



BUILDING SUBCODE TECHNICAL SECTION

Master Permit #
Permit #

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL **PA ONE CALL 8-1-1 OR 1-800-242-1776** BEFORE DIGGING.

Work Site Location _____

Owner in Fee: _____

Tel. _____ Email _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. _____

Address _____ Email _____

Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. Exemption Reason (if applicable): _____

City of Allentown Business License No. _____ Exp. Date _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area - Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area / All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1 + 2) \$ _____

Max. Occupancy Load _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month / Day)			
<input type="checkbox"/> No Plans Required	____	____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	____	____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	____	____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	____	____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Exterior	____	____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Interior	____	____	Frame	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation	_____	_____	_____	_____
			Finishes-Base Layer	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes-Final	_____	_____	_____	_____
Date: _____			Energy	_____	_____	_____	_____
Approved by: _____			Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			TCO	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Other	_____	_____	_____	_____
Date: _____			Final	_____	_____	_____	_____
Approved by: _____			Barrier-Free	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Applicant's /Contractor's Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceed 6')
- Sign _____ Sq. Ft.
- Pool
- Retaining Wall _____ Sq. Ft.
- Asbestos Abatement
- Lead Haz. Abatement
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

Archive Fee \$ _____

Certificate of Occupancy \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

