

**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:

DESIGN DATA

I.B.C. Edition: I.E.C. Edition: ICC A117.1 Edition:
 I.R.C. Edition: I.P.C. Edition: Other:
 I.E.B.C. EDITION Alt. Level: I.M.C. Edition: Design Occupant Load:

SYSTEMS

<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 (use additional sheets if needed):

Applicant's Name:

Applicant's Address:

Applicant's Email Address:

Applicant's Phone Number(s):



CITY OF YORK, PENNSYLVANIA COMMERCIAL PLAN REVIEW CHECKLIST

Project Address:

DATE RECEIVED

Project Name:

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, layout. Fire rated assemblies must indicate a design number.
- Mechanical plans including equipment schedule, mechanical symbols and hood details with exhaust locations.
- Electrical plans including riser diagrams, electrical symbols, equipment schedules and load calculations.
- Plumbing plans including fixture schedule, riser diagram, details for special devices and storm water drainage.
- Structural plans including wall, floor, ceiling, roof and any other structural members.
- Fire protection plans including fire suppression, fire alarm, smoke control, fire department connections etc.
- Energy plans including energy calculations, specifications and details.
- Accessibility plans including ingress, egress, areas of refuge facilities, elevations, hardware, ramps etc.
- Phasing plans. **PHASING PLANS ARE REQUIRED IF THE PROJECT IS TO BE PHASED.**
- STATEMENT OF ANY DEFERRED SUBMITTALS. (IF THERE ARE DEFERRED SUBMITTALS A WRITTEN STATEMENT IS REQ.)**

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 even a resubmission is required, there will be a minimum one-hour plan review fee charged 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.

SIGNATURE

PRINTED NAME

DATE



CITY OF YORK, PENNSYLVANIA UCC PERMIT APPLICATION

PERMIT NUMBER: <input style="width: 100%;" type="text"/>	DATE ISSUED: <input style="width: 100%;" type="text"/>	<div style="text-align: center; border-bottom: 1px solid black; padding-bottom: 5px;">DATE RECEIVED</div> BY: _____
PLAN REVIEW NUMBER: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> HARB	
PARCEL ID NUMBER: <input style="width: 100%;" type="text"/>		
<i>PARCEL ID NUMBER MUST BE PROVIDED</i>		
WORK SITE ADDRESS: <input style="width: 100%;" type="text"/>		

PERMIT(S) REQUESTED CHECK ALL THAT APPLY	<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL	<u>LERTA/RETAP</u> <input type="checkbox"/> LERTA <input type="checkbox"/> RETAP
	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL	

OWNERSHIP INFORMATION			
OWNER:	<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	WORK	HOME
EMAIL ADDRESS:	<input style="width: 100%;" type="text"/>		

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 AD-MINISTRATIVE FEE WILL BE CHARGED. ANY PERMIT ISSUED BASED ON INCORRECT INFORMATION ON THIS AP-PLICATION MAY BE SUSPENDED OR REVOKED IN ACCORDANCE WITH THE PROVISIONS OF THE UNIFORM CON-STRUCTION CODE OF THE COMMONWEALTH OF PENNSLVANIA. IF YOU INTEND TO APPLY FOR LERTA OR RE-TAP YOU NOW MUST DO SO WHEN YOUR PERMIT IS ISSUED.

BUILDING: <input style="width: 100%;" type="text"/>	MECHANICAL: <input style="width: 100%;" type="text"/>	<i>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 PER-FORMED.</i>
ELECTRICAL: <input style="width: 100%;" type="text"/>	PLUMBING: <input style="width: 100%;" type="text"/>	
TOTAL FAIR MARKET VALUE OF PROJECT:		<input style="width: 100%;" type="text"/>

GENERAL CONTRACTOR INFORMATION

CONTRACTOR:

ADDRESS:

STREET

CITY

STATE

ZIP CODE

TELEPHONE:

HOME

WORK

HOME

EMAIL ADDRESS:

FED. EMP ID NUMBER:

PA H.I.C. NUMBER:

ELECTRICAL CONTRACTOR INFORMATION

CONTRACTOR:

ADDRESS:

STREET

CITY

STATE

ZIP CODE

TELEPHONE:

HOME

WORK

HOME

EMAIL ADDRESS:

FED. EMP ID NUMBER:

PA H.I.C. NUMBER:

PLUMBING CONTRACTOR INFORMATION

PLUMBING CONTRACTOR MUST BE A YORK CITY LICENSED PLUMBER

CONTRACTOR:

ADDRESS:

STREET

CITY

STATE

ZIP CODE

TELEPHONE:

HOME

WORK

HOME

EMAIL ADDRESS:

FED. EMP ID NUMBER:

PA H.I.C. NUMBER:

YORK CITY PLUMBER'S LICENSE NUMBER:

MECHANICAL CONTRACTOR INFORMATION

CONTRACTOR:

ADDRESS:

STREET

CITY

STATE

ZIP CODE

TELEPHONE:

HOME

WORK

HOME

EMAIL ADDRESS:

FED. EMP ID NUMBER: PA H.I.C. NUMBER:

