

**City of Williamsport  
Bureau of Codes**

**Bonfire Permit Application**

**Fee: \$100.00** *includes Fire Inspection*

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

Location: \_\_\_\_\_

Time of Activity: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_  
*(See attached copy of Insurance)*

List of all Safety Equipment that will be present at time of activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that I am the owner or authorized agent for the above mentioned property listed for a Bonfire event. All pyrotechnics will be in accordance with chapter 3, General Precautions against Fire, exclusively section 307.4.1 Open burning and recreational fires of the 2006 International Fire Code.*

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

Approved By: \_\_\_\_\_

**Fire Chief, C. Dean Heinbach**

Approved By: \_\_\_\_\_

**Fire Inspector, Sam Aungst**

**Fees Due: \$ 100.00**

Paid

Fees processed by: \_\_\_\_\_

Permit Fee: \$ 20.00

Year: 2013

Zoning Activity Permit  
City of Williamsport  
Bureau of Codes

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Requirements**

1. Diagram location drawing of all items within the permitted area.
2. PLCB waiver must be approved prior to serving alcohol outside ( a copy of approved waiver must accompany paperwork).
3. All items must be within property boundaries.
4. A right-of-way for pedestrian traffic **must** be maintained.
5. All items must be removed by 1 November, 2013.

**Dates of Activity:**

**Permitted only from March thru October of each year**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_, 2013

**Description of Activity:** *(please provide a brief statement of all items to be placed on sidewalk)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This permit may be revoked for any activities being conducted which would interfere with the Life, Health and Safety, welfare of the Community and which would be aesthetically or physically detrimental to the Downtown Merchants "Mall".

**THIS PERMIT EXPIRES ON NOVEMBER 1, 2013**

**Signature of Applicant** \_\_\_\_\_

I the above signed agree to all terms and conditions of this "Mall Permit" and understand that if any activities violate the above stated that it may be revoked.

**OUTSIDE SEATING LICENSE**

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_ 2013 by and between the **City of Williamsport** and \_\_\_\_\_, owner of the property at \_\_\_\_\_ Williamsport, Pennsylvania, 17701.

**WHEREAS**, \_\_\_\_\_ intends to construct seating area within the right-of-way of \_\_\_\_\_ in accordance with the attached sketch; and

**WHEREAS**, \_\_\_\_\_ has requested permission to place within the right-of-way said seating area; and

**WHEREAS**, the location of said seating has been verified by the appropriate City Officials.

**NOW, THEREFORE**, intends to be legally bound, the parties agreed as follows:

1. The City Council of the City of Williamsport, by "Certificate of Appropriate", will grant a certificate to \_\_\_\_\_ to construct seating area within the right-of-way of \_\_\_\_\_.
2. \_\_\_\_\_ agrees to comply with all ordinances of the City of Williamsport in the construction of said seating area.
3. \_\_\_\_\_ agrees that in the event the City of Williamsport desires to do any work within the right-of-way of \_\_\_\_\_, it will not assert any claim against the City of Williamsport for damages to or loss of use of said seating area, provided the City of Williamsport exercise a reasonable degree of care with regards to said work, or if removal of said seating area is necessary, provides reasonable notice to \_\_\_\_\_.
4. In the event that the City of Williamsport has reasonable cause and request removal of said seating area, the same will be done within thirty (30) days by \_\_\_\_\_. Any such expenses will be done by \_\_\_\_\_.

*OUTSIDE SEATING LICENSE CONTINUATION*

5. \_\_\_\_\_ agrees to defend the City of Williamsport against any suit brought or instituted to recover damages for injuries to persons or property caused by reason of seating area. \_\_\_\_\_ further agrees to indemnify and save harmless the City of Williamsport from all judgments, settlements or any compromised resolution, including attorney's fees and costs of litigation, resulting from any suit instituted against the City of Williamsport to recover damages for injury to persons or property caused by reason of said seating area.

