

MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_

## Commercial Application

Tracking # \_\_\_\_\_

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

Uniform Construction Code (UCC)

### APPLICATION FOR BUILDING PERMIT

Application Type	<input type="checkbox"/> Accessibility ONLY Review	<input type="checkbox"/> Addition
	<input type="checkbox"/> Alteration or Renovation	<input type="checkbox"/> New Building
	<input type="checkbox"/> New Structure/Facility	<input type="checkbox"/> Phase Approval
	<input type="checkbox"/> Plan Revision or Partial Occupancy Request	<input type="checkbox"/> Unapproved Existing Building

Use/Occupancy Classification	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/> B	<input type="checkbox"/> E
Check box to left of applicable group (Check all that apply.)	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5
	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2
	<input type="checkbox"/> R-3 Adult Care	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> U	

<b>Special Requirements &amp; Documentation</b>	Check each block below indicating that all of the following will be submitted with this application:
	<input type="checkbox"/> Three (3) site plans
	<input type="checkbox"/> Three (3) complete sets of construction drawings
	<input type="checkbox"/> One (1) complete copy of the UCC-2 PLAN REVIEW CHECKLIST
	<input type="checkbox"/> One (1) set of specifications ( <b>only if Addition, Alteration, New Building or New Structure/Facility</b> )

<b>Site Information</b>	<b>Municipality:</b> _____
Project Name:	_____
Street #, City, State, Zip:	_____

Does this construction involve modular units built in a factory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of a letter from a licensed design profession certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.
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Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of approval letter from the Pennsylvania Department of Health.
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Is this construction exempt from energy code requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of letter indicating that the building of structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, S 2.3 (B). If no, submit 1 copy of the COMcheck-EZ Certificate of the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
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Is project in flood hazard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.
Are any of the International Building Code (chapter 17) special inspection or structural observations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of the UCC-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.
Will an alternative construction method or material be used on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit a signed statement indicating that the proposed method or material meets the Requirements of 34 PA Code S 403.44.
Is this application for phased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit a letter signed by the design professional approval and owner acknowledging that the issuance of a permit for phased construction provides no assurance that the Municipality will grant approval of any UCC permits needed to complete the construction. And that the design professional and owner will ensure that the building/structure fully complies with all UCC requirements before occupancy.

**Project Data**

Lot Number: \_\_\_\_\_ Block Number: \_\_\_\_\_

Minimum setbacks required by municipal zoning ordinance (in feet)

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Right Side: \_\_\_\_\_ Left Side: \_\_\_\_\_

Sq. Ft. of conditioned space: \_\_\_\_\_

Sq. Ft. of unconditioned space: \_\_\_\_\_

Number of stories above grade: \_\_\_\_\_

Does it have a basement?  Yes  No

Floor area of new construction (sq. ft.): \_\_\_\_\_ Floor area renovated (sq. ft.): \_\_\_\_\_

Floor area of addition (sq. ft.): \_\_\_\_\_ Total floor area (sq. ft.): \_\_\_\_\_

# of multi-family dwelling units: \_\_\_\_\_ # of accessible dwelling units: \_\_\_\_\_

Type(s) of construction per Chapter 6 of the International Building Code (check all that apply):

IA  IB  IIA  IIB  IIIA  III  IV  VA  VB

Fire suppression:  Full  Partial  None

If application applies to an existing building that is **“legally occupied,”** indicate permits held:

Municipal Occupancy Permit #: \_\_\_\_\_

Fire and Panic Occupancy Permit File #: \_\_\_\_\_

L&I UCC Municipal Occupancy Permit #: \_\_\_\_\_

Certificate of Occupancy File #: \_\_\_\_\_

If **“legally occupied,”** you must select the code under which the building will comply (*choose only one*).

International Existing Building Code

Chap. 34, International Building Code

Electric Power Provider:

Job #:

Gas Provider:

**Design Professional in Responsible Charge: (Seal Must be in Space to Right of Name)**

Name:

Address:

Pa. License Number:

E-Mail:

Phone #:

Fax #:

**Owner**

**Information**

Owner Name:

Street Address:

City:

State:

Zip:

Code:

Phone #:

**Deferred:** If you are not submitting plans and other documentation for any of the items listed below. Submissions with this application. Check the appropriate box below and indicate this on the first page of each building plan set.

Fire Alarm System

Truss Shop Drawings (certified)

Sprinkler System

**Applicant's Certification:** As owner or authorized agent of the project for which this application is filed, I certify that:

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the Municipality.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401 – 405.
4. Any changes to the approved documents will be filed with the Municipality.
5. If the licensed architect or engineer in reasonable charge of this construction should change, written notice of the change will be provided to the Municipality.
6. When required, up to 20% of the total cost of any work performed on any area of primary function in an existing building will be expected to provide an accessible route to the area of primary function.
7. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401 – 405.

**TOTAL BUILDING COST:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_

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

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

Total cost of Job: \_\_\_\_\_

Applicant Signature(s): \_\_\_\_\_

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

mm/dd/yy