

COMMERCIAL BUILDING PERMIT APPLICATION - *PREAPPLICATION CHECKLIST*

PROJECT LOCATION/STREET ADDRESS:	
<input type="checkbox"/>	Complete project location/street address. Search Lancaster County's Property Tax Inquiry website at http://lanasterpa.devnetwedge.com/ if unsure whether property is located within city limits.
<input type="checkbox"/>	Complete applicant information and/or designate an authorized agent. The applicant/authorized agent shall be main point of contact throughout permit application process as well as subsequent inspections.
<input type="checkbox"/>	Complete lessee information, if applicable. <input type="checkbox"/> NOT APPLICABLE
<input type="checkbox"/>	Complete property owner information and complete contractor information. Home Improvement Contractor's (HIC) Registration number may be found at following link: https://hicsearch.attorneygeneral.gov/
<input type="checkbox"/>	Check applicable boxes for type of work or improvement, check all that apply. Complete scope of work.
<input type="checkbox"/>	Indicate project cost, including fair market value of labor and materials.
<input type="checkbox"/>	Complete construction type section.
<input type="checkbox"/>	Attach a copy of Zoning Hearing Board and/or Planning Commission decision letter indicating any applicable stipulations to this project/property. <input type="checkbox"/> NOT APPLICABLE
<input type="checkbox"/>	Select desired Third-Party Code Review & Inspection Agency, check all that apply. **The third-party code agency will invoice the applicant directly for review and inspection fees. These fees are in addition to the City's permit fees.**
<input type="checkbox"/>	Property owner OR authorized agent sign application below the certification. Also, complete date, print name and phone number.
<input type="checkbox"/>	Attach THREE (3) copies of building and site plans. These plans shall include all architectural and structural details, along with plumbing, mechanical, electrical, fire protection and accessibility details & specifications. **All building plans must be prepared, stamped, and sealed by either a registered architect or professional engineer licensed in the Commonwealth of Pennsylvania.
<input type="checkbox"/>	Projects may be subject to additional reviews, such as Engineering, Stormwater, Historic and/or Zoning, as determined. <i>Additional permit applications may be required by the Bureaus listed above as part of the review process.</i>
<input type="checkbox"/>	Once <u>all</u> applicable reviews are complete, a notice of approval will be sent to the property owner OR authorized agent via e-mail with a balance due and payment instructions. IMPORTANT: No work or installation shall commence prior to the approval and issuance of a permit. Please allow up to 30 business days for commercial building permit application review.
<input type="checkbox"/>	Upon issuance of the building permit, a permit placard along with supporting documentation will be returned to the permit applicant upon payment of permit fees. **The permit will detail all required inspections that are specific to the project for which the permit has been issued.**
<input type="checkbox"/>	By submission of this application, Applicant/authorized agent hereby certifies and agrees that applicant assumes the responsibility of locating all property lines, setback lines, easements rights-of-way, flood areas, etc. and that the issuance of a permit upon approval of submitted construction documents shall not be construed as authority to violate, cancel, or set aside any provisions of applicable federal, state, or local law.
<input type="checkbox"/>	By submission of this application, Applicant/authorized agent hereby certifies and agrees to allow City Code Officials to enter the location subject to the permit at any reasonable hour necessary to enforce the provision of applicable codes and to make inspections as required.
<input type="checkbox"/>	By submission of this application, Applicant/authorized agent hereby certifies and agrees that the property/building/tenant space shall NOT be used at the completion of the project until all special stipulations have been complied.

Notice to taxpayer: Pursuant to Ordinance No. 20-2019, you may be entitled to an exemption for from tax on your contemplated improvements by reassessment through the Local Economic Revitalization Tax Assistant (LERTA) Program. See following link to webpage for enrollment application and eligibility details: <https://cityoflanasterpa.com/local-economic-revitalization-tax-assistance-lerta/>

BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION ABOVE.

