

File No.: \_\_\_\_\_

Date: \_\_\_\_\_

## REQUEST FOR CONSTRUCTION PLANS

<p style="text-align: center;"><b>Building Information</b></p> <p><b>Political Subdivision</b> and <b>County</b> names are required.</p>	<p>Facility Name (name of company, mall, institution, university, etc.): _____</p> <p>Building Number and Name _____</p> <p>Street Number and Name _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Political Subdivision _____ County _____</p> <p style="text-align: center;">If Fire and Panic Approval, supply: File # _____ D.I. # _____</p> <p>If Uniform Construction Code Approval, supply: File # _____ Permit # _____</p>
<p style="text-align: center;"><b>Requester Information</b></p>	<p>I am the:   <input type="checkbox"/> Building Owner   <input type="checkbox"/> Design Professional of Record (<b>who sealed original plans</b>)</p> <p>Owner/Design Professional Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone (____) _____</p> <p>If building owner desires plans to be mailed to a third party, check box below and provide mailing information.</p> <p><input type="checkbox"/> I am the building owner and I authorize the requested plans to be mailed to:</p> <p style="padding-left: 20px;">Name of Third Party _____</p> <p style="padding-left: 20px;">Street Address _____</p> <p style="padding-left: 20px;">City _____ State _____ Zip Code _____</p>
<p style="text-align: center;"><b>Notarized Signature</b></p>	<p>Signature of Owner/Design Professional: _____</p> <p>Sworn to and subscribed before me this _____ day of _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Notary Signature</p> <p>My commission expires _____</p>
<p style="text-align: center;"><b>Filing Requirements</b></p>	<p><b>FEE SCHEDULE:</b> For an up-to-date listing of fees, please see the Fee Schedule listed on our website (<a href="http://www.dli.pa.gov/Individuals/Labor-Management-Relations/bois">www.dli.pa.gov/Individuals/Labor-Management-Relations/bois</a>) 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.</p> <p>Be sure to include any additional information necessary when mailing this application and the appropriate fee to the Department.</p>
<p style="text-align: center;"><b>For L&amp;I Use Only</b></p>	<p>Check #: _____ Amount: _____ Bates #: _____</p>