APPLICATION FOR BUILDING PERMIT

APPLICATION # __



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/li

(Please complete all information below and print clearly) ADDRESS OF PROPOSED CONSTRUCTION:

APPLICANT:		APPLICANT'S AD	DRESS:				
COMPANY NAME		_					
PHONE#	FAX#	LICENSE #	E-MAIL:				
PROPERTY OWNER'S	NAME:	PROPERTY OWN	ER'S ADDRESS:				
PHONE #	FAX #						
ARCHITECT/ENGINEER	IN RESPONSIBLE CHARGE	ARCHITECT/ENG	ARCHITECT/ENGINEERING FIRM ADDRESS:				
ARCHITECT/ENGINEER	ING FIRM:						
7							
DUONE #	FAV #	LICENSE #	E-MAIL:				
PHONE # CONTRACTOR:	FAX#		COMPANY ADDRES	S:			
CONTRACTING COMPA	NY:						
PHONE #	FAX #	LICENSE #	E-MAIL:	ESTIMATED COST OF	WORK		
USE OF BUILDING/SPA	CE			ESTIMATED COST OF	WORK		
				\$			
BRIEF DESCRIPTION O	F WORK:						
					_		
	TOTAL AREA UNDERGOING	CONSTRUCTION: _			_s quare feet		
COMPLETE THESE ITE	MS IF APPLICABLETO THIS APPLICATION	N:					
# OF NEW SPRINKLER	HEADS (suppression system permits only	/): LOCA	TION OF SPRINKLE	RS:			
# OF NEW REGISTERS/	DIFFUSERS (hvac/ductwork permits only)	: LOCA	TION OF STANDPIF	PES:			
IS THIS APPLICATION I	N RESPONSE TO A VIOLATION?	□YES	VIOLATION #:				
application. I hereby certify t make the foregoing application	code and other City ordinances will be complied with hat the statements contained herein are true and co on, and that, before I accept my permit for which this alse statement herein I am subject to such penalties	rrect to the best of my knowled sapplication is made, the owne	ge and belief. I further or r shall be made aware o	certify that I am authorized by	the owner to		
APPLICANT'S SIGN	NATURE:		[DATE:/			

		Pi	RE-REQ	UISITE /	APPROVALS	S FOR	k :		
ADDRESS:			APPLICATION #:						
✓ IF REQ'D		AGENCY	INI	TIALS	DATE		REMARKS	;	
V II KEQ D	ART COMMIS								
	CITY PLANNI	- 1515 ARCH STREE NG COMMISSION							
	13 TH FLOOR	- 1515 ARCH STREE	ĒΤ						
		PARK COMMISSION	N						
	☐ CITY AIR MANAGE	☐ STATE MENT / HEALTH DE	PT						
		COMMISSION							
	ROOM 576 – STREETS DE								
	ROOM 940 –								
	2 ND FLOOR -	1101MARKET STRE							
	ROOM 1140 -	JAL SERVICES UNIT - M S B	•						
		- IVI.O.D.							
	ZONING								
		EXAMI	NER'S A	PPROV	AL (OFFICE	USE	ONLY)		
APPROVED US	E OF BUILDING				(
PERMIT TO RE	ΔD:								
CODE/EDITION	USED FOR RE	:VIEW:							
WAS VIOLATIO	N FOR WORK \	WITHOUT A PERMIT	? □ NO	□YE	S (INSPECTION F	FF MUS	ST BE ADDED TO PERMIT FE	:F)	
			_		.0 (11101 20110111	LL WOC	TO TERMIT TE	/	
VIOLATION # _									
OTHER BUILDII	NG DEDMITS D	EOLIBED:	FIDE SLID	PRESSION	□ HVAC	YDLICT	□ FUEL GAS		
PLAN #	NGFERIVITSK	CONSTRUCTED A		RESSION	□ IIVAC	10001	FEE ITEM	AMOUNT	
			SQ FT	□ NEW C	ONSTRUCTION	BLDG	G. PERMIT/C.O./L.O.		
		SQ		ALTERATION		INSP	ECTION FEE		
CONSTRUCTIO	N	CO REQUIRED		NEW DWG UNITS:		WATI	ER METERS		
TYPE:		□NO	□ YES			CONS	STRUCTION WATER		
USE:		VARIANCES		PROJECT	TYPE	-			
USE		□NO	□ YES			TOT	AL FEES		
This is to certify	that I have exan	I nined the within detai	led statemer	I nt, together w	rith a copy of the pl		ing thereto, and find the same	to be in accordance	
with the provisio							oved and entered into the reco		
Department.					DAT	E ADDD	OVED:		
LAMIVIINER		8			DAT	L AFFK(OVED:		
PERMIT#			DATE IS	SUFD:			CHECK #		
			0						