

PRESS RELEASE

Township of Upper St. Clair
1820 McLaughlin Run Road
Upper St. Clair, PA 15241

Contact: Office of the Township Manager
412.831.9000

FOR IMMEDIATE RELEASE

**OCCUPANCY PERMIT REQUIRED FOR ANY CHANGE IN
TENANT WITHIN COMMERCIAL BUILDINGS**

In accordance with the requirements of the Uniform Construction Code (UCC) adopted by the Township on July 6, 2004, beginning May 1, 2007, the Township will require that, **prior to taking occupancy, an Occupancy Permit must be issued for any change in tenant within all commercial buildings**, regardless of whether any alterations to the tenant space will occur.

The property owner and the prospective tenant are required to do the following at least ten (10) days prior to the anticipated occupancy:

1. File an [Application for Final Zoning Approval for Occupancy and Use and Certificate of Use and Occupancy](#) with the Department of Planning and Community Development. At the same time, schedule an inspection to be conducted by both the Chief Inspector and the Fire Marshal.
2. Tenant Only: Complete the [Business/Employer Registration Form](#) and submit it along with the above-captioned application.

Upon satisfactory completion of the inspection, the Occupancy Permit will be issued. Questions may be referred to the Department of Planning and Community Development, 412.831.9000, extension 501, between the hours of 8:00 AM and 4:00 PM, Monday through Friday.

COMMERCIAL OCCUPANCY/ZONING PERMITS

*APPLICATION FOR TEMPORARY OR FINAL ZONING APPROVAL FOR OCCUPANCY AND USE
AND CERTIFICATE OF USE AND OCCUPANCY*

Township of Upper St. Clair
1820 McLaughlin Run Road, Upper St. Clair PA 15241
Phone 412.831.9000 ext. 501 FAX 412.854.0773
www.twpusc.org

OFFICE USE
CASE NO. _____

<input type="checkbox"/> TEMPORARY APPROVAL <input type="checkbox"/> FINAL APPROVAL	<input type="checkbox"/> NEW STRUCTURE Submit 4 prints and 1 electronic copy of as-built survey <input type="checkbox"/> EXISTING STRUCTURE <input type="checkbox"/> TEMPORARY STRUCTURE
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PROPERTY ADDRESS:	Tenant Space #
Block/Lot No:	
Plan/Subdivision:	Zoning District:

PROPERTY OWNER NAME:			
Address:	City:	State:	Zip:
Business Phone:	Cell Phone:		

TENANT NAME:			
Address:	City:	State:	Zip:
Business Phone:	Cell Phone:	FAX:	

What was Prior Occupancy/Use?	Description of Proposed Use:

Sq. footage of Space:	Are you Leasing? <input type="checkbox"/> YES <input type="checkbox"/> NO
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What Type of Occupancy is Requested: <i>Group</i> B <input type="checkbox"/> Office A-1 <input type="checkbox"/> Theaters A-2 <input type="checkbox"/> Restaurant A-3 <input type="checkbox"/> Churches/Community Halls/Exhibition Halls M <input type="checkbox"/> Retail Sales E <input type="checkbox"/> Educational R-1 <input type="checkbox"/> Motels/Boarding Houses	I-1 <input type="checkbox"/> Res. Boarding & Care/Assisted Living/Group Homes I-2 <input type="checkbox"/> Hospitals/Nursing Homes/Mental Hospital I-3 <input type="checkbox"/> Prisons/Jails/Reformatory/Correctional Centers I-4 <input type="checkbox"/> Day Care Facilities F-1 <input type="checkbox"/> Dry Cleaning/Food Processing/Furniture/Bakeries S-1 <input type="checkbox"/> Storage of Aerosols/Cardboard/Lumber/Tires/Repair Garages S-2 <input type="checkbox"/> Storage of Bag Cement/Frozen Foods/Glass Bottles/Gypsum Board/Metal Parts
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CONTRACTOR (S) NAME: (complete only if building permit was issued)			
Address	City	State	Zip
Business Phone:	Cell Phone:		

Type of Principal Land Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Other principal building <input type="checkbox"/> Other principal structure <input type="checkbox"/> Garage
Estimated Cost of Construction: \$ _____

COMPLETE FOR TEMPORARY APPROVAL

Requested Duration: From: To:

- Submit bona fide bid or estimate of cost to complete project prepared by a registered architect or engineer, both of which must include quantities, unit prices and construction plan to be reviewed and approved by Township Engineer.
- Submit performance security in the amount of 110% of the bid amount or cost to complete project approved by the Township Engineer.

Performance security attached: Amount \$ Form:

Prior to final occupancy and release of performance security, an application for Final Zoning Approval for Occupancy and Use and Final Certificate of Use and Occupancy must be made using this same form. A request for a Final Inspection should be made at the same time. Security will be released upon satisfactory completion of final inspection.

