

## CITY OF YORK, PENNSYLVANIA

# **UCC PERMIT APPLICATION**

PERMIT NUMBE	DATE ISSUED:	DATE RECEIVED
PLAN REVIEW N	HARB	
PARCEL ID NUM	BER:  PARCEL ID NUMBER MUST BE PROVIDED	
WORK SITE ADD		
PERMIT(S) REQUEST		LERTA/ReTAP    LERTA
CHECK ALL THAT APPL	PLUMBING MECHANICAL	ReTAP
	OWNERSHIP INFORMATION	
NAME:		
ADDRESS:	STREET CITY	STATE ZIP CODE
TELEPHONE:	HOME WORK	CELLULAR
EMAIL ADDRESS		-
ATTENTION APPL	LICANTS: PLEASE BE CERTAIN TO COMPLETE THIS APPLICATIO	N LEGIBLY AND IN ITS ENTIRETY.
	IAT <u>ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL BE RETU</u>	
	EE WILL BE CHARGED. ANY PERMIT ISSUED BASED ON INCORI	
	BE SUSPENDED OR REVOKED IN ACCORDANCE WITH THE PRO	
	E OF THE COMMONWEALTH OF PENNSLVANIA. <u>IF YOU INTE</u> IUST DO SO WHEN YOUR PERMIT IS ISSUED.	END TO APPLY FUR LEKTA UK KE-
TAF TOO NOT.	1031 DO 30 WHILIN TOOK I EKIMIT IS 1330ED.	
		The same of the Work is
BUILDING:	MECHANICAL:	THE FAIR MARKET VALUE OF THE WORK IS THE TYPICAL PRICE CHARGED BY A CON-
ELECTICAL:	PLUMBING:	TRACTOR FOR THE WORK DESCRIBED IN THE PERMIT APPLICATION. IT <u>IS NOT</u> THE COST OF MATERIALS IF WORK IS SELF PER- FORMED.
TOTAL FAIF	R MARKET VALUE OF WORK:	

### **CONTRACTOR INFORMATION**

LIST ALL THAT APPLY

GENERAL CONTRACTOR INFORMATION				
CONTRACTOR:				
ADDRESS:				
	STREET	CITY	STATE ZIP CODE	
TELEPHONE:	номе	CELLULAR	OTHER	
EMAIL ADDRESS:		CELEGIAN		
FED. EMP. ID#:		PA HIC #:		
	ELECTRICAL CON'	TRACTOR INFORMATION		
	ELECTRICAL CON	TRACTOR HALORINATION		
CONTRACTOR:				
ADDRESS:				
	STREET	CITY	STATE ZIP CODE	
TELEPHONE:				
Г	HOME	CELLULAR	OTHER	
EMAIL ADDRESS:				
FED. EMP. ID#:		PA HIC #:		
PLUMBING CONTRACTOR INFORMATION				
	PLUMBING CONTRACTORS MUST	BE A LICENSED YORK CITY PLUMBER		
CONTRACTOR:				
ADDRESS:				
ADDRESS.	STREET	CITY	STATE ZIP CODE	
TELEPHONE:				
	НОМЕ	CELLULAR	OTHER	
EMAIL ADDRESS:				
FED. EMP. ID#:		PA HIC #:		
PED, ENIF, 1D#;		ranc#:		
YORK CITY PLUMBER'S LICENSE NUMBER:				

