

City of Lancaster, PA.

120 North Duke Street P.O. Box 1599 Lancaster, PA 17608
8:30 AM - 5:00 PM Permits and scheduling - 717-291-4724 www.cityoflanasterpa.com

Commercial Building Permit Application

APPLICANT/CONTACT PERSON: _____

COMPANY COMPLETING APPLICATION: _____

Address (include zip code): _____

Telephone Numbers: Home/Office # _____ Cell# _____ Fax: _____

E-Mail Address: _____

PROJECT LOCATION/STREET ADDRESS: _____

(Must include Apartment/units or Suite Numbers if applicable)

Is Property Condemned: YES NO

Is this property located within a floodplain area? YES NO

A local Regulatory Floodplain Elevation Certificate is required for any project located within a floodplain area.

Are windows, doors or exterior materials being updated for this property? YES NO

Do Zoning Hearing Board/Planning Commission stipulations apply to this project/property? YES NO

DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE: _____

The design professional is required to submit a statement of special inspection requirements with the plan submittal.

PROPERTY OWNER: _____ SAME AS ABOVE

Address: _____

Telephone Numbers: Home/Office # _____ Cell# _____ Fax: _____

General Contractor Information: Name: _____ SAME AS ABOVE

Contractor address (include zip code): _____

Telephone Numbers: Home/Office # _____ Cell# _____ Fax: _____

Home Improvement Contractor's Registration Number if applicable: _____

Workers' Compensation Insurance: YES NO If no, contractor must provide a notarized exemption form.

Contractor must provide a Certificate of Insurance listing the City of Lancaster as the certificate holder.

TYPE OF WORK OR IMPROVEMENT: (Check all that apply)

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Foundation Only
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Electrical
<input type="checkbox"/> Sign	<input type="checkbox"/> Demolition	<input type="checkbox"/> Cert. of Occupancy	<input type="checkbox"/> Other

SCOPE OF WORK: _____

COST OF CONSTRUCTION (To include Time & Materials): \$ _____

CONSTRUCTION TYPE: (IBC Chapter 6) _____

DESCRIPTION OF BUILDING USE: (Check One)

Specific Use: _____

Use Group: _____

Business Name: _____

Change in Use: Yes No If yes, indicate former use: _____

Maximum Occupancy Load: _____

DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING:

Fire Alarm System: Yes No

Automatic Sprinkler System: Yes No

Note: Plumbing water usage calculations are required to be submitted showing current demand and new demand flows.

BUILDING DIMENSIONS:

Existing Building Area: _____ sq. ft. No. of Stories Existing: _____
Proposed Building Area: _____ sq. ft. No. of Stories Proposed: _____
Total Building Area: _____ sq. ft. Height of Structure above Grade: _____
Gross Area of Grade Level Floor: _____ sq. ft.

THIRD PARTY CODE REVIEW AND INSPECTION AGENCIES-SELECT ONE

- Associated Building Inspections (courier) Barry Isett & Associates Inc (must transport)
 Bureau Veritas North America Inc (must transport) Code Administrators, Inc (courier)

The applicant certifies that all information on this application is correct and 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 City of Lancaster. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements rights-of-way, flood areas, etc. 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 City of Lancaster or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

I understand that the property/building/tenant space cannot be used at the completion of the project until all special stipulations have been complied with.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Phone Number

Date

Notice to taxpayer. By Ordinance No. 15-2009, you may be entitled to exemption from tax on your contemplated improvements by reassessment. A LERTA application for exemption may be secured from the Bureau of Code Compliance and Inspections and must be submitted with permit application.

Bureau Reviews and sign off's

Date/Signature

- PlanningMore Info needed [] _____/_____
Storm Water.....More Info needed [] _____/_____
ZoningMore Info needed [] _____/_____
HARB (Historical District)...More Info needed [] _____/_____
Health DepartmentMore Info needed [] _____/_____
Public Works Official.....More Info needed [] _____/_____

Public Water and Sewer Line Connections require separate approvals.

OFFICE USE ONLY

Code Compliance Office Review/Approval: _____ Date: _____

Permit # _____

Permit Fee: \$ _____ State Education Fee \$4.00 Total: \$ _____