OWNER OR AUTHORIZED AGENT: _____ **DATE:** _____

COMMERCIAL BUILDING PERMIT APPLICATION

PROJECT LOCATION/STREET ADDRESS:			
APPLICANT/AUTHORIZED AGENT:			
Address:			
City:		Zip:	
Home/Office #: ()		Cell #: ()	
E-mail Address:			
LESSEE:			<input type="checkbox"/> NOT APPLICABLE
Home/Office #: ()		Cell #: ()	
E-mail Address:			
PROPERTY OWNER:			
Property Owner Address:			
City:		Zip:	
Home/Office #: ()		Cell #: ()	
E-mail Address:			
DESIGNATED DESIGN PROFESSIONAL:			
Design Firm:			
PA License #:			
Address:			
City:		Zip:	
Office #: ()		Cell #: ()	
E-mail Address:			
CONTRACTOR NAME:			
Contractor Address:			
City:		Zip:	
Home/Office #: ()		Cell #: ()	
E-mail Address:			
Home Improvement Contractor's (HIC) Registration #, if applicable:			
Workers' Compensation Insurance: <input type="checkbox"/> YES / <input type="checkbox"/> NO			
<i>If YES - Contractor must provide a Certificate of Insurance listing the City of Lancaster as the certificate holder.</i>			
<i>If NO - Contractor must provide a notarized exemption form. (Available at the City of Lancaster).</i>			
TYPE OF WORK OR IMPROVEMENT: (Check all that apply)			
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical
<input type="checkbox"/> Foundation	<input type="checkbox"/> Alteration	<input type="checkbox"/> Building Demo	<input type="checkbox"/> Interior Non-Structural Demo
<input type="checkbox"/> Windows/Doors	<input type="checkbox"/> Certificate of Occupancy	<input type="checkbox"/> Other: _____	
SCOPE OF WORK:			
PROJECT COST: (Fair market labor & material - all trades and project components must be included)			\$

CONSTRUCTION TYPE: (IBC Chapter 6) _____

DESCRIPTION OF BUILDING USE:

Specific Use: _____

Business Name: _____

CHANGE IN USE: ☐ YES / ☐ NO

If yes, indicate former use: _____

Maximum Occupancy Load: _____

DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING:

Fire Alarm System: ☐ YES / ☐ NO

Automatic Sprinkler System: ☐ YES / ☐ NO

BUILDING DIMENSIONS:

Existing Building Area: _____ sq. ft. No. of Stories Existing: _____

Proposed Building Area: _____ sq. ft. No. of Stories Proposed: _____

Total Building Area: _____ sq. ft. Height of Structure above Grade: _____

Gross Area of Grade Level Floor: _____ sq. ft.

Is this property located in a floodplain area? ☐ YES / ☐ NO

(A local Regulatory Floodplain Elevation Certificate is required for any project located within a floodplain area.)

Are windows, doors or exterior materials being changed or updated at this property? ☐ YES / ☐ NO

Do Zoning Hearing Board/Planning Commission stipulations apply to this project/property? ☐ YES / ☐ NO

Is Property Condemned? ☐ YES / ☐ NO

ALL APPLICATIONS MUST BE SUBMITTED TO THE CITY OF LANCASTER

PLEASE CHOOSE A THIRD PARTY CODE REVIEW AND INSPECTION AGENCIES-SELECT ONE

☐ **Associated Building Inspections (courier)** ☐ **Barry Isett & Associates Inc (courier)**

☐ **Code Administrators, Inc (courier)**

By signing below, Applicant or authorized agent hereby certifies and affirms they are the property owner (Owner) or Owner's authorized agent or designee, the information on this application is true and correct, and the permitted work will be completed in accordance with the construction documents submitted in conjunction with this application and applicable law, including but not limited to, the Uniform Construction Code, state law and ordinances of the City of Lancaster.

OWNER OR AUTHORIZED AGENT: _____ **DATE:** _____

PRINT: _____ **PHONE #:** _____

OFFICE USE ONLY

Application #: _____

Permit #: _____

Code Compliance Office Review/Approval: _____

Date: _____

Permit Fee: \$ _____ **+ State Fee:** \$ 4.50 **= Total Fee:** \$ _____