

APPLICATION FOR BUILDING PERMIT

APPLICATION # _____

(Please complete all information below and print clearly)



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
MUNICIPAL SERVICES BUILDING - CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102
For more information visit us at www.phila.gov

ADDRESS OF PROPOSED CONSTRUCTION

APPLICANT:

COMPANY NAME: _____

PHONE # _____

FAX # _____

APPLICANT'S ADDRESS: _____

LICENSE # _____

E-MAIL: _____

PROPERTY OWNER'S NAME: _____

PHONE # _____

FAX # _____

PROPERTY OWNER'S ADDRESS: _____

ARCHITECT / ENGINEER IN RESPONSIBLE CHARGE: _____

ARCHITECT / ENGINEERING FIRM: _____

PHONE # _____

FAX # _____

ARCHITECT / ENGINEERING FIRM ADDRESS: _____

LICENSE # _____

E-MAIL: _____

CONTRACTOR: _____

CONTRACTING COMPANY: _____

PHONE # _____

FAX # _____

CONTRACTING COMPANY ADDRESS: _____

LICENSE # _____

E-MAIL: _____

USE OF BUILDING / SPACE: _____

ESTIMATED COST OF WORK

\$ _____

BRIEF DESCRIPTION OF WORK:

TOTAL AREA UNDERGOING CONSTRUCTION: _____ square feet

COMPLETE THESE ITEMS IF APPLICABLE TO THIS APPLICATION:

OF NEW SPRINKLER HEADS (suppression system permits only): _____ LOCATION OF SPRINKLERS: _____

OF NEW REGISTERS / DIFFUSERS (hvac / ductwork permits only): _____ LOCATION OF STANDPIPES: _____

IS THIS APPLICATION IN RESPONSE TO A VIOLATION? NO YES VIOLATION #: _____

All provisions of the building code and other City ordinances will be complied with, whether specified herein or not. Plans approved by the Department form a part of this application. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application, and that, before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE _____ DATE: ____ / ____ / ____

PRE-REQUISITE APPROVALS FOR:

ADDRESS:

APPLICATION #:

√ IF REQ'D	AGENCY	INITIALS	DATE	REMARKS
	ART COMMISSION 13 TH FLOOR - 1515 ARCH STREET			
	CITY PLANNING COMMISSION 13 TH FLOOR - 1515 ARCH STREET			
	HISTORICAL COMMISSION 13 TH FLOOR - 1515 ARCH STREET			
	FAIRMOUNT PARK COMMISSION			
	<input type="checkbox"/> CITY <input type="checkbox"/> STATE AIR MANAGEMENT / HEALTH DEPARTMENT			
	STREETS DEPARTMENT ROOM 940 - M.S.B.			
	WATER DEPARTMENT 2 ND FLOOR - 1101 MARKET STREET			
	EMERGENCY SERVICES & ABATEMENT UNIT ROOM 1140 - M.S.B.			
	ZONING			

WAS VIOLATION FOR WORK WITHOUT A PERMIT? NO YES (INSPECTION FEE MUST BE ADDED TO PERMIT FEE)

VIOLATION # _____