MECHANICAL CONTRACTOR INFORMATION				
CONTRACTOR:				
ADDRESS:				
STREET CITY STATE ZIP CODE TELEPHONE:				
HOME CELLULAR OTHER				
EMAIL ADDRESS:				
FED. EMP. ID#:  PA HIC #:				
NEW CONSTRUCTION ADDITION ALTERATIONS/REPAIRS				
BUILDING INFORMATION				
RESIDENTIAL COMMERCIAL DETACHED SEMI-DETACHED ATTACHED				
SINGLE-FAMILY MULTI-FAMILY NUMBER OF DWELLING UNITS				
NUMBER OF STORIES: SQ FT PER FLOOR: TOTAL SQUARE FEET				
BUILDING HEIGHT: SQ FT WORK AREA:				
<u>CODE DATA</u>				
USE GROUP: CONSTRUCTION TYPE: OCCUPANT LOAD:				
CODE EDITION:				
INTERNATIONAL BUILDING CODE  INTERNATIONAL ELECTICAL CODE				
INTERNATIONAL RESIDENTIAL CODE INTERNATIONAL PLUMBING CODE				
INTERNATIONAL MECHANICAL CODE INTERNATIONAL FUEL GAS CODE				
INTERNATIONAL EXISTING BUILDING CODE I.E.B.C. ALTERATION LEVEL				
All of the work that is performed under any permit based on this application must conform with all applicable codes and shall not exceed the scope of work described. Deviations in the scope of work must be submitted to the building code official for review and approval before such work is undertaken. The building code official my suspend or revoke a permit issued under the Uniform Construction Code when the permit is issued in error on the basis of inaccurate or incomplete information or in violation of any act, regulation, ordinance or the Uniform Construction Code.				

PROVIDE A DETAILED DESCRIPTION OF THE SCOPE OF WORK  (USE ADDITIONAL PAGES IF NECESSARY)		
•••• APPLICANTS FOR ALL PERM	MITS MUST COMPLETE THIS SECT	TION ····
I hereby certify that the proposed work is authorized by the or application as his/her authorized agent and we agree to confor these improvements may qualify for tax abatement and that I m	rm to all applicable laws and codes of th	e City of York. I understand that
SIGNATURE	PRINTED NAME	DATE
TENANT OCCUPIED LICENSE CHECK	PERMIT FEE:	
TENANT OCCUPIED LICENSED UNLICENSED	ADMINISTRATIVE FEE:	\$35.00
LICENSE CHECKED BY: DATE:  VERIFIED BY: DATE:	INSPECTION FEE:	
	STATE FEE:	\$4.00
PERMIT DENIED, UNLICENSED TOP	TOTAL FEES DUE:	

#### **ZONING REVIEW**

ZONING USE:  USE NOT PERMITTED IN DISTRICT  USE PERMITTED BY SPECIAL EXCEPTION  VARIANCE REQUESTED DATE:  APPROVED DENIED DATE:  ZONING COMMENTS:
VARIANCE REQUESTED DATE: APPROVED DENIED DATE:
ZONING COMMENTS:
APPROVED DENIED DATE:

#### **PLANNING REVIEW**

DATE APPLICATION RECEIVED BY CITY PLANNER:	
FLOOD PLAIN F. P. DESIGNATION:	
L. D. PLANS REQUIRED DATE SUBMITTED: DATE APPROV	/ED:
S. W. M. PLAN REQUIRED DATE SUBMITTED:  DATE APPROV	VED:
PLANNING COMMENTS:	

CITY PLANNER SIGNATURE

#### BUILDING CODE OFFICIAL REVIEW

	ZONING APPROVED	PLANNING APPROVED			HARB APPROVED	
	CERTIFICATE OF OCCUPA	NCY REQUIRED	FIRE	INSUR	RANCE ESCROW F	UNDS ARE BEING HELD
	PLAN REVIEW REQUIRED	LICENSED	DESIGN PROI	FESSIC	ONAL STAMP REQU	UIRED
REQ	UIRED INSPECTIONS:					
	FOUNDATION/FOOTING	UNDER SLAB			BACKFILL	
	FRAMING	INSULATION			FIRE RATED ASSE	EMBLY
	SPRINKLER HYDRO TEST	STANDPIPE H	YDRO TEST		FIRE ALARM ROU	JGH IN
	SPRINKLER FINAL	STANDPIPE F.	INAL		FIRE ALARM FINA	AL
	ELECTRICAL ROUGH IN	PLUMBING RO	OUGH IN		MECHANICAL RO	OUGH IN
	ELECTRICAL FINAL	PLUMBING FI	NAL		MECHANICAL FIN	NAL
	ENERGY	ROOF TEAR O	)FF		BUILDING FINAL	
BCC	COMMENTS:					
	] [ ]					
	APPROVED DENIED				DATE:	