

- Owner
- Applicant
- Contractor

Erb Inspections Inc.

174 Water Tower Road, Suite 1
Lawrenceville, PA 16929

Phone: 570-827-3474 Fax: 570-827-3475 www.erbinspections.com

COMMERCIAL APPLICATION PENNSYLVANIA UCC BUILDING PERMIT

County:		Municipality:													
Applicant Name:		Owner Name: <input type="checkbox"/> (Check if Same as Applicant)													
Site Address:		Mailing Address: <input type="checkbox"/> (Check if Same as Site)													
Phone: ()		Fax: ()													
Email:		Cell: ()													
Property Tax Map / Control Number (Listed on Tax Bill):		Email 2:													
General/Main Contractor Name and Address:		Phone: ()													
		Fax: ()													
		Email:													
Type of Construction: (Circle)	I - A or B (Non-Combustible) II - A or B (Non-Combustible) III - A or B (Combustible & Non-Combustible) IV (Heavy Timber) V - A or B (Wood Framed)														
Type of Project: (Circle)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">New Structure</td> <td style="width: 50%;">Alteration</td> </tr> <tr> <td>Change of Occupancy (Use)</td> <td>Renovation</td> </tr> <tr> <td>Addition</td> <td>Demolition</td> </tr> <tr> <td>Replacement</td> <td>Repair</td> </tr> <tr> <td>Sign</td> <td>Equipment (Utility) _____</td> </tr> <tr> <td>Other _____</td> <td></td> </tr> </table>			New Structure	Alteration	Change of Occupancy (Use)	Renovation	Addition	Demolition	Replacement	Repair	Sign	Equipment (Utility) _____	Other _____	
New Structure	Alteration														
Change of Occupancy (Use)	Renovation														
Addition	Demolition														
Replacement	Repair														
Sign	Equipment (Utility) _____														
Other _____															
Type of Existing Occupancy/Use Group: (Circle)	A - Assembly B - Business E - Educational F - Factory H - High Hazard I - Institutional M - Mercantile R - Residential S - Storage U - Utility Group Number: 1 2 3 4 5														
Type of New Occupancy/Use Group: (Circle)	A - Assembly B - Business E - Educational F - Factory H - High Hazard I - Institutional M - Mercantile R - Residential S - Storage U - Utility Group Number: 1 2 3 4 5														
Total square feet of conditioned area		sq.ft.													
Total square feet of unconditioned area		sq.ft.													
Estimated construction cost (All structures and attachments -Do Not Include land, sewer, or well)		\$													

Check if there are any lot lines or other structures within 30 feet.

Describe the propose project/work: _____
