

File No.: _____

Date: _____

REQUEST FOR CONSTRUCTION PLANS

ACT 24 EXEMPTION

Building Information	Facility Name (name of company, mall, institution, university, etc.): _____ Building Number and Name _____ Street Number and Name _____ City _____ State _____ Zip Code _____ Political Subdivision _____ County _____ If Fire and Panic Approval, supply: File # _____ D.I. # _____ If Uniform Construction Code Approval, supply: File # _____ Permit # _____
Political Subdivision and County names are required.	
Requester Information	I am the: <input type="checkbox"/> Building Owner <input type="checkbox"/> Design Professional of Record (who sealed original plans) Owner/Design Professional Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____ 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 _____ Street Address _____ City _____ State _____ Zip Code _____ Email _____
Notarized Signature	Signature of Owner/Design Professional: _____ Sworn to and subscribed before me this _____ day of _____ _____ Notary Signature My commission expires _____
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 #: _____