

REQUEST FOR INDUSTRIAL BOARD PLANS

File #: _____
IB#: _____
Date: _____
BK4

Building Information	Building Name: _____ Street Address: _____ City: _____ PA Zip Code: _____ Political Subdivision: _____ County: _____ File No. _____ IB#: _____
Requestor Information	I am the: <input type="checkbox"/> Building Owner <input type="checkbox"/> Design Professional of Record (who sealed original plans) Owner/Design Professional Name: _____ Address Line 1: _____ Address Line 2: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ If building owner desires plans to be mailed to a third party, check box below and provide mailing information. <input type="checkbox"/> I am the Building Owner and I authorize the requested plans to be mailed to: Name of Third Party: _____ Address Line 1: _____ Address Line 2: _____ City: _____ State: _____ Zip Code: _____
Notarized Signature	All information provided on this request form is subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities. Signature of Owner/Design Professional: _____ Sworn to and subscribed before me this _____ day of _____, _____. _____ Notary Signature My commission expires: _____
IND. BD USE ONLY	Number of pages: _____ X \$5.00 (per page) = \$ _____ Date: _____ Check #: _____ Amount: \$ _____ Bates #: _____