FEE: New or Existing Structure
 Temporary: \$150.00
 Final: \$50.00

Temporary Structure - \$40.00

PAID: \$ _____
 CHECK NO. & BANK NAME/CASH REC. NO: _____
 (make check payable to TOWNSHIP OF UPPER ST. CLAIR)

OWNER AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :
: SS:
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared

_____ who, being by me first duly sworn according to law, depose(s) and say(s) that, he, she or they (is, are) the Owner(s) or authorized agent for the Owner(s) of the above-described property (or if said Owner or authorized agent for the Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above are true and correct, that the accompanying as-built plot plan (for new construction only) truly and correctly represents the above-described property and all existing structures and physical improvements thereon, for which this application is made.

Sworn to and subscribed before me this _____ day of _____, 20____

NOTARY

OWNER OR AUTHORIZED AGENT FOR OWNER

PRINT NAME

TENANT AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :
: SS:
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared

_____ who, being by me first duly sworn according to law, depose(s) and say(s) that, he, she or they (is, are) the Tenant(s) of the above-described property (or if said Tenant is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20____

NOTARY

TENANT OR AUTHORIZED AGENT FOR TENANT

PRINT NAME

**COMPLETE ATTACHED BUSINESS/EMPLOYER
REGISTRATION FORM**

<p>BUSINESS/EMPLOYER REGISTRATION FORM</p> <p>TOWNSHIP OF UPPER ST. CLAIR TAX OFFICE 1820 McLaughlin Run Rd., Upper St. Clair, PA 15241 412.831.9000</p> <p>Employers and businesses must complete in full, sign and return within fifteen (15) days of the start of business within the Township to the Township Tax Office, address above. All questions must be answered completely. The following information will be held in strict confidence.</p>	
Employer Name:	Federal Identification Number:
Trade Name or Familiar Name:	
Upper St. Clair/Pittsburgh Area Address:	
Local Contact:	Local Phone Number:
Alternate Mailing Address:	
Alternate Contact:	Alternate Phone Number:
Nature of Business	Date Began:
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual (self employed) <input type="checkbox"/> Partnership	Number of Local Employees:
Does the business contract with an outside organization for any retail or wholesale sales operations conducted within the Township? [for example, a department store's fine jewelry department is leased to an outside vendor who is responsible for paying any sales and mercantile taxes on their own]. <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, list name, business name, address and contact person on a separate sheet.	
Do you withhold quarterly earned income taxes for Upper St. Clair residents: <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, submit a list of employees, complete with names, addresses and social security numbers. If your business is located in Upper St. Clair, you are required to withhold local tax for Township residents.	
Do you <input type="checkbox"/> own or <input type="checkbox"/> rent your office space? If you own the property, please indicate the names and addresses of your tenants on a separate sheet.	
<i>I certify that all information and statements herein are true, correct and complete</i> <u>SIGNATURE & TITLE:</u>	DATE:
<p>FOR TOWNSHIP USE ONLY:</p> <p><input type="checkbox"/> EIT <input type="checkbox"/> OPT <input type="checkbox"/> RE <input type="checkbox"/> SEWAGE <input type="checkbox"/> MERCANTILE <input type="checkbox"/> CD <input type="checkbox"/> OTHER</p>	

REQUEST FOR REGISTRATION

TAX INFORMATION FOR SELF-EMPLOYED INDIVIDUALS, BUSINESS OWNERS & EMPLOYERS

As you conduct business operations in the Township, please be advised of the various taxes that the Township collects from employers and businesses.

EMERGENCY AND MUNICIPAL SERVICES TAX –

This is an annual \$52.00 tax paid by all employees, regardless of residency, who earned more than \$3,200.00 in income. www.twp.org/finance/taxes/ems/index.htm

EARNED INCOME AND NET PROFITS TAX -

Earned Income and Net Profits Tax is a 1.3% (0.80% Township; 0.5% School District) tax on earned income and compensation (W-2 income from salaries or wages) and net profits from a business, profession, or farm (Federal Schedules C, E, F, and K-1 (1065) and other forms of earned income as defined by the Local Tax Enabling Act.

www.twp.org/finance/taxes/earned/index.htm

MERCANTILE TAX –

The School District levies and the Township collects the tax on gross wholesale and retail sales. The taxes are due by October 1, for the year ended June 30. Tax forms are mailed in July of each year. www.twp.org/finance/taxes/mercantile/index.htm

REAL ESTATE TAXES –

These taxes, levied by the Township and the School District, are based on the assessed value of real property and a millage rate. The Township and School real estate tax statements are mailed annually. The Township statements are mailed May 1 and payments at discount are due by June 30. Payments at the face amount are due by August 31. Any unpaid taxes as of September 1 are subject to a 10% penalty. The School statements are mailed July 1 and payments at discount are due by August 31. Payments at the face value amount are due by October 31. The unpaid taxes as of November 1 are subject to a 10% penalty. www.twp.org/finance/taxes/realestate.htm

OTHER REQUIREMENTS –

The names, addresses and contact persons of any leased departments that operate within your facility or store. If you are a property owner, you are required to register your tenants annually and report any change of tenants monthly.

Please complete the attached registration form so that we can update our records. If you should have any questions regarding the tax collection procedures, please contact the Upper St. Clair Tax Office at 412-831-9000.