



Application for Commercial Building Permit Rail Road Borough

Please note that the following are required to be submitted with this application:

Three (3) Complete Sets of Stamped & Signed Construction Drawings

Three (3) Sets of Specifications

Property Information

Project Address _____ City _____ Zip _____

Owner's Name _____ Phone _____ Fax _____ Email _____

Owner's Address _____ City _____ Zip _____

Scope of Project

Description of Work: _____

Cost of Construction _____ Square Feet _____ Stories Above Grade _____ Stories Below Grade _____

Check ALL That Apply:

| | | | |
|---|--|---|-------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Interior Alterations | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Change in Use | <input type="checkbox"/> Accesiblity | <input type="checkbox"/> Change in Occupancy | |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Demolition | <input type="checkbox"/> Foundations Only | |
| <input type="checkbox"/> Exterior Alterations | <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Fire Alarm System | |

Construction Type: **IA** **IIA** **IIIA** **VA** **IV** **IB** **IIB** **IIB** **VB**

Use Group: **A-1** **A-2** **A-3** **A-4** **A-5** **B** **E** **F-1** **F-2**
H-1 **H-2** **H-3** **H-4** **H-5** **I-1** **I-2** **I-3** **I-4**
M **R-1** **R-2** **R-3** **R-4** **S-1** **S-2** **U**
□ **□** **□** **□** **□** **□** **□**

Design Professional (This section must be fully completed prior to permit processing)

Name Phone Fax

Address City State Zip

Company Phone

Pennsylvania License Number Email

Design Professional (This section must be fully completed prior to permit processing)

General Contractor:

| | | |
|--------------|-------|-----|
| Company Name | Phone | Fax |
|--------------|-------|-----|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|---------|--------------|
| Contact | Email |
|---------|--------------|

Electrical Contractor:

| | | |
|--------------|-------|-----|
| Company Name | Phone | Fax |
|--------------|-------|-----|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|---------|--------------|
| Contact | Email |
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HVAC Contractor:

| | | |
|--------------|-------|-----|
| Company Name | Phone | Fax |
|--------------|-------|-----|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
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|---------|--------------|
| Contact | Email |
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Plumbing Contractor:

| | | |
|--------------|-------|-----|
| Company Name | Phone | Fax |
|--------------|-------|-----|

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|---------|------|-------|-----|
| Address | City | State | Zip |
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| | |
|---------|-------|
| Contact | Email |
|---------|-------|

Fire Alarm Contractor:

| | | |
|--------------|-------|-----|
| Company Name | Phone | Fax |
|--------------|-------|-----|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|---------|-------|
| Contact | Email |
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Fire Sprinkler Contractor:

| | | |
|--------------|-------|-----|
| Company Name | Phone | Fax |
|--------------|-------|-----|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | |
|---------|-------|
| Contact | Email |
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Applicant Certification

This Section **MUST** be Fully Completed.

As the owner, lessee, design professional employed in connection with the proposed work or agents thereof, I certify that:

- All the information provided on and with this application is true and correct and that the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality;
- I understand that this permit is valid for one (1) year after its issuance by the Municipality;
- I understand that this permit shall become invalid unless the authorized construction work begins within 180 days of this permit's issuance or if the authorized construction work is stopped for a period longer than 180 days;
- I understand that no work may be started, or continued, unless a permit is issued by, and the fees paid to, the Municipality;
- I understand that, once issued, a copy of this permit will remain on the work site until the completion of this project;
- I understand that a Building Permit Placard shall be placed on the property visible from the street;
- I am responsible for locating all property lines, setback lines, casements, right-of-way, flood areas, etc.;
- I understand that the issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body;
- I understand all codes, ordinances, and regulations;
- Any changes to the approved documents will be submitted in writing and these changes will not occur until they have been reviewed and approved;
- I understand that Dependable Construction Code Services, or their authorized representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit;
- I understand that I am required to apply for any required Zoning Permits;
- I understand that all fees must be paid in full before a Certificate of Use and Occupancy can be issued. Should I decide to cancel the project, I agree that I am responsible for any fees incurred in the reviewing process.

| | | |
|------------------------|-------|-------|
| Applicant Printed Name | Phone | Email |
|------------------------|-------|-------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

Applicant Signature

Date