

COMMERCIAL BUILDING PERMIT APPLICATION



CITY OF POTTSVILLE
CODE ENFORCEMENT & ZONING OFFICE
401 N. CENTRE STREET
PO BOX 50
POTTSVILLE, PA 17901
(570)-622-1234



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PHONE: (570)-622-1234

<u>OFFICIAL USE ONLY</u>			
PERMIT FEE: \$ _____	Occupancy Permit:	\$ _____	
Inspection Fee: \$ _____	Non-Variance Zoning:	\$ _____	

COMMERCIAL BUILDING PERMIT APPLICATION

PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY.

Site Information:

Project location: _____
Owner: _____
Owner Address: _____
Owner Phone(s): _____

Applicant, Contractor or Owner's Agent:

Applicant, Contractor or Agent Name: _____
Address: _____
Phone: _____ Email: _____
Primary Contact: _____ Phone: _____
Email: _____
City of Pottsville Business License Number: _____

Type of Construction:

____ New Building ____ Alteration/Addition ____ Remodeling
____ Interior Demo ____ Change of Occupancy ____ Signage

_____ Plumbing

_____ Mechanical

_____ Electrical

Other: _____

Current Use of Building:

Fire:

Fire Sprinkler System Existing?: _____

Proposed?: _____

Fire Alarm System Existing?: _____

Proposed?: _____

Use Group/Occupancy: (Check all that apply)

<input type="checkbox"/> A-1 Assembly <input type="checkbox"/> A-2 Assembly; Nightclubs, Resturants, Bars, Banquet Halls <input type="checkbox"/> A-3 Assembly; Religious, General, Community <input type="checkbox"/> A-4 Assembly; Arenas <input type="checkbox"/> A-5 Assembly; Arenas <input type="checkbox"/> B Business <input type="checkbox"/> E Educational <input type="checkbox"/> F-1 Factory & Industrial; Moderate Hazard	<input type="checkbox"/> F-2 Factory & Industrial; Low Hazard <input type="checkbox"/> H High Hazard <input type="checkbox"/> I-1 Institutional; Supervised <input type="checkbox"/> I-2 Institutional; Hospitals, Nursing Homes <input type="checkbox"/> I-3 Institutional; Restrained <input type="checkbox"/> I-4 Institutional; Daycare <input type="checkbox"/> M Mercantile (Retail) <input type="checkbox"/> R-1 Residential; Hotels	<input type="checkbox"/> R-2 Residential; Multi-Family # of Units _____ <input type="checkbox"/> R-3 Residential; Town Houses # of Units _____ <input type="checkbox"/> R-4 Residential; Care/Assisted Living Facilities (6-16 Occ.) <input type="checkbox"/> S-1 Storage; Moderate Hazard <input type="checkbox"/> S-2 Storage; Low Hazard <input type="checkbox"/> U Utility; Miscellaneous
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Construction Type:

Cost of Construction: \$ _____

Occupant Load:

Current Occupant Load: _____ Proposed Occupant Load: _____

Business Information:

Business Owner: _____

Business Name: _____

Business Address: _____

Owner Phone(s): _____

Description of Work:

<input type="checkbox"/> I-A Non-Combustible, Protected	<input type="checkbox"/> II-B Non-Combustible, Unprotected	<input type="checkbox"/> IV Heavy Timber
<input type="checkbox"/> II-A Non-Combustible, Protected	<input type="checkbox"/> III-A Non-Combustible Exterior, Protected	<input type="checkbox"/> V-A Combustible, Protected
<input type="checkbox"/> I-B Non-Combustible, Unprotected	<input type="checkbox"/> III-B Non-Combustible Exterior, Unprotected	<input type="checkbox"/> V-B Combustible, Unprotected

Provide the following (As required for permit):

_____ Building Plans _____ Surveying Documents _____ Energy Compliance Data

_____ Truss Drawings

PPL Work Order #: _____

CERTIFICATION:

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and 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 law of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE:

Signature: _____ DATE: _____

Print Name: _____

Contractor Information:

Architect/Engineer:

Name/Company: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____

General Contractor:

Name/Company: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____

Plumbing Contractor:

Name/Company: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____

HVAC Contractor:

Name/Company: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____

Electrical Contractor:

Name/Company: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____

Fire Suppression System Contractor:

Name/Company: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____

Fire Alarm Contractor:

Name/Company: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____