

File No.:	
Date:	

Uniform Construction Code (UCC)

APPLICATION FOR ANNUAL PERMIT

EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.
ACT 24 EXEMPTION

Site Information	Facility Name (e.g., university, mall, company, institution):					
	Building/Tenant Name (of Building Number):					
	Street Number and Name:					
	City:		Zip Code:			
	Political Subdivision	า:	County:			
Installations to be Altered	☐ Electrical	Gas	☐ Mechanical	Plumbing		
Previous Occupancy Permit Number(s)	File Number (if occupancy approved by Department of Labor & Industry)					
	Municipal Permit Number dated issued by					
Owner/Operator Certification	As the owner/operator of the building, structure or premises where these alterations will occur, I certify that:					
	 These alterations will be performed by persons who are regularly employed by me at this location and who are "qualified tradespersons" (as defined in the Department's "Requirements for Annual Permit"). Detailed records of the work performed under the Annual Permit will be maintained and, upon request, made available to Department construction code officials. 					
	Name (typed or pri	nted)				
	Mailing Address _					
	Phone Number _					
	Email _					
	Signature _					
	Date Signed –					
Filing Requirements						
For L&I Use Only	Check #:	Amount:	Bates	s #:		

Department of Labor & Industry | Bureau of Occupational & Industrial Safety | Building Plan Review Division 651 Boas Street | Room 1600 | Harrisburg, PA 17121-0750 | 717.787.3806 option 1 | Fax 717.783.5002 | www.dli.pa.gov