pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

File No.: _____

Date: _____

Uniform Construction Code (UCC)
APPLICATION FOR ANNUAL PERMIT

☐ **EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.**

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: _____ 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: 1. 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"). 2. 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 printed) _____ Mailing Address _____ _____ Phone Number _____ Signature _____ Date Signed _____
Filing Requirements	**FEE SCHEDULE**: For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by telephone at 717-787-3806 option 1 or by fax at 717-783-5002. Be sure to include any additional information necessary when mailing this application and the appropriate fee to the Department.
For L&I Use Only	Check #: _____ Amount: _____ Bates #: _____