

File No.	
Date:	
	S1

Uniform Construction Code (UCC)

APPLICATION FOR ANNUAL PERMIT

Site	Facility Name (e.g., university, mall, company, institution):				
Information	Building/Tenant Name (or Building Number):				
	Street Number and Name:				
	City:		Zip Code:		
	Political Subdivisi	on:	County:		
Installations to be Altered	Electrical Mechanic	al	Gas 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				
L& I Use Only	Check #:	Amount:	Bates #:		

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 options 1, 8 | Fax 717.783.5002 | www.dli.state.pa.us

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program