



# Commercial Building Permit Application

**PROJECT LOCATION/STREET ADDRESS:** \_\_\_\_\_

**APPLICANT/CONTACT PERSON:** \_\_\_\_\_

**COMPANY COMPLETING APPLICATION:** \_\_\_\_\_

Address (include zip code): \_\_\_\_\_

Telephone Numbers:  Home/Office # \_\_\_\_\_  Cell# \_\_\_\_\_  Fax: \_\_\_\_\_

E-Mail 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, workers comp ins, contractor must provide a notarized exemption form. (Can be gotten from City of Lancaster)

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)  
 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, Contractor 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.

Public Water and Sewer Line Connections require separate approvals.

**OFFICE USE ONLY**

Application # \_\_\_\_\_

Permit # \_\_\_\_\_

Code Compliance Office Review/Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Fee:        \$ \_\_\_\_\_        State Education Fee \$4.50        Total: \$ \_\_\_\_\_