

# Application for a Building Permit/Plan Examination

NOTE: The Elizabeth Township Board of Supervisors has appointed two agencies to administer and enforce the Uniform Construction Code. It is the permit applicant's responsibility to select and identify one of the agencies below that would perform the plan review and the required inspections during the construction process. Three (3) sets of plans are required for all submissions. Additional information is provided on the last sheet of this application.

**SELECT ONE:**

Associated Building Inspections, LLC  
 1647 North Reading Road  
 Stevens, PA 17578  
 Telephone: (717) 733-1654

Commonwealth Code  
 Inspection Service, Inc  
 176 Doe Run Road  
 Manheim, PA 17545  
 Telephone: (717) 664-2347

<b>Office Use Only</b>	Residential Permit	Commercial Permit
Permit # _____	<input type="checkbox"/>	<input type="checkbox"/>

**Location of Project**

Address	_____
Intended Use	_____

**Owner of Record**

Name of Owner	_____
Address of Owner	_____
City	_____ State _____ Zip Code _____ Phone No. _____

**Project Information**

9 New Building	9 Addition	9 Alteration	9 Repair	9 Demolition	9 Relocation
	9 Foundation Only	9 Change of Use	9 Plumbing	9 Electrical	9 Mechanical
Brief Description of Project _____					
_____					
Cost of Construction _____			Square Footage _____		

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 Municipality. 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 Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances, and regulations.

The applicant 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 official or authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I understand that I am responsible for any plan review fees or any additional inspection fees, which may be required during construction, that were not outlined during the initial permit approval. I understand that all fees must be paid in full before a certificate of occupancy can be issued. I agree that I am responsible for any fees incurred in reviewing proposed projects that I choose not to pursue.**

**Applicant Signature** \_\_\_\_\_

**Applicant Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Please note that a complete Zoning Permit application is required for all projects within Elizabeth Township and shall be submitted with this Building Permit application. The Zoning Permit application can be found on the Elizabeth Township website.**

**FOR OFFICIAL USE BELOW THIS LINE**

Permit Number \_\_\_\_\_ TOWNSHIP Code Official Fees  
Const. Plans Submitted \_\_\_\_\_ Zoning Fee \_\_\_\_\_ Review Fee \_\_\_\_\_ \$ \_\_\_\_\_ = \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Admin. Fee \_\_\_\_\_ Inspections \_\_\_\_\_ \$ \_\_\_\_\_ = \_\_\_\_\_  
Permit Type \_\_\_\_\_ PA Training Fee \_\_\_\_\_  
Use Group \_\_\_\_\_ **TOTAL PAYABLE TO MUNICIPALITY** \$ \_\_\_\_\_

**Contractor Information:**

**General Contractor**

General Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Framing Contractor:**

Framing Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Electrical Contractor:**

Electrical Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Plumbing Contractor:**

Plumbing Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Heating Contractor:**

Heating Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**Foundation Contractor:**

Foundation Contractor _____
Address _____
Phone _____ Fax _____ Mobile/Cell _____

**901(B) ELECTRICAL EXEMPTION AFFIDAVIT**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Religious Sect: \_\_\_\_\_

I, \_\_\_\_\_ do hereby affirm that I am a member of the \_\_\_\_\_ religious sect which has established tenets or teachings which conflict with the electrical provision of the Uniform Construction Code, and that as a member of the \_\_\_\_\_, I adhere to the established tenets or teachings. I further affirm that the residential structure on the above mentioned property will be used solely as a residence for myself and my household. I understand that in receiving an exemption for a dwelling unit under Section 901(B) of the Act and subsequently sell or lease the dwelling unit, I shall bring the dwelling unit into compliance with the provisions of the Uniforms Construction Code for which this exemption is granted.

Signature of Applicant: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Notary: \_\_\_\_\_

(Notary Seal)

Code Administrator Approval:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_



ABI #: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Form ABI-3

1248 West Main Street, Suite 23, Ephrata, PA 17522  
 Phone: (717) 733-1654; FAX (717) 604-0071  
[www.weknowcodes.com](http://www.weknowcodes.com)

