

File No.	
Date:	
	UC4

BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

APPLICATION FOR UCC ALTERATIONS - LEVEL 1 PERMIT

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Site Information	Facility Name (nam	Facility Name (name of company, mall, institution, university, etc.):					
	Building and/or Tenant Name						
Political Subdivision	Street Number and Name City State Zip Code						
and County names are required.	City		State		Zip Code		
·	Political Subdivision County						
	Previous L&I File N	0.		Dhono ()			
	Contact Name		Pī	ione _	()		
Fees	Estimated Construction Cost: \$						
	(Required even if project is state-owned and exempt from fees.)						
	Base Fee of \$100 \$ Plus, \$20 per each \$1000 of estimated construction cost: \$						
	TOTAL: \$						
Project Data	Describe the alterations in sufficient detail to confirm that the work meets the Level-1 scoping requirement the <i>IEBC</i> and on the Plan Review and Inspection Requirements page on the UCC web site. Carry description to an additional sheet of paper, if necessary, and attach the sheet to this application.						
Applicant &	*** Duildin	a Pormits and Carti	finates of Occupancy	ara ica	und in name of applicant ***		
Owner	*** Building Permits and Certificates of Occupancy are issued in name of applicant *** Applicant Name						
Information	Street Address						
	City		State		Zip Code		
	Phone ()		Fax ()			
	Applicant Signature	·			Date		
	Owner Name						
	Street Address						
	City		State		Zip Code		
	Phone ()						
FOR L&I USE ONLY	Check #	Amount	Bates #				
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Department of Labor & Industry | BOIS Building Plan Review Division I 651 Boas Street, Room 1600 | Harrisburg, PA 17121-0750 717.787.3806 options 1, 8 | Fax 717.783.5002