\_\_\_\_\_  
Property owner

\_\_\_\_\_  
Zoning Official

City of Williamsport  
Bureau of Codes

Pre - Occupancy Permit Application

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

Property address \_\_\_\_\_

Property Owner/Agent: \_\_\_\_\_

Property Owner/Agent Address: \_\_\_\_\_

Contact Person Phone #: \_\_\_\_\_

Business Type: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Hours: \_\_\_\_\_

*I hereby certify that I am the renter/ owner or authorized agent of the above mentioned property and all information listed above is true and correct to the best of my knowledge.*

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

Approved By: \_\_\_\_\_  
Joseph Gerardi, Building Official

Occupancy Load: \_\_\_\_\_ Seating  
\_\_\_\_\_ Standing  
\_\_\_\_\_ General (square footage)

Fees Due: 90.00 includes inspection

Paid

Fees processed by: \_\_\_\_\_

**City of Williamsport  
Bureau of Codes**

**Dumpster Permit Application**

- |                                                                        |                                                                   |
|------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Up to and including (7) days - \$15.00        | <input type="checkbox"/> Up to and including (30) days - \$75.00  |
| <input type="checkbox"/> Up to and including (14) days - \$25.00       | <input type="checkbox"/> Up to and including (45) days - \$125.00 |
| <input type="checkbox"/> Each additional day after (45) days - \$30.00 |                                                                   |

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

Location:            Street        Avenue        Sidewalk

Property Location: \_\_\_\_\_

Owner/Agent Name: \_\_\_\_\_

Owner/Agent Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Container Provider: \_\_\_\_\_

Phone #(Container provider): \_\_\_\_\_

Date of Placement: \_\_\_\_\_

Date of Removal: \_\_\_\_\_

Reason for dumpster placement: \_\_\_\_\_

Applicant is responsible for placement of safety cones OR reflective tape on and around the dumpster.

All dumpsters placed near an intersection or stop sign must be at least 30 feet from the intersection or sign.

*I hereby certify that I am the owner or authorized agent of the above mentioned property listed for placement of a dumpster. Said dumpster will be placed in accordance with the information referenced on this application and will be with all applicable laws of the Commonwealth of Pennsylvania and the City of Williamsport.*

Failure to comply with the above listed, could result in the Bureau of Codes rescinding the dumpster permit.

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

Approved & Inspected By: \_\_\_\_\_

Permit Fee: \$ 20.00

**Mall Activity Permit**  
City of Williamsport  
Bureau of Codes

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Dates of Activity:**

From: \_\_\_\_\_ To: \_\_\_\_\_, 2013

Description of Activity: *(please write a brief statement of what will be placed on the sidewalk)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This permit may be revoked for any activities being conducted which would interfere with the Life, Health and Safety, welfare or community, and which would be aesthetically or physically detrimental to the Downtown Merchants "Mall".

**THIS PERMIT EXPIRES ON DECEMBER 31, 2013**

**Signature of Applicant:**

\_\_\_\_\_  
*I the above signed agree to all terms and conditions of this "Mall Permit" and understand that if any activities violate the above stated that it may be revoked.*

Tent Permit # \_\_\_\_\_

**City of Williamsport  
Bureau of Codes**

**Tent Permit Application**

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

Tent Location (address): \_\_\_\_\_

Owner/ Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: (      ) \_\_\_\_\_

Tent Manufacturer: \_\_\_\_\_

Model # of Tent: \_\_\_\_\_

Size of Tent: \_\_\_\_\_

Fire Retardance Information: Copy of Tag      Photo Copy      \* Other, see below  
(Circle one please)

\*If Other, please write ALL information on the affixed tent label:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_  
(See attached copy of insurance)

Date of tent set-up: \_\_\_\_\_

Date of tent removal: \_\_\_\_\_

Occasion for Tent: \_\_\_\_\_

*I hereby certify that I am the owner or authorized agent for the above mentioned property listed for a tent permit. All tents will be in accordance with chapter 24, Tents and other Membrane Structures, exclusively section 2403.2 of the 2006 International Fire Code.*

**Attached is a copy of the Fire Retardance Certificate.**

Failure to provide a copy of the Fire Retardance Certificate makes your tent/canopy null-in-void and you will be asked to remove the tent/canopy immediately.

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

Approved By: \_\_\_\_\_

Fire Inspector

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

**For Office Use Only**

Amount Due: \$ 30.00

Paid

Fees processed by: \_\_\_\_\_

**City of Williamsport  
Bureau of Codes**

**Pyrotechnics Permit Application**

**Fee: \$100.00** *includes Fire Inspection*

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

Location: \_\_\_\_\_

Time of Activity: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Pyrotechnics Company: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

*(See attached copy of Insurance)*

List of all Safety Equipment that will be present at time of activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that I am the owner or authorized agent for the above mentioned property listed for a pyrotechnics event. All pyrotechnics will be in accordance with chapter 33, Explosives and Fireworks, exclusively sections 3301.2.3 and 3301.2.4.2 of the 2006 International Fire Code.*

