

**Building Permit** \_\_\_\_\_ **Parcel Number** \_\_\_\_\_  
 Municipality \_\_\_\_\_ County \_\_\_\_\_  
 Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_  
 Owner \_\_\_\_\_ Applicant/Tenant \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**Describe Proposed Work in Detail:** \_\_\_\_\_

**SECTION 1— BUILDING PERMIT**

Contractor \_\_\_\_\_ **PA HIC #** \_\_\_\_\_  
 (if owner put same as above)  
 Address \_\_\_\_\_ **\*Total Estimated Cost \$** \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Total SQ FT \_\_\_\_\_ # of Stories \_\_\_\_\_ Height \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Description of Work: \_\_\_\_\_  
 Federal Employee # \_\_\_\_\_  
 [Certification of Insurance for Workers Compensation needed or sign exemption form] Addition ( ) Deck ( ) Roof ( ) Pool ( ) Sign ( )  
 Additional Information: \_\_\_\_\_  
**( Official Use ) State Classification: Use Group** \_\_\_\_\_ **Construction Class** \_\_\_\_\_  
*New Residential* \_\_\_\_\_ *Other Residential* \_\_\_\_\_ *New Commercial* \_\_\_\_\_ *Other Commercial* \_\_\_\_\_

**SECTION 2— ELECTRICAL PERMIT**

Contractor \_\_\_\_\_ **Utility #** \_\_\_\_\_  
 (if owner put same as above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Federal Employee # \_\_\_\_\_  
 [Certification of Insurance for Workers Compensation needed or sign exemption form]  
**Estimate Total Costs for This Work \$** \_\_\_\_\_  
**(Official Use) — State Classification:**  
*New Residential* \_\_\_\_\_ *Other Residential* \_\_\_\_\_  
*New Commercial* \_\_\_\_\_ *Other Commercial* \_\_\_\_\_

Technical Site Data			Technical Site Data		
No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
_____	_____	Lighting Fixture	_____	_____	Range
_____	_____	Receptacles	_____	_____	Dishwasher
_____	_____	Switches	_____	_____	Garbage Disp.
_____	_____	Detectors	_____	_____	HVAC
_____	_____	Motor-Fraction.	_____	_____	Emergency &
_____	_____	Comm. Devices	_____	_____	Exit Lights
_____	_____	Alarm Dev./Sys.	_____	_____	Heater
_____	_____	Pool Bonding	_____	_____	Central AC Unit
_____	_____	Service	_____	_____	Signs
_____	_____	Sub-Panels	_____	_____	Survey Fee
Others: _____					

**SECTION 3 — MECHANICAL / PLUMBING PERMIT**

Contractor \_\_\_\_\_ **Technical Site Data**  
 (if owner put same as above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Federal Employee # \_\_\_\_\_  
 [Certification of Insurance for Workers Compensation needed or sign exemption form]  
**Estimate Total Costs for This Work \$** \_\_\_\_\_  
**(Official Use) — State Classification:**  
*New Residential* \_\_\_\_\_ *Other Residential* \_\_\_\_\_  
*New Commercial* \_\_\_\_\_ *Other Commercial* \_\_\_\_\_

Technical Site Data			Technical Site Data		
No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
_____	_____	Water Closet	_____	_____	Boiler / Furnace
_____	_____	Urinal / Bidet	_____	_____	Sewer Lat/Conn
_____	_____	Bathtub	_____	_____	Backflow Prev.
_____	_____	Lavatory	_____	_____	HVAC
_____	_____	Shower	_____	_____	Kitchen Hood &
_____	_____	Sink	_____	_____	Exhaust System
_____	_____	Dishwasher	_____	_____	Refrig. Units
_____	_____	Washing Mach.	_____	_____	Heat Pumps
_____	_____	Hose Bib	_____	_____	Fire Dampers
_____	_____	Water Heater	_____	_____	Water Connect.
Others: _____					

**SECTION 4— FIRE PROTECTION PERMIT**

Contractor \_\_\_\_\_ or/ Sub-Contractor \_\_\_\_\_  
(if owner put same as above)

Address \_\_\_\_\_ Sprinkler System: \_\_\_\_\_ Sprinkler Heads \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Alarm System: \_\_\_\_\_

Federal Employee # \_\_\_\_\_  
[Certification of Insurance for Workers Compensation needed or sign exemption form]

**State Classification: ( Official Use )** Commercial Cooking Equip.: \_\_\_\_\_  
 New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_ Other: \_\_\_\_\_  
 New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ **\*Estimate Total Costs this Work** \_\_\_\_\_

**ALL BUILDING PERMIT APPLICATIONS SHALL BE FILED WITH LEHIGH ENGINEERING, LLC**

1200 Mahantongo Street  
 P.O. Box 1200  
 Pottsville, PA 17901  
 (570) 628-2300

**Permit Application Check List**

- All required information is complete and legible
- Correct site address and/or Tax Parcel Identification number for the project location
- Attach copies of all required Local, State, & Federal permits and/or approvals
- Attach completed copy of "Worker's Compensation Insurance Coverage Information"
- Copies of signed and sealed drawings for all work associated with a non-residential projects
- All submitted construction documents shall be complete and legible

**I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction. Contractors please provide copy of workman's compensation insurance as required by law.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner  Contractor  Owner Representative  
**\* signature required \***

**CODE OFFICIAL USE ONLY**

	Building	Mechanical	Plumbing	Electrical	Fire Protect.	
UCC Fee:	_____	_____	_____	_____	_____	<input type="checkbox"/> Plan Approved
Plan Review Fee:	_____	_____	_____	_____	_____	<input type="checkbox"/> Plan Approved w/ comments
Admin. Fee:	_____	_____	_____	_____	_____	State Cert. # _____
State Fee:	_____	_____	_____	_____	_____	_____
Total Cost:	_____	_____	_____	_____	_____	<b>TOTAL FEES</b> Date: _____
Non-UCC Fee:	_____	_____	_____	_____	_____	<b>\$</b> _____

BCO \_\_\_\_\_

**WORKER’S COMPENSATION INSURANCE COVERAGE INFORMATION**

**The Applicant or Authorized Agent is**

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

YES  NO

If the answer is "yes" complete Section B, if "no" complete section C below.

**Insurance Information**

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Worker's Compensation.  Certificate Attached

Name of Worker's Compensation Insurer \_\_\_\_\_

Worker's Compensation Insurance Policy

No. \_\_\_\_\_  Certificate Attached

Policy Expiration Date: \_\_\_\_\_

**Exemption**

I, \_\_\_\_\_, do attest that I will not employ/hire any other persons for the project for which I am seeking a building permit. After receipt of the building permit, if I employ any other persons, I will notify this office and provide proof of workers' compensation coverage within three working days.

I understand that failure to comply, will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993, Act 44.

Signature of Contractor/Applicant \_\_\_\_\_

Printed Name of Contractor/Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_