

**The City of York
Pennsylvania**

Honorable Michael Ray Helfrich, Mayor



Economic and Community Development

101 South George Street
York, PA 17401
www.yorkcity.org

MECHANICAL PERMIT APPLICATION

Work Site Address: <input style="width: 95%;" type="text"/>	DATE RECEIVED
Parcel ID Number: <input style="width: 95%;" type="text"/>	
<input type="checkbox"/> HARB District Plan Review Number: <input style="width: 80%;" type="text"/>	
<input type="checkbox"/> Fire Ins. Escrow Held? Permit Number: <input style="width: 80%;" type="text"/> Date Issued: <input style="width: 80%;" type="text"/>	

<input type="checkbox"/>	LERTA	By Ordinance No. 6, of Session 1975, as amended, you may be entitled to exemption from tax on your contemplated improvement by reassessment. An application for exemption may be secured from the Department of Economic and Community Development or other properly designated official and must be filed at the time the building permit is secured.
<input type="checkbox"/>	RETAP	

<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Alterations/Repairs
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<input type="checkbox"/> Residential	<input type="checkbox"/> Single-Family	<input type="checkbox"/> Multi-Family	Number of Dwelling Units: <input style="width: 90%;" type="text"/>
<input type="checkbox"/> Commercial	<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	<input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Licensed?

CODE INFORMATION			
<input type="checkbox"/> I.B.C.	<input type="checkbox"/> I.E.B.C.	Level of Alteration: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> I.R.C. Code Edition: <input style="width: 90%;" type="text"/>
Existing I.B.C. Use Group: <input style="width: 95%;" type="text"/>		Proposed/Existing I.B.C. Use Group: <input style="width: 95%;" type="text"/>	
I.B.C. Construction Type: <input style="width: 95%;" type="text"/>	Building Height: <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> Stories	
<small>FEET/INCHES</small>			
Total Building Area: <input style="width: 95%;" type="text"/>	Area Per Floor: <input style="width: 95%;" type="text"/>	Work Area: <input style="width: 95%;" type="text"/>	
<small>SQ FEET</small>		<small>SQ FEET</small>	

OWNERSHIP INFORMATION			
Name:	<input style="width: 95%;" type="text"/>		
Address:	<input style="width: 95%;" type="text"/>		
	<small>STREET</small>	<small>CITY</small>	<small>STATE</small> <small>ZIP CODE</small>
Telephone:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<small>HOME</small>	<small>WORK</small>	<small>CELLULAR</small>
Email Address:	<input style="width: 95%;" type="text"/>		

CONTRACTOR INFORMATION			
Contractor:	<input style="width: 100%;" type="text"/>		
Address:	<input style="width: 100%;" type="text"/>		
	STREET	CITY	STATE ZIP CODE
Telephone:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	HOME	CELLULAR	OTHER
Email Address:	<input style="width: 100%;" type="text"/>		
FED. EMP. ID#:	<input style="width: 100%;" type="text"/>	PA HIC #:	<input style="width: 100%;" type="text"/>

THE FAIR MARKET VALUE OF THE WORK IS THE TYPICAL PRICE CHARGED BY A CONTRACTOR FOR THE WORK DESCRIBED IN THE PERMIT APPLICATION. IT IS NOT THE COST OF MATERIALS IF WORK IS SELF PERFORMED.

TOTAL FAIR MARKET VALUE OF WORK:

PROVIDE A DETAILED DESCRIPTION OF THE SCOPE OF WORK

(USE ADDITIONAL PAGES IF NECESSARY)

ATTENTION APPLICANTS: PLEASE BE CERTAIN TO COMPLETE THIS APPLICATION LEGIBLY AND IN ITS ENTIRETY. PLEASE NOTE THAT ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL BE RETURNED AND AN ADDITIONAL ADMINISTRATIVE FEE WILL BE CHARGED. ANY PERMIT ISSUED BASED ON INCORRECT INFORMATION ON THIS APPLICATION MAY BE SUSPENDED OR REVOKED IN ACCORDANCE WITH THE PROVISIONS OF THE UNIFORM CONSTRUCTION CODE OF THE COMMONWEALTH OF PENNSLVANIA.

••• APPLICANTS FOR ALL PERMITS MUST COMPLETE THIS SECTION •••

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws and codes of the City of York. I understand that these improvements may qualify for tax abatement and that I must make separate application for such abatement.

PRINTED NAME	SIGNATURE	DATE
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PERMIT FEE:	
ADMINISTRATIVE FEE:	
INSPECTION FEE:	
STATE FEE:	
TOTAL FEES DUE:	

ZONING REVIEW

Zoning District:

Date Received by Zoning Officer:

Zoning Use:

Permitted Use

Use Not Permitted in District

Use Permitted by Special Exception

Variance Requested

Date:

Approved

Denied

Date:

ZONING COMMENTS:

Approved

Denied

Date:

ZONING OFFICER SIGNATURE

PLANNING REVIEW

Date Application Received by Planner:

FLOOD PLAIN

F. P. DESIGNATION:

L. D. Plans Required

Date Submitted:

Date Approved:

S. W. M. Plans Required

Date Submitted:

Date Approved:

PLANNING COMMENTS:

Approved

Denied

Date:

CITY PLANNER SIGNATURE

BUILDING CODE OFFICIAL REVIEW

Zoning Approved

Planning Approved

HARB Approved

Certificate of Occupancy Required

Fire Insurance Escrow Funds Being Held

Plan Review Required

Licensed Design Professional Stamp Required

REQUIRED INSPECTIONS

MECHANICAL ROUGH-IN

MECHANICAL FINAL

OTHER (SEE COMMENTS)

BCO COMMENTS:

Approved

Denied

Date:

BUILDING CODE OFFICIAL SIGNATURE