### MECHANICAL PERMIT APPLICATION

<table>
<thead>
<tr>
<th>Work Site Address:</th>
<th>DATE RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parcel ID Number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HARB District</th>
<th>Plan Review Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Ins. Escrow Held?</td>
<td>Permit Number:</td>
</tr>
<tr>
<td>Date Issued:</td>
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</tr>
</tbody>
</table>

- **LERTA**
- **RETAP**

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.

- **New Construction**
- **Addition**
- **Change of Use**
- **Alterations/Repairs**

- **Residential**
  - Single-Family
  - Multi-Family
- **Commercial**
  - Attached
  - Detached
- **Number of Dwelling Units:**
- **Tenant Occupied**
- **Licensed?**

#### CODE INFORMATION

- **I.B.C.**
- **I.E.B.C.**
- **Level of Alteration:**
- **I.R.C.**
- **Code Edition:**

- **Existing I.B.C. Use Group:**
- **Proposed/Existing I.B.C. Use Group:**

- **I.B.C. Construction Type:**
- **Building Height:**
  - FEET/INCHES
  - Stories

- **Total Building Area:**
  - SQ FEET

- **Area Per Floor:**
  - SQ FEET

- **Work Area:**
  - SQ FEET

#### OWNERSHIP INFORMATION

- **Name:**
- **Address:**
  - STREET
  - CITY
  - STATE
  - ZIP CODE
- **Telephone:**
  - HOME
  - WORK
  - CELLULAR
- **Email Address:**
**CONTRACTOR INFORMATION**

<table>
<thead>
<tr>
<th>Contractor:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>STREET</td>
<td>CITY</td>
</tr>
<tr>
<td>Telephone:</td>
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<td>HOME</td>
<td>CELLULAR</td>
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<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>FED. EMP. ID#:</td>
<td>PA HIC #:</td>
</tr>
</tbody>
</table>

**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)*

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**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 PENNSYLVANIA.**

**** 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.

<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
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</table>

**PERMIT FEE:**

**ADMINISTRATIVE FEE:**

**INSPECTION FEE:**

**STATE FEE:**

**TOTAL FEES DUE:**

Permits, Planning and Zoning  P: (717) 849-2256  F: (717) 849-2329
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:

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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:

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Approved Denied Date: [ ]

CITY PLANNER SIGNATURE

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PAGE 3 OF 4
Zoning Approved □  Planning Approved □  HARB Approved □
Certificate of Occupancy Required □  Fire Insurance Escrow Funds Being Held □
Plan Review Required □  Licensed Design Professional Stamp Required □

MECHANICAL ROUGH-IN □  MECHANICAL FINAL □  OTHER (SEE COMMENTS)

BCO COMMENTS:

Approved □  Denied □  Date: ____________________________

BUILDING CODE OFFICIAL SIGNATURE

Permits, Planning and Zoning  P: (717) 849-2256  F: (717) 849-2329