

**The City of York
Pennsylvania**

Honorable Michael Ray Helfrich, Mayor



Economic and Community Development

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

PLAN REVIEW APPLICATION

Project Address:

Project Name:

DATE RECEIVED

RECEIVED BY: _____

PLEASE READ BEFORE COMPLETING THIS APPLICATION: One complete set of construction documents (One wet stamped paper set and two PDF copies on two separate CDs, including specifications) are required for review. The plan review and inspection (R.I.F.) is due at the time of submission. Submissions will not be accepted without the required fee. ***Please print neatly and complete all fields as illegible and/or incomplete applications will not be accepted.***

OWNER INFORMATION

Owner's Name:

Owner's Address:

Owner's Email Address:

Owner's Phone Number(s):

DESIGNER INFORMATION

Designer's Name:

Designer's Address:

Designer's Email Address:

Designer's Phone Number(s):

CONTRACTOR INFORMATION

Contractor's Name:

Contractor's Address:

Contractor's Email Address:

Contractor's Phone Number(s):

PROJECT INFORMATION

New Construction Renovation Addition

Use Group(s): If mixed use: Separated Non-Separated Construction Type:

Building Height: Number of Stories: Building Area: Work Area:

DESIGN DATA

2009 I.B.C. 2009 I.R.C. 2009 I.E.B.C. Alt. Level: 2009 I.E.C. 2009 I.P.C. 2009 I.M.C.

SYSTEMS

NONE REQUIRED

<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Stand Pipe	<input type="checkbox"/> Kitchen System(s)	<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R	<input type="checkbox"/> Automatic	<input type="checkbox"/> Type 1 Hood <input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Deferred Submittal
<input type="checkbox"/> NFPA 13D <input type="checkbox"/> Other	<input type="checkbox"/> Manual	<input type="checkbox"/> Type 2 Hood	
<input type="checkbox"/> Deferred Submittal	<input type="checkbox"/> Deferred Submittal	<input type="checkbox"/> Deferred Submittal	

ESTIMATED PROJECT COST

Building: Mechanical: Plumbing:

Electrical: Demolition: **TOTAL COST:**

Brief description of the project:

Applicant's Name:

Applicant's Address:

Applicant's Email Address:

Applicant's Phone Number(s):

Applicant's Signature

Date



COMMERCIAL PLAN REVIEW CHECKLIST

Project Address:

Project Name:

DATE RECEIVED

RECEIVED BY: _____

ONE PAPER AND TWO ELECTRONIC SETS OF PLANS SUBMITTED

- Original seals and signatures (PA Registered Design Professional) on all sheets.
- Zoning approvals, variances and determination letters included if required.
- Planning approval (to include proof of recordation of land development plans if required.)
- Index Sheet/Cover Page on each set of plans.
- Code analysis sheet included. If project is under IEBC an IEBC analysis is required to be attached.
- Site plans (not required for interior work except first floor tenant or rooftop equipment)
- Soils report and foundation plans (**REQUIRED** for new structures or additions to existing buildings.)
- Certificate of Occupancy application.
- Architectural plans (dimensioned for each floor level, layouts, fire rated assemblies must indicate a design number)
- Mechanical plans (equipment schedule, mechanical symbols, hood details with exhaust locations)
- Electrical plans (riser diagrams, electrical symbols, equipment schedules and load calculations)
- Plumbing plans (fixture schedule, riser diagram, details for special devices and storm water drainage)
- Structural plans (wall, floor ceiling, roof and any other structural members)
- Fire protection plans (fire suppression, fire alarm, smoke control, fire department connections, etc.)
- Energy plans (energy calculations, specifications and details)
- Accessibility plans (ingress, egress, areas of refuge facilities, elevations, hardware, ramps, etc.)
- Phasing plans (**REQUIRED** if the project is to be phased)
- Statement of any deferred submittals (If there are any deferred submittals a written statement must be provided.)

By affixing my signature hereto I am indicating that all of the above checked items have been included in the submission of the plans for this project. Additionally, I acknowledge that should any of the required items be missing or deficient the plans may, at the sole discretion of the reviewer, be returned to me for resubmission. I further acknowledge that in the event a resubmission is required, there will be a minimum one-hour plan review fee charge and an administrative fee of thirty-five dollars due upon resubmission. The plans will be deemed accepted for review on the date of resubmission as it relates to the thirty business day review period.

Printed Name

Permits, Planning and Zoning

Signature

P: (717) 849-2256

Date

F: (717) 849-2329