LIGHT-HEIGEL
& ASSOCIATES. INC.

A full service provider of Pennsylvania Uniform Construction Code (UCC) services.

## Uniform Construction Code

# Application Package Alterations –

# **Small Commercial Projects**

## **Berrysburg Borough**

LOCAL LIGHT-HEIGEL OFFICE CONTACT INFORMATION:

Light-Heigel & Associates, Inc. 430 East Main Street Palmyra, PA 17078

Attn: Building Codes
Phone: (717) 838-1351
Fax: (717) 838-3820

FOR ADDITIONAL INFORMATION: Website: www.light-heigel.com
E-mail: Permits @light-heigel.com

#### **ALTERATIONS – SMALL PROJECTS PERMIT**

#### **Application Requirements**

Alterations (renovations) that meet the scope of the *International Existing Building Code* and that will be made to a legally occupied building should follow this simplified application process:

- 1. Submit one (1) copy of the APPLICATION FOR SMALL PROJECTS PERMIT.
- Submit payment of the amount calculated below via check or money order made payable to Light-Heigel & Associates. Be sure to accurately detail all of the work to be done under the building permit.

If you are seeking a permit for a roof replacement and the work will include replacement of some or all of the sheathing, the type and thickness of the existing and replacement material must be specified in your description.

After reviewing this information, we will either issue a UCC Building Permit or contact you regarding work that appears to fall outside the scope of the International Existing Building Code. If a permit is issued, we will also inform you of inspections that must be passed, before a certificate of occupancy can be issued.

#### **Alterations Small Projects Fee Schedule**

	Base Permit Fee		\$400.00
	Government Surcharge		\$4.50
	Total Permit Fee	=	\$404.50
FOR OFFICE U	= D: LIGHT-HEIGEL & ASSOCIATES, INC JSE ONLY: RECEIVED ON		
FOR OFFICE USE ON	= <u>No fee required.</u> made payable to the Municipality: <i>Berr</i> y LY: K# RECEIVED ON	J	· ·

Payment methods: money order or personal check. All returned checks will be assessed a \$25.00 penalty fee.

### Uniform Construction Code (UCC)

## **APPLICATION FOR SMALL PROJECTS PERMIT**

Applicant	Applicant Name:					
Information	Street Number and Name:					
	City:	Zip Code:				
	Political Subdivision:	County:				
	Daytime Phone Number:					
Site Information	Facility Name (e.g., university, mall, company, institution):					
	Building/Tenant Name (or Building Number):					
	Street Number and Name:					
	City:	Zip Code:				
	Political Subdivision:	County:				
	Previous L&I File Number(s):	Tax Parcel ID #:				
Fees	Estimated Construction Cost: \$					
Project Data	Describe the proposed alterations in sufficient detail to confirm that the work meets the scope requirement found in Chapter 5 of the <i>International Existing Building Code</i> . Carry over this description to an additional sheet of paper, if necessary, and attach the sheet to this application.					

		Permit #:			
		I	Date:		
Owner	Owner Name				
Information	Street Address				
	City	State	Zip Code		
	Phone Number				
Deferred Submissions		submitting plans and other documentation for any of the items listed application, check the appropriate box below and indicate this on the each building plan set.			
	☐ Fire Alarm System	☐ Truss Shop Drawings (Certified)	☐ Sprinkler System		
Fees: Refer to COMM	MERCIAL FEE SCHEDULE				
Applicant's C					
		roject for which this application is filed, Indication all other information provided as part			
	ling permit is correct.	a an other miermation provided as part	or the application for a		
2. The	building or structure described	I in this application will not be occupied u	until all known code violations		
		Occupancy has been received. accordance with the approved drawings	and enecifications (including		
any		and the Uniform Construction Code star			
4. Any	changes to the approved docu	ments will be filed with the municipal U0	CC Building Code Official.		
notio	ce of the change will be provide	r in responsible charge of this constructi ed to the municipal UCC Building Code (	Official.		
	6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function.				
shal		Irawings and specifications or application structing the work in any manner other t			
Applicant Nam	e		_		
Street Address			_		
City		State Zip 0	Code		

Phone Number \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_