Job Number: (for office use only)

(AP – YEAR – NUMBER)

## **Application for Administrative Permit**

| Address Identify the location of work for the permit(s).   |   | Parcel Address   |  |  |  |
|--|---|--|--|--|--|
| If the activity will take place in a specific building, tenant space, floor level, or suite, note that detail in the space                                 | 1 | Specific Location  |  |  |  |
| provided. If applicable, list the project #.   |   | Check box if this application is part of a project and provide project number: PR-2 0   -              |  |  |  |
| Applicant  |   | I am the: Property Owner Tenant Equitable Owner Licensed Professional or Tradesperson                  |  |  |  |
| Identify how you are associated with the property.   |   |  |  |  |  |
| Licensed professionals include design<br>professionals, attorneys, and<br>expediters. A tradesperson must have<br>an active Philadelphia license for their | 2 | Name Company  Address  |  |  |  |
| trade or hold a PA Home Improvement Contractor Registration.   |   | Email Phone  |  |  |  |
| Property Owner dentify the deeded property owner.  |   | Name Check box if new owner is being listed  |  |  |  |
| If there was a recent change of<br>ownership, documentation such as a<br>deed or settlement sheet will be  | 3 | Address  |  |  |  |
| required.  |   | Email Phone  |  |  |  |
| Design Professional in<br>Responsible Charge   | 4 | Name Firm  |  |  |  |
| Identify the PA-licensed design professional who is legally responsible.   |   | PA License # Phila. Commercial Activity License #  |  |  |  |
| ·  |   | Email Phone Phone  |  |  |  |
| Project Scope  |   | (a) Occupancy (select one):  |  |  |  |
| Use this section to provide project details. All fields are mandatory.   |   | Single-Family Two-Family Other, please describe:   |  |  |  |
| (a) Choose the proposed occupancy of the entire building. If not one- or   |   | (b) Scope of Request (select one):   |  |  |  |
| two-family, provide a description of group(s) per Code.  |   | Certificate of Occupancy and / or Lawful Occupancy Sign  Lawful Occupancy Sign (Duplicate of Existing) |  |  |  |
| (b) Select the scope of this request. See Section 6 (on page 2) to add Special Event (Temporary Short-Term Use)  |   |  |  |  |  |
| more details.  |   | (c) Change of Occupancy (select one):  |  |  |  |
| (c) If any change of occupancy will occur, select the applicable option.   |   | Partial Change of Occupancy  |  |  |  |
| (d) Specify the number of stories under consideration on this request.   | 5 | Complete Change of Occupancy   |  |  |  |
| (e) Check each box where a sprinkler system, standpipe(s), or  |   | Other, please describe  (d) Number of Stories  |  |  |  |
| fire alarm are existing or will be installed. Note their existing or   |   |  |  |  |  |
| proposed location(s) in the space provided. Provide the fire alarm type.   |   | (e) Fire Protection / Life Safety  Sprinkler System / location: Fire Alarm                             |  |  |  |
|  |   | Sprinkler System / location: Fire Alarm Standpipes Present / location: Alarm Type                      |  |  |  |
|  |   | Alam Type  |  |  |  |

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# Project Details & Contractor Information

(a) Administrative Permits may be required after obtaining a construction permit or zoning permit. If a prior approval for this location was issued, enter the permit numbers in spaces provided.

(b) If seeking Lawful Occupancy sign(s), note space details in the provided table. If more spaces are needed, attach additional sheets.

For duplicate signs, refer to 'Reissue of Lawful Occupancy Signs Code Solution' on <u>www.phila.gov/li</u> for more information.

(c) For Special Event Permits, specify the event date(s) and start/end time(s).

Refer to 'Code Bulletin A-1501 R1' on www.phila.gov/li for more information on temporary uses.

| (a) | ) Re | lated | Perm | its* |
|-----|------|-------|------|------|
|-----|------|-------|------|------|

If there is an associated Zoning Permit for this request, enter the permit number:

ZP- 2 | 0 | | | - | | | | | |

#### (b) Lawful Occupancy Details

| Room Name/Number | Use of Space | Quantity of Occupants<br>Requested |
|------------------|--------------|------------------------------------|
|                  |              |                                    |
|                  |              |                                    |
|                  |              |                                    |
|                  |              |                                    |
|                  |              |                                    |
|                  |              |                                    |
|                  |              |                                    |

### (c) Special Event Details

| Event Dates | Start Time | End Time |
|-------------|------------|----------|
|             |            |          |
|             |            |          |
|             |            |          |
|             |            |          |

#### **Declaration & Signature**

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 statements herein, I am subject to such penalties as may be prescribed by law or ordinance, inclusive of the penalties contained in 18 Pa. C.S. § 4904.

| Annlicant Signature: | Date: | 1 | 1 |  |
|----------------------|-------|---|---|--|

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