COMMERCIAL BUILDING PERMIT

TOWNSHIP OF UPPER ST. CLAIR
1820 McLaughlin Run Road, Upper St. Clair PA 15241
Phone: 412.831.9000 Ext. 5010 FAX: 412.854.0773
www.twpusc.org

OFFICE USE
CASE NO: **BLD/ZON**

PROPERTY ADDRESS:	BLOCK/LOT NO.:

PROPERTY OWNER NAME:

Address: City : Zip:

Business Phone:	Email:	Cell Phone:

TENANT NAME: | **Emergency Contact:**

Address: City: Zip:

Business Phone:	Email:	Cell Phone:

CONTRACTOR NAME: | Email:

Address: City: Zip:

Business Phone:	Cell Phone:	ID # (EIN):

Contractor, in compliance with Act 44 of 1993, hereby submits: **(PLEASE CHECK ONE)**

- ❑ Certificate of Insurance ( ) Attached ( ) On File
- ❑ Certificate of Self-Insurance ( ) Attached ( ) On File
- ❑ Affidavit of Exemption ( ) Attached
- ❑ Contractor/Applicant is a sole proprietorship without employees
- ❑ Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain:

Print Name:	**Company Name:**

My signature on behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Contractor's Signature:

COMMONWEALTH OF PENNSYLVANIA :
: SS
COUNTY OF ALLEGHENY :

Sworn to and subscribed before me this _____day of_____, 20_____

_____
NOTARY

FREE NOTARY SERVICE IS AVAILABLE
SIGNATORY(S) MUST APPEAR IN PERSON

APPLICATION TYPE:

☐ Addition ☐ Alteration/Renovation ☐ New Structure/Facility
☐ Accessibility Review under §403.141(b) of UCC ☐ New Building ☐ Revision of App. Plan

USE/OCCUPANCY CLASS: (Check all that apply)

☐ A-1	☐ A-2	☐ A-3	☐ A-4	☐ A-5	☐ B	☐ E
☐ F-1	☐ F-2	☐ H-1	☐ H-2	☐ H-3	☐ H-4	☐ H-5
☐ I=1	☐ I -2	☐ I -3	☐ I-4	☐ M	☐ R-1	☐ R-2
☐ R-3 Adult Care		☐ R-3 Child Care		☐ R-3	☐ R-4	☐ S-1
				☐ S-2	☐ U	

PROJECT: Provide a description of existing and/or proposed use(s), with sufficient detail for determination of appropriate classification of occupancy type(s):

Sq. ft. of conditioned space _____ Floor area new construction (sq. ft.) _____

Sq. ft. of unconditioned space _____ Floor area addition (sq. ft.) _____

Number of stories above grade _____ Floor area renovated (sq. ft.) _____

Does it have a basement? ☐ Yes ☐ No # of multi-family dwelling units _____

Total floor area (sq. ft.) _____ # 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 ☐ IIIB ☐ IV ☐ VA ☐ VB

Fire Suppression: ☐ Full ☐ Partial ☐ None

If work involves existing building, check appropriate box it will comply with:
☐ International Existing Building Code

☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Change of Use

If existing building, list all prior occupancy permits issued:

☐ PA Fire and Panic issued on (date) _____

☐ Municipal permit issued by _____on (date)_____using (code)_____

☐ UCC permit issued by _____ on (date) _____

Is this permit for a medical care facility regulated by the Health Care Facilities Act?
☐ Yes ☐ No If "yes," please attach copy of plan approval issued by the PA Department of Health.

Electricity provider: _____

Gas Provider: _____

DESIGN PROFESSIONAL RESPONSIBLE:

Name:_____

Address:_____

PA License #:_____

E-Mail:_____

Phone:_____

Fax: _____

SPECIAL INSPECTION & STRUCTURAL OBSERVATION PROGRAM:

Sections 1704 and 1709 of the *International Building Code* require special inspections and structural observations, in certain circumstances. Please check which (if any) apply to this construction:

☐ Section 1704 Special Inspections ☐ Section 1709 Structural Observations

If either box is checked, submit copy of the "Special Inspections & Observations Statement."

ALTERNATIVE CONSTRUCTION METHOD/MATERIAL:

Will an alternative construction method or material be used on this project? ☐ Yes ☐ No

If "yes," applicant or design professional must submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.

FEES

☐ **ELECTRICAL:** Complete "**Application for Electrical Inspection**" form **See MDIA form for fee schedule*	**$**
☐ **ELECTRICAL:** IF NEEDED, FOR TEMP. POWER POLE - $55 Complete "**Application for Electrical Inspection**" form	$
☐ **DRIVEWAY:** FEE: $30	**$**
☐ **STREET OPENING:** $75 per opening required for all openings in right-of-ways on streets accepted by the Township.	**$**
☐ **BUILDING AND ZONING:** A discount of twenty (20) percent of the normal Building Permit fee shall apply when an ICC review is received. A greater discount may be permitted where justified and approved by the Township Manager. The applicant shall pay the full cost of the ICC review.	
ESTIMATED CONSTRUCTION COST $_____	
LIST TOTAL SQ. FT. OF FLOOR AREA:_____	
FEES: ***ICC Construction Cost (Type VB) x square feet x .0057 (includes all living area, basements, garages and finished attics).***	**$**_____
+ $4.50 ***Pennsylvania State Permit Surcharge***	**$ 4.50**
Zoning **$25**	**$ 25.00**
☐ **DEMOLITION:** $40 + surety	**$**