## APPLICATION FOR COMMERCIAL/RESIDENTIAL PERMIT

<b>Application Type</b> (Check all that apply)  <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<input type="checkbox"/> Addition <input type="checkbox"/> Accessibility Only Review <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> Uncertified Existing Building <input type="checkbox"/> New Building / NSF Dwelling <input type="checkbox"/> Change of Use and Occupancy	<input type="checkbox"/> Phased Approval  <input type="checkbox"/> If Phased Approval indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan.	
<b>Use/Occupancy Classification:</b> Check box to left of applicable group. (Check all that apply)	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 Adult Care <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U		
<b>Site Information</b> (Political Subdivision & County names are required.)	Project Name _____ Street Name and # _____ City _____ State _____ Zip Code _____ Political Subdivision _____ County _____		
<b>Special Requirements and Documentation</b>	Check each block below indicating that all of the following will be submitted with this application: <input type="checkbox"/> Three (3) site plans <input type="checkbox"/> Three (3) complete sets of construction drawings <input type="checkbox"/> One (1) completed copy of the ABI-2 UCC PLAN REVIEW CHECKLIST <input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building or New Structure/Facility) <input type="checkbox"/> PDF files of design drawings <input type="checkbox"/> Proposed project timeline <span style="background-color: yellow;">yr/mo(s)</span>		
	Does this construction involve modular units built in a factory	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.
	Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of approval letter from the Pennsylvania Department of Health.
	Is this construction exempt from energy code requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, §2.3(B).  If "No", submit 1 copy of the COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
	Is project in flood hazard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the <i>International Building Code</i> .

	Are any of the <i>International Building Code</i> (Chapter 17) special inspection or structural observations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of the ABI-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.
	Will an alternative construction method or material be used on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.
	Is this application for "temporary certificate of occupancy" (Phased Approval)?  A building code official may issue a temporary certificate of occupancy (Phased Approval) for a portion or portions of the building or structure before the completion of the entire work covered by the permit if the portion or portions may be occupied safely. The building code official shall set a time period during which the temporary certificate of occupancy is valid.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit a letter signed by the design professional and owner acknowledging that the request for phased construction. For Phased Approval applicant shall indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan. Inspection fees shall be based on a cost per phase. Plan review fees may, depending on level of submittal, cover entire project or each phase only per judgment of plans examiner.
	Construction Phase Requiring Certificate of Use & Occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which Phases?

<b>Project Data</b>	<p>Does the project have zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply):  <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB</p> <p>Fire suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>If application applies to an existing building that is "legally occupied," indicate permits held:  Fire and Panic Occupancy Permit <input type="checkbox"/> Fire Number: _____  Municipal Occupancy Permit <input type="checkbox"/> Permit Number: _____  Municipality Name: _____  L&amp;I UCC Certificate of Occupancy <input type="checkbox"/> File Number: _____</p> <p>If "legally occupied," you must select which code requirements the building will comply with (choose only one):  <input type="checkbox"/> <i>International Existing Building Code</i> <input type="checkbox"/> <i>International Residential Building Code</i></p> <p>Which triennial codes must this work comply with? <input type="checkbox"/> 2009 <input type="checkbox"/> 2012 <input type="checkbox"/> 2015 <input type="checkbox"/> 2018</p>
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<b>Design Professional In Responsible Charge</b> Seal must be in space to right of name and address.	Name: _____
	Address: _____ _____
	PA License #: _____
	E-Mail: _____
	Phone: _____
	Fax: _____

<b>Owner Information</b>	Owner Name: _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
	Phone Number: _____ E-mail: _____

<b>Deferred Submissions</b> (Check all that apply)	Are you requesting deferred approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide a written request on the construction disciplines to be deferred.
	Please check disciplines you wish to defer:
	<input type="checkbox"/> Architectural <input type="checkbox"/> Plumbing <input type="checkbox"/> Structural <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Protection Systems <input type="checkbox"/> Accessibility <input type="checkbox"/> Energy/Insulation <input type="checkbox"/> Underslab Plumbing <input type="checkbox"/> Underslab Electrical <input type="checkbox"/> Underslab Mechanical <input type="checkbox"/> _____
	Provide three sets of signed and sealed drawings for all those disciplines you wish to construct.

**Applicant's Certification:**

As the owner or the authorized agent of the project for which this application is filed, I certify that:  
 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 the local municipality.  
 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.  
 Any changes to the approved documents will be filed with Associated Building Inspections LLC and the local municipality.  
 When required, up to 20% of the total cost of any work performed on any area of primary function in an existing building will be expended to provide an accessible route to the area of primary function.  
 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 of the Pennsylvania Uniform Construction Code.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Applicant E-mail: \_\_\_\_\_

**Applicant is responsible for the payment of ABI fees unless otherwise noted.**