

MUNICIPALITY _____ COUNTY _____



Commercial Building Permit Application

TRACKING # _____ PERMIT # _____ DATE: _____
By Inspector By Borough

Property Pin #: _____ Electric Job #: _____

Builder/Contractor/Applicant Name: _____

Address: _____
Street # Street Name City State Zip

Workman's Compensation Policy #: _____

Phone Numbers: _____
Office Cell Fax

Owner's Name: _____

Property Address: _____
Street # Street Name City State Zip

Phone Number(s): _____
Office Cell Fax

Application for: _____

Usage: Commercial

Electrical Utility Job Number: _____

Type of Work and/or Square Footages:

HVAC: _____ Roof: _____ Electrical: _____

OTHER: _____ (If you check OTHER, please specify what type of work is being done in the space provided here: _____)

MUST BE POSTED ON JOB SITE AT ALL TIMES

An approved set of plans must be on site for every inspection or no inspections will be performed.

All inspections as per Act 45 of the UCC.

Applicant Name: _____
Print and Sign