TOTAL FEES FROM ABOVE (Payable to: *"TOWNSHIP OF UPPER ST. CLAIR")*

TOTAL: $

OFFICE USE

CASH REC#: CHECK # & BANK NAME:

ADD # OF EDU (Equivalent Dwelling Units)		WATERSHED:

TOTAL SEWER PERMIT FEE (Payable to: "*TOWNSHIP OF UPPER ST. CLAIR SANITARY SEWER FUND*")

TOTAL: $

OFFICE USE

CASH REC#: CHECK # & BANK NAME:

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

1. The description of use, 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 Department of Labor and Industry.
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 Township of Upper St. Clair.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Township of Upper St. Clair.
6. 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.
7. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as:

BOTH SECTIONS BELOW MUST BE COMPLETED:

Property Owner:

_____
(typed or printed)

_____
Phone Number

Mailing Address:

_____

_____

_____

_____

***or* Agent for Owner:**
(MUST HAVE LETTER OF AUTHORIZATION FROM OWNER)

_____
(typed or printed)

_____
Phone Number

Mailing Address:

_____

_____

_____

_____

PROPERTY OWNER'S/AGENT'S 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, of the above-described property (or if said 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 and all of the statements contained on the reverse side hereof are true and correct, that the accompanying three sets of plans and specifications truly and correctly set forth the extent and character of the work for which this application for a Commercial Building Permit is made, and that the accompanying Plot Plan truly and correctly represents the above-described property and all existing structures and physical improvements thereon, as well as the location and dimensions on that property of the proposed structure (if any) or addition to a structure (if any) for which this application for a Commercial Building Permit is made.

Sworn to and subscribed before me this _____day of_____, 20_____

_____
NOTARY

_____
PROPERTY OWNER / AUTHORIZED AGENT SIGNATURE

BUILDING PLAN REQUIREMENTS FOR COMMERCIAL PROJECTS FOR ICC BUILDING PLAN REVIEW

The following items are required for new commercial projects. Drawings should be drawn to 1/4" or 1/8" scale and shall provide the necessary information to verify compliance with the Building Code.

All physical drawings shall bear the stamp and signature of the design professional responsible for the design.

Three (3) sets of physical construction drawings and one (1) electronic copy shall be submitted and shall include:

Title Page Drawing: to include the contact information for all design professionals, description of square footage per floor, number of floors, type of construction to be utilized, area modifications utilized, use group classification(s), separation or non-separation of mixed use groups, design occupancy load(s), finish materials classification, design codes utilized.

Site Plan Drawings: to include all utility layouts, handicap parking & access, designated fire lanes, distance between adjacent structures and property lines.

Floor Plan Drawings: to include the use of all areas, location & types of fire resistant construction, U.L. Listing of fire resistant construction, means of egress components, handicap access.

Structural Drawings: to include the structural design calculations, geo-technical engineering report, uniform live loads, dead loads, roof & snow loads, wind loads, footing construction detail, foundation construction details, framing construction details, concrete construction details, masonry construction details, wood construction details, steel construction details.

Electrical Drawings: to include all lighting facilities, electrically operated equipment, and electrical circuits required for all service equipment of the building or structure. Drawings should include panel schedules, grounding systems, and wiring methods.

Mechanical Drawings: to include size & type of appliances, construction of flues and chimney systems, ventilation air provided, fresh air make-up provided, location of all ducting and piping.

Plumbing Drawings: to include a plan view and a riser diagram of waste & water piping, pipe sizing, grade of piping, drainage fixture unit loads on stacks and drains, water distribution design criteria.

Fire Protection Systems: to include the submittal guide for each type of system. See specific submittal guide requirements.

IECC (energy) Compliance: Either *COMcheck* for commercial construction (http://www.energycodes.gov/comcheck) or details stating compliance with ICC Energy Codes.

CHECKLIST FOR TENANT BUILDOUTS AND COMMERCIAL PROPERTIES

1. Three sets of construction drawings – sealed and stamped by a registered Pennsylvania architect. These drawings must have the following information
   - The *Cover Sheet* must have:
     Use group
     Type of construction
     Occupant load
     Is structure sprinklered?
   - ADA details on drawings
   - Sprinkler drawings
     A permit must be filed with the Fire Marshal if sprinkler heads are altered or relocated
   - Electrical plans showing emergency lighting and exit signage

   Depending on the size of tenant buildout, a determination will be made by the Chief Inspector and Fire Marshal if the plans will need to be reviewed by the International Code Council (ICC)

2. 2 copies of survey (plot plan) to scale (not reduced or enlarged) showing proposed construction.

3. Electrical Permit (*Inspection Application available in Community Development Office.)*

4. Plumbing Plans must be filed with Allegheny County Health Department by a plumber registered with Allegheny County

5. Application for Building Permit (Application for Commercial Building Permit)

6. A Certificate of Worker's Compensation Insurance with the Township of Upper St. Clair as the *Certificate Holder*

7. A letter from the property owner or management company accepting the plans for construction.

8. Fee: check made payable to *Township of Upper St. Clair* OR cash. If paying with cash, please have correct amount. (Be sure to complete "*Estimated Cost of Construction*" section of application form.)

INCOMPLETE OR PARTIALLY COMPLETE APPLICATIONS CANNOT BE ACCEPTED FOR PROCESSING.