TOWNSHIP OF UPPER ST. CLAIR
APPLICATION FOR BUILDING PERMIT FOR FIRE PROTECTION SYSTEM
FIRE SPRINKLERS

1820 McLaughlin Run Rd, Upper St. Clair, PA 15241 - Phone (412) 831-9000 X5010

Application Date: _____ **PERMIT NO. FIR _____**

I (We) hereby make application for a fire prevention permit for installation, enlargement or extension of a fire sprinkler system(s).

Property Address:_____

Owner(s) Name: _____ Phone:_____

Owner(s) Address: _____ Zip:_____

Tenant:_____

Contractor: _____Phone:_____

Address:_____

_____ Zip:_____

All fire protection systems shall be installed, repaired, operated and maintained in accordance with the IBC International Building Code/2018, the IFC International Fire Code/2018, and NFPA #13/2016.

Description of work to be performed:_____
The shop drawings and specifications (3 sets) shall be submitted with this application and shall include the following:

** Information on the contents, the use and operation, the location and arrangement of the structure involved and the contents involved

** The exposure to any hazard

** The extent of the system coverage, the suppression system design criteria, the supply and extinguishing agents to be used, the location of any standpipes

** The location and method of operation of detection and alarm devices

** Spacing and arrangement of fire protection devices

** Calculations with sizes and equivalent lengths of pipe and fittings, water supply information

** **All plans, computations, and specifications shall be prepared by or under the direct supervision of a registered engineer and bear that engineer's signature and seal in accordance with the Commonwealth of Pennsylvania statutes and regulations governing the professional registration and certification of engineers.**

FEE $_____ CASH_____ CHECK
Fee = $35.00 plus $4.00 for each $1000.00 of estimated construction value plus $4.50 Pennsylvania permit surcharge [2017 HB 408 Revision of Act 13 of 2004, 703.(A)]

ESTIMATED VALUE OF CONSTRUCTION: _____

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____, who by me first duly sworn according to law, depose(s) and say(s) that he, she or they (is, are) the Performer(s) (or if said Performer is a firm or corporation, that he or she is an officer or representative of such firm or corporation and duly authorized to complete and make this application for a Fire Prevention Permit and this affidavit on behalf 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 **Performer's signature of affidavit**

WORKERS COMPENSATION ACT

Applicant for building permit, in compliance with Act 44 of 1993, hereby submits: **(check one)**

[ ] Certificate of Insurance [ ] attached [ ] on file
Insurance Company Name

Certificate No._____Expiration Date

[ ] Certificate of Self-Insurance [ ] attached [ ] on file

[ ] Affidavit of Exemption (attached)

[ ] The Contractor/Applicant is a sole proprietorship without employees

[ ] The Contractor/Applicant is a corporation 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:

Contractor's Federal or State Employer Identification No.(EIN)_____

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**:** _____

Title_____

(PRINT NAME and TITLE)

_____

Company Name:_____

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF ALLEGHENY :
Sworn and subscribed before me this_____day of_____, 20_____.

_____

Notary