

*Uniform Construction Code*

**Application Package  
ANNUAL PERMIT**

**Washington Township**

---

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](http://www.light-heigel.com)  
**E-mail:** [Permits@light-heigel.com](mailto:Permits@light-heigel.com)

## **ANNUAL PERMIT:**

### **Application Requirements**

Manufacturing facilities and institutions such as hospitals and universities that regularly perform alterations on approved electrical, gas, mechanical and plumbing installations may apply for a single UCC permit that will allow these alterations to be made over a 12-month period.

The municipality may issue an Annual Permit as long as the following conditions are met:

1. The specified installation(s) shall have been approved for code compliance under a previously issued occupancy permit.
2. Submission of one (1) copy of the **APPLICATION FOR ANNUAL PERMIT** and payment of a fee of the amount calculated below (via check or money order made payable to Light-Heigel & Associates). A separate application is required for each covered building, structure or premises.
3. The owner or operator of the building, structure or premises where the alterations will take place must certify that the persons performing the work are normally employed at this site and are "qualified tradespersons," because they meet one of the following requirements:
  - They have performed similar alterations on the specified systems for at least three (3) years prior to making application; or,
  - They hold a Journeyman's card in an applicable trade, or are registered apprentices working under the direct supervision of a Journeyman; or,
  - They hold a certification or other qualification issued by the Pennsylvania Department of Labor and Industry, another U.S. state, a national model code agency, a national standards writing organization, or a national association representing persons who work in the electrical, gas, mechanical or plumbing industries.
4. The permit holder must agree to maintain detailed records of all alterations made under the permit and to make these available, upon request, to Township construction code officials.

### **Annual Permit Fee Schedule**

Base Permit Fee	=	\$200.00
Government Surcharge	+	\$4.50
<b>Total Permit Fee</b>	<b>=</b>	<b>\$204.50</b>

**TOTAL PERMIT FEE** = \_\_\_\_\_  
 Check made payable to: *LIGHT-HEIGEL & ASSOCIATES, INC.*  
 FOR OFFICE USE ONLY:  
 CHECK # \_\_\_\_\_ RECEIVED ON \_\_\_\_\_ BY \_\_\_\_\_

**MUNICIPAL FEE** = \$50.00 required.  
 Make additional check made payable to the Municipality: *Washington Township*  
 FOR OFFICE USE ONLY:  
 CHECK # \_\_\_\_\_ RECEIVED ON \_\_\_\_\_ BY \_\_\_\_\_

Uniform Construction Code (UCC)  
**APPLICATION FOR ANNUAL PERMIT**

**Site  
of  
Annual  
Alterations**

Facility Name (e.g., university, mall, company, institution): \_\_\_\_\_

Building/Tenant Name (or Building Number): \_\_\_\_\_

Street Number and Name: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Political Subdivision: \_\_\_\_\_

County: \_\_\_\_\_

Tax Parcel ID #: \_\_\_\_\_

**Installations  
to be  
Altered**

☐ Electrical  
☐ Mechanical

☐ Gas  
☐ Plumbing

**Previous  
Occupancy  
Permit  
Number(s)**

\_\_\_\_\_ **File Number** (if occupancy approved by Dept. of Labor & Industry)

\_\_\_\_\_ **Municipal Permit Number**      Dated: \_\_\_\_\_

Issued by: \_\_\_\_\_

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 **REQUIREMENTS FOR ANNUAL PERMIT**).
2. Detailed records of the work performed under the Annual Permit will be maintained and, upon request, be made available to UCC officials.

**Owner/Operator  
Certifications**

Name (typed or printed) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_