

## Application for Commercial Building Permit and Plans Examination

<b>CODE ADMINISTRATORS, INC.</b> 4340 Oregon Pike Ephrata, PA 17522 Ph: (717)859-3350 Fax: (717)859-3363	<b>SALISBURY TOWNSHIP</b> 5581 Old Phila. Pike Gap, PA 17527 Ph: (717)768-8059 Fx: (717)768-3660
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PERMIT NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

LOCATION OF PROJECT	Address _____
	Intended Use _____

OWNER OF RECORD	Name of Owner _____
	Address of Owner _____ City _____
	Phone Number of Owner _____

PROJECT INFO	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation Only <input type="checkbox"/> Change of Use <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical Brief Description of Project _____ _____ Cost of Construction _____ Sq. Footage _____
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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 assumes 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.

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 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 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.**

SIGNATURE REQUIRED	Applicant Printed Name _____
	Applicant Signature _____ Date _____

**FOR OFFICIAL USE BELOW THIS LINE**

Permit Number _____	<u>TOWNSHIP</u>	<u>CODE ADMINISTRATORS</u>
Const. Plans Submitted _____	Zoning Fee _____	Review Fee _____ x \$ _____ = _____
Date Issued _____	Admin. Fee _____	Inspections _____ x \$ _____ = _____
Permit Type _____	PA Training Fee _____	<b>TOTAL PAYABLE TO "Code Administrators"</b>
Use Group _____	<b>TOTAL PAYABLE TO "Salisbury Twp."</b>	

Code Administrator \_\_\_\_\_



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

**Contractor Information**

**General Contractor**

General Contractor _____
Address _____
Phone _____ Fax _____ Mobile _____

**Demolition Contractor**

Framing Contractor _____ Contract # _____
Scope of Work _____
_____
Asbestos Notification submitted by _____ Date _____

**Framing Contractor**

Framing Contractor _____ Contract # _____
Scope of Work _____
_____

**Electrical Contractor**

Electrical Contractor _____ Contract # _____
Scope of Work _____
_____
_____

**Plumbing Contractor**

Plumbing Contractor _____ Contract # _____
Scope of Work _____
_____
_____

**Heating Contractor**

Heating Contractor _____ Contract # _____
Scope of Work _____
_____
_____

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**Foundation  
Contractor**

Foundation Contractor _____ Contract # _____
Scope of Work/Type of Work _____
_____
_____

**Fire Prevention  
Contractor**

Fire Prevention Contractor _____ Contract # _____
Scope of Work/ _____
_____
_____

Provide copies of all other applicable permits, certifications or licensing requirements, which may apply under the following:

1. Elevator or Lifting Device Regulations
2. Boiler and Unfired Pressure Vessel Law
3. Propane and Liquefied Petroleum Gas Act
4. Health Care Facilities Act
5. Older Adult Daily Living Centers Licensing Act

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

**Site or Plot Plan** (show all property lines, structures and driveway accesses)

**Plan scale** \_\_\_\_\_

