

File No.:	_____
Permit No.:	_____
Date:	_____

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Site Information Political Subdivision and County names are required.	Facility Name (name of company, mall, institution, university, etc.): _____ _____ Building and/or Tenant Name _____ Street Number and Name _____ City _____ State _____ Zip Code _____ Parcel Identification: _____ County _____		
	Application Type <input type="checkbox"/> Accessibility Only Review <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> New Structure/Facility <input type="checkbox"/> Phased Approval <input type="checkbox"/> Uncertified (Existing) Building <input type="checkbox"/> Addition <input type="checkbox"/> New Building <input type="checkbox"/> Partial Occupancy <input type="checkbox"/> Plan Revision/Deferred Submission		
Use/Occupancy Classification: Check box to left of applicable group. Check all that apply.	<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 <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 <input type="checkbox"/> Single Family Dwelling/Townhouse (must be state-owned)		
Mandatory Documents	Check each block below indicating that all of the following will be submitted with this application: <input type="checkbox"/> Two (2) site plans <input type="checkbox"/> Two (2) assembled and bound sets of construction drawings <input type="checkbox"/> One (1) completed copy of the PLAN REVIEW CHECKLIST <input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building/Structure/Facility)		
Special Requirements & Documentation	Does this construction involve modular units built in a factory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes ," submit 1 copy of the letter described in Section J., 6., on the "Plan Review and Inspection Requirements" page on the UCC website.
	Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes ," submit 1 copy of the approval letter issued by the PA Department of Health.
	Is this construction exempt from energy code requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes ," submit 1 copy of a letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, §2.3(B). If " No ," submit 1 copy of the compliance documentation described in Section H., 7. , on the "Plan Review and Inspection Requirements" page on the UCC website.
	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 <i>International Building Code</i> (Chapter 17) special inspections 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 §403.44.
	Is this application for "phased approval"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes ," submit the statement described in Section D., 4. , on the "Plan Review and Inspection Requirements" page on the UCC website.

<p>Project Data</p>	<p>Number of stories above grade _____</p> <p>Does it have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total floor area (sq. ft.) _____</p> <p>Floor area new construction (sq. ft.) _____</p> <p>Floor area of addition (sq. ft.) _____</p> <p>Floor area renovated (sq. ft.) _____</p> <p>Estimated cost of construction \$ _____</p> <p>(Required -- even if project is state-owned and exempt from permit fees.)</p> <p>Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply):</p> <p><input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB</p> <p>Fire suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>If application applies to an existing certified building, provide any prior file #, DI #, permit #, etc. associated with this project:</p> <p>File #: _____ Permit #: _____</p> <p>DI #: _____ Other (MA #/Fee #): _____</p>
<p>Building Code Data</p>	<p>Triennial ICC code version used for Building code compliance:</p> <p><input type="checkbox"/> 2015 <input type="checkbox"/> 2018</p> <p>If Alterations to existing certified building: (select applicable document used)</p> <p><input type="checkbox"/> IBC Chapter 34 <input type="checkbox"/> International Existing Building Code (IEBC)</p>
<p>Accessibility Code Data</p>	<p>Triennial ICC code version for Accessibility code compliance/IBC Chapter 11</p> <p><input type="checkbox"/> 2018 <input type="checkbox"/> 2021</p>
<p>Design Professional In Responsible Charge</p> <p>Seal must be in space to right of name & address.</p>	<p>Name _____</p> <p>Address _____</p> <p>PA License # _____</p> <p>Email _____</p> <p>Phone _____</p> <p>Fax _____</p> <p style="text-align: right;">SEAL</p>
<p>Owner Information</p>	<p>Owner Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone _____</p>
<p>Deferred Submissions</p>	<p>If you intend to defer any of the plan submission below, please, check the appropriate box(es). See Section Q on the "Plan Review and Inspection" page on the UCC website for information about submitting these drawings at a later date.</p> <p><input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Roof Trusses (Certified) <input type="checkbox"/> Sprinkler System</p>

Applicant's Certification:

Note: **THE BUILDING PERMIT AND THE CERTIFICATE OF OCCUPANCY FOR THIS BUILDING OR STRUCTURE WILL BE ISSUED TO AND IN THE NAME OF THE PERSON LISTED BELOW.**

As the owner or the 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.
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 KLH Building Department.
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 KLH Building Department.
6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended 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.

Applicant Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Applicant Signature _____ Date _____



KLH Engineers, Inc. Building Code Division

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