



City of Reading
815 Washington Street
Reading, Pa. 19601

ACCESSIBILITY PERMIT APPLICATION

Owner: Address: Phone: Cell: Contractor: Address: Phone: Cell: Contractor Registration #

Location of Work: Type of Building: (check one) Commercial Industrial Other Used as:

Type of Work: (check one) New Addition Alteration Repair Other

Description of work:

Total Square Footage Total Cost of Improvements

The accessibility submission shall include any and all accessibility requirements from other construction disciplines. Accessibility plans shall be of sufficient detail to permit a complete understanding of the scope of your project.

Under penalty of intentional misrepresentation and /or perjury, I declare that I have examined and/or made this application and is true and correct to the best of my knowledge and belief.

Application date: Accessibility Inspector reviewed Permit fees \$ Check # Money Order Permit # Issued Date