NEW CONSTRUCTION ADDITION ALTERATIONS

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL DETACHED SEMI-DETACHED ATTACHED
 SINGLE-FAMILY DWELLING SINGLE-FAMILY DWELLING NUMBER OF DWELLING UNITS:

NUMBER OF STORIES: SQ. FT. PER FLOOR: TOTAL SQUARE FEET

BUILDING HEIGHT: SQ. FT. WORK AREA:

CODE DATA

USE GROUP: CONSTRUCTION TYPE: OCCUPANT LOAD:

CODE EDITION:

INTERNATIONAL BUILDING CODE INTERNATIONAL ELECTRICAL CODE
 INTERNATIONAL RESIDENTIAL CODE INTERNATIONAL PLUMBING CODE
 INTERNATIONAL MECHANICAL CODE INTERNATIONAL FUEL GAS CODE
 INTERNATIONAL EXISTING BUILDING CODE I.E.B.C ALTERATION LEVEL:

All of the work that is performed under any permit based on this application must conform with all applicable codes and shall not exceed the scope of work described. Deviations in the scope of work must be submitted to the building code official for review and approval before such work is undertaken. The building code official may suspend or revoke a permit issued under the Uniform Construction Code when the permit is issued in error on the basis of inaccurate or incomplete information or in violation of any act, regulation, ordinance or the Uniform Construction Code.

PROVIDE A DETAILED DESCRIPTION OF THE SCOPE OF WORK

(USE ADDITIONAL PAGES IF NECESSARY)

●●●● 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.

SIGNATURE

PRINTED NAME

DATE

TENANT OCCUPIED LICENSE CHECK

TENANT OCCUPIED LICENSED UNLICENSED

LICENSE CHECKED BY: DATE:

VERIFIED BY: DATE:

PERMIT DENIED, NO LICENSE

STATE FEE:

ADMINISTRATIVE FEE:

INSPECTION FEE:

STATE FEE:

TOTAL FEES DUE:

ZONING REVIEW

ZONING DISTRICT: DATE RECEIVED BY ZO:

ZONING USE:

USE PERMITTED IN DISTRICT PRE-EXISTING/CONTINUATION OF NON-CONFORMING USE

USE NOT PERMITTED IN DISTRICT USE PERMITTED BY SPECIAL EXCEPTION

VARIANCE/SPECIAL EXCEPTION REQUESTED DATE REQUESTED:

ZONING HEARING BOARD DECISION: DATE:

ZONING COMMENTS

(This area is intentionally left blank for zoning comments.)

APPROVED DENIED _____ DATE:

ZONING OFFICER SIGNATURE

PLANNING REVIEW

DATE PERMIT APPLICATION RECEIVED BY CITY PLANNER:

HARB NOT VISIBLE FROM PUBLIC WAY DATE APPROVED BY HARB:

FLOOD PLAIN F.P. DESIGNATION:

L.D. PLANS REQUIRED DATE SUBMITTED: DATE APPROVED:

S.W.M. PLANS REQ. DATE SUBMITTED: DATE APPROVED:

PLANNING COMMENTS

(Large empty box for planning comments)

APPROVED DENIED DATE:

_____ CITY PLANNER SIGNATURE

BUILDING CODE OFFICIAL REVIEW

- | | | |
|--|--|--|
| <input type="checkbox"/> ZONING APPROVED | <input type="checkbox"/> PLANNING APPROVED | <input type="checkbox"/> HARB APPROVED |
| <input type="checkbox"/> CERTIFICATE OF OCCUPANCY REQUIRED | <input type="checkbox"/> FIRE INSURANCE ESCROW FUNDS ARE BEING HELD | |
| <input type="checkbox"/> PLAN REVIEW REQUIRED | <input type="checkbox"/> LICENSED DESIGN PROFESSIONAL STAMP REQUIRED | |

REQUIRED INSPECTIONS

- | | | |
|--|--|--|
| <input type="checkbox"/> FOUNDATION/FOOTING | <input type="checkbox"/> UNDER SLAB | <input type="checkbox"/> BACK FILL |
| <input type="checkbox"/> FRAMING | <input type="checkbox"/> INSULATION | <input type="checkbox"/> FIRE RATED ASSEMBLY |
| <input type="checkbox"/> SPRINKLER HYDRO | <input type="checkbox"/> STANDPIPE HYDRO | <input type="checkbox"/> FIRE ALARM ROUGH IN |
| <input type="checkbox"/> SPRINKLER FINAL | <input type="checkbox"/> STANDPIPE FINAL | <input type="checkbox"/> FIRE ALARM FINAL |
| <input type="checkbox"/> ELECTRICAL ROUGH IN | <input type="checkbox"/> PLUMBING ROUGH IN | <input type="checkbox"/> MECHANICAL ROUGH IN |
| <input type="checkbox"/> ELECTRICAL FINAL | <input type="checkbox"/> PLUMBING FINAL | <input type="checkbox"/> MECHANICAL FINAL |
| <input type="checkbox"/> ENERGY | <input type="checkbox"/> ROOF TEAR OFF | <input type="checkbox"/> BUILDING FINAL |

BCO COMMENTS

APPROVED DENIED

DATE:

BUILDING CODE OFFICIAL SIGNATURE