ONLY ****

Date Received: _____
Permit No.: _____
BIA Project No.: _____
Total Permit Fee: _____

APPLICATION FOR PA UCC CONSTRUCTION PERMIT

I. PROPERTY INFORMATION

Municipality: _____ Development: _____ Lot: _____ Section: _____

Proposed Work Site Address: _____ Tax Parcel ID: _____

Property within Floodplain: Yes No *(market value can be taken from tax records or certified appraiser)*
If yes, what is the market value of the property: _____

II. CONTACT INFORMATION

Applicant Name: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

Property Owner: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

Contractor: _____ PA License: _____ Insurance: _____

Person in Charge of Work: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

Design Professional in Responsible Charge: _____ PA License: _____

Person in Charge of Work: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

III. APPLICATION TYPE

Residential Non-Residential

One-Family Change of Use Y N

Two-Family Existing Use: _____

Manufactured Proposed Use: _____

V. CONSTRUCTION DATA

No. Stories Above Grade: _____ Basement Y N

Construction Sq. Ft: _____ *(Copy of Signed Contract Required)*

(Including other permit costs)
Total Cost of Construction: \$ _____

IV. PROPOSED CONSTRUCTION

<input type="checkbox"/> New Building	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Fire Suppression
<input type="checkbox"/> Addition	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other
<input type="checkbox"/> Alteration	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electric Service
<input type="checkbox"/> Deck	<input type="checkbox"/> Electrical	(Complete Sec. VII)

VII. ELECTRIC SERVICE
 Residential Non-Residential New Service Upgrade Existing Other:

 PPL UGI PECO MET ED Other: Work Permit No.: Overhead
 Meter No.: Phase: Voltage: Amps: Underground
VIII. DESCRIPTION OF WORK

IX. APPLICANT'S CERTIFICATION

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The inspector is hereby granted access to observe the work in this application upon coordination with the owner or his agents.
2. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Building Code Official.
4. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
5. Any changes to the approved documents will be filed with the Building Code Official.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official.
7. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements.
8. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.

Applicant Signature: _____ **Date:** _____

*** (2) SETS OF DETAILED CONSTRUCTION PLANS MUST BE SUBMITTED WITH ALL APPLICATIONS.***

**ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED & SEALED BY A LICENSED DESIGN PROFESSIONAL
FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION**

**** OFFICE USE ONLY ******PERMIT FEES**

Plan Review:

Permit & Inspection:

Municipality Admin:

State:

Total Permit Fee:

PROJECT DATA

Use Group:

Code Edition:

Construction Type:

Fire Sprinkler: Y N**APPROVED PERMITS**

Zoning Permit No.:

NPDES Permit No.:

Sewage Permit No.:

Water/Well Permit No.:

Permit No.:

Approval Date:

Approved by: