

LEHIGH ENGINEERING, LLC

200 Mahantongo St., P.O. Box 1200 Pottsville, PA 17901
Ph. 570.628.2300

UCC PERMIT APPLICATION ver.—6/21

Building Permit _____ **Parcel Number** _____
Municipality _____ County _____
Construction Site Location _____ Date Received _____
Owner _____ Applicant/Tenant _____
Address _____ Address _____
State _____ Zip _____ Phone # _____ State _____ Zip _____ Phone # _____

Describe Proposed Work in Detail: _____

SECTION 1— BUILDING / DEMOLITION PERMIT

Contractor _____ **PA HIC #** _____
(if owner put same as above)

Address _____ ***Total Estimated Cost \$** _____
City _____ State _____ Zip _____ Total SQ FT _____ # of Stories _____ Height _____
Phone _____ Cell _____ Description of Work: _____
Federal Employee # _____
[Certification of Insurance for Workers Compensation needed or sign exemption form] Addition () Deck () Roof () Pool () Sign () Demolition ()
Additional Information: _____
(Official Use) State Classification: Use Group _____ **Construction Class** _____
New Residential _____ *Other Residential* _____ *New Commercial* _____ *Other Commercial* _____

SECTION 2— ELECTRICAL PERMIT

Contractor _____ **Utility #** _____
(if owner put same as above)

Address _____ **Technical Site Data**

No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
_____	_____	Lighting Fixture	_____	_____	Range
_____	_____	Receptacles	_____	_____	Dishwasher
_____	_____	Switches	_____	_____	Garbage Disp.
_____	_____	Detectors	_____	_____	HVAC
_____	_____	Motor-Fraction.	_____	_____	Emergency &
_____	_____	Comm. Devices	_____	_____	Exit Lights
_____	_____	Alarm Dev./Sys.	_____	_____	Heater
_____	_____	Pool Bonding	_____	_____	Central AC Unit
_____	_____	Service	_____	_____	Signs
_____	_____	Sub-Panels	_____	_____	Survey Fee

Others: _____

Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Federal Employee # _____
[Certification of Insurance for Workers Compensation needed or sign exemption form]

Estimate Total Costs for This Work \$ _____
(Official Use) — State Classification:
New Residential _____ *Other Residential* _____
New Commercial _____ *Other Commercial* _____

SECTION 3 — MECHANICAL / PLUMBING PERMIT

Contractor _____ **Technical Site Data**

No.	Size	Fixture / Equip.	No.	Size	Fixture / Equip.
_____	_____	Water Closet	_____	_____	Boiler / Furnace
_____	_____	Urinal / Bidet	_____	_____	Sewer Lat/Conn
_____	_____	Bathtub	_____	_____	Backflow Prev.
_____	_____	Lavatory	_____	_____	HVAC
_____	_____	Shower	_____	_____	Kitchen Hood &
_____	_____	Sink	_____	_____	Exhaust System
_____	_____	Dishwasher	_____	_____	Refrig. Units
_____	_____	Washing Mach.	_____	_____	Heat Pumps
_____	_____	Hose Bib	_____	_____	Fire Dampers
_____	_____	Water Heater	_____	_____	Water Connect.

Others: _____

Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Federal Employee # _____
[Certification of Insurance for Workers Compensation needed or sign exemption form]

Estimate Total Costs for This Work \$ _____
(Official Use) — State Classification:
New Residential _____ *Other Residential* _____
New Commercial _____ *Other Commercial* _____

SECTION 4— FIRE PROTECTION PERMIT

Contractor _____ or/ Sub-Contractor _____
(if owner put same as above)

Address _____ Sprinkler System: _____ Sprinkler Heads _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Alarm System: _____

Federal Employee # _____
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: (official Use) Commercial Cooking Equip.: _____
 New Residential _____ Other Residential _____ Other: _____
 New Commercial _____ Other Commercial _____ ***Estimate Total Costs this Work** _____

ALL BUILDING PERMIT APPLICATIONS SHALL BE FILED WITH LEHIGH ENGINEERING, LLC

1200 Mahantongo Street
 P.O. Box 1200
 Pottsville, PA 17901
 (570) 628-2300

Permit Application Check List

- All required information is complete and legible
- Correct site address and/or Tax Parcel Identification number for the project location
- Attach copies of all required Local, State, & Federal permits and/or approvals
- Attach completed copy of "Worker's Compensation Insurance Coverage Information"
- Copies of signed and sealed drawings for all work associated with a non-residential projects
- All submitted construction documents shall be complete and legible

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction. Contractors please provide copy of workman's compensation insurance as required by law.

Signature: _____ Date: _____

Owner Contractor Owner Representative
*** signature required ***

CODE OFFICIAL USE ONLY

	Building	Mechanical	Plumbing	Electrical	Fire Protect.	
UCC Fee:	_____	_____	_____	_____	_____	<input type="checkbox"/> Plan Approved
Plan Review Fee:	_____	_____	_____	_____	_____	<input type="checkbox"/> Plan Approved w/ comments
Admin. Fee:	_____	_____	_____	_____	_____	State Cert. # _____
State Fee:	_____	_____	_____	_____	_____	_____
Total Cost:	_____	_____	_____	_____	_____	TOTAL FEES Date: _____
Non-UCC Fee:	_____	_____	_____	_____	_____	\$ _____

BCO _____

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

The Applicant or Authorized Agent is

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

YES NO

If the answer is "yes" complete Section B, if "no" complete section C below.

Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Worker's Compensation. Certificate Attached

Name of Worker's Compensation Insurer _____

Worker's Compensation Insurance Policy

No. _____ Certificate Attached

Policy Expiration Date: _____

Exemption

I, _____, do attest that I will not employ/hire any other persons for the project for which I am seeking a building permit. After receipt of the building permit, if I employ any other persons, I will notify this office and provide proof of workers' compensation coverage within three working days.

I understand that failure to comply, will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993, Act 44.

Signature of Contractor/Applicant _____

Printed Name of Contractor/Applicant _____

Address _____

City _____ State _____ Zip _____