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

Approved By: \_\_\_\_\_

**Assistant Fire Chief, Todd Heckman**

Approved By: \_\_\_\_\_

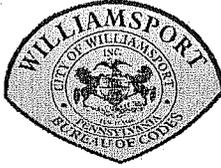
**Fire Inspector, Sam Aungst**

**Fees Due: \$ 100.00**

Paid

Fees processed by: \_\_\_\_\_

Business Name: \_\_\_\_\_



## City of Williamsport Bureau of Codes

### Contractor Registration

Date of application: \_\_\_\_\_

#### Business Type:

Check all boxes that apply:

- Building     Electrical     Plumbing     Tree Arborist     Mechanical  
 HVAC     New Construction     Demolition     Other

#### Business Information

Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Employer Federal or State I.D. Number: \_\_\_\_\_

#### Insurance Information

Please check all boxes that apply:

- NO Employees     Employees     Only Sub-contractors  
 Copy of Certificate of Worker's Compensation – Only if contractor has Employees  
 Copy of Certificate of Liability Insurance – Only if NO Employees

If the Worker's Compensation or Liability insurance policy expires, lapses, or is cancelled by the end of the calendar year for which registration has been accomplished with the City, or if the applicant changes the coverage to a different policy or company, the applicant is responsible to submit a new copy of the certificate of insurance coverage to the Bureau of Codes office/ City of Williamsport.

Initials: \_\_\_\_\_

Business Name: \_\_\_\_\_

**Registration Fees**

Registration fee is \$ 80.00 for one year, \$ 120.00 for two years and \$ 175.00 for three years annually (January 1<sup>st</sup> to December 31<sup>st</sup>). Checks and money orders can be made payable to "The City of Williamsport".

**Any registrations applied for after January 1<sup>st</sup> WILL NOT BE PRORATED.**

**Effective July 1, 2009, ALL contractors/plumbers who perform residential and commercial work MUST register with the State of Pennsylvania and provide a copy of your State Registration Certificate to the Bureau of Codes Office to continue to perform work in the City of Williamsport.**

Any registration filed, may be suspended at any time by the Bureau of Codes for violation of the ICC, UCC, Statewide Building Code, Zoning Ordinance, Property Maintenance Code or any other ordinances and codes, including loss of insurance coverage and failure to pay the Business Privilege Tax.

*Initials:* \_\_\_\_\_

Any person, company, corporation or individual who shall violate the provisions of the Contractors Licensing Ordinance, shall upon conviction thereof in a summary proceeding, be fined not less than fifty (\$ 50.00) dollars nor more that six hundred (\$600.00) dollars and cost of prosecution for each offense. In default of payment thereof, shall undergo imprisonment in the Lycoming County Prison for a period of time not exceeding thirty (30) days. Each day or portion of day a Contractor works without having a valid registration shall be considered a separate offense.

*Initials:* \_\_\_\_\_

My signature and initials on this registration constitutes I have read the above information on this application and verifies that the statements provided herein are true and that I am subject to the penalty of 18 P.A.C.S.A. 4904 relating to unsworn falsifications to authorities.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

# ELECTRICAL INSPECTORS

## COMMONWEALTH CODE

SAMUEL SHIVELY  
138 STROUSE ROAD  
MONTGOMERY, PA 17752  
570-758-2164

## AMERICAN INSPECT

ATTN: DAVE YONKIN  
1831 WHITDEER PIKE  
NEW COLUMBIA, PA 17856  
570-538-3701  
800-501-6424

## KRANZ INSPECTION

69 ACADEMY ROAD  
COGAN STATION, PA 17728  
570-494-1450

## LIGHT, HEIGEL, & ASSOCIATES

GLENN CURRINDER  
430 EAST MAIN STREET  
PALMYRA, PA 17078  
717-838-1351

## MCTISH, KUNKLE, & ASSOCIATES

GERALD KILGUS  
1050 BROAD STREET, SUITE 2  
MONTOURSVILLE, PA 17754  
570-368-3040

## CODE INSPECTIONS, INC.

RON DECKER  
2104 STATE ROUTE 54  
MONTGOMERY, PA 17752  
570-547-0488

## PENNSAFE BUILDING INSPECTION SERVICES, LLC

BILL KULBACKI  
P.O. Box 486  
DuBois, PA 15801  
814-375-1111  
1-855-PENNSAFE