

APPLICATION FOR UCC BUILDING PERMIT

Site Information	Facility Name (name of company, mall, institution, university, etc.): _____ <hr/> Building and/or Tenant Name _____ Street Number and Name _____ City _____ State _____ Zip Code _____ Municipality _____ 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	
Use/Occupancy Classification:	<input type="checkbox"/> Addition <input type="checkbox"/> New Building <input type="checkbox"/> Partial Occupancy <input type="checkbox"/> Plan Revision/Deferred Submission	
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"/> BCO <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	
Mandatory Documents	Check each block below indicating that all of the following will be submitted with this application: <input type="checkbox"/> Four (4) site plans <input type="checkbox"/> Three (3) assembled and bound sets of construction drawings <input type="checkbox"/> One (1) completed copy of the UCC-2 UCC 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 <i>ASHRAE 90.1</i> , §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 <i>International Building Code</i> .
	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.
	Check Number: _____	Amount: _____
		Date: _____

<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>Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply): <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 building that has been certified, indicate permits held: Fire and Panic Occupancy Permit <input type="checkbox"/> File Number: _____ Municipal Occupancy Permit <input type="checkbox"/> Permit Number: _____ Municipality Name _____ L&I UCC Certificate of Occupancy <input type="checkbox"/> File number: _____</p> <p>If project involves alterations in an existing building that has been certified, you must select which code requirements the building will comply with (choose only one): <input type="checkbox"/> <i>International Existing Building Code</i> <input type="checkbox"/> <i>Chap. 34, International Building Code</i></p>
<p>Design Professional In Responsible Charge</p> <p><i>Seal must be in space to right of name & address.</i></p>	<p>Name _____</p> <p>Address _____</p> <p>PA License # _____</p> <p>E-Mail _____</p> <p>Phone () _____</p> <p>Fax () _____</p> <p style="text-align: right; font-size: 2em; opacity: 0.5;">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 are installing any of the items listed below but are not submitting shop drawings for them at the time that you are submitting this application, check the appropriate box(es) below. 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"/> Wood Roof Trusses (Certified) <input type="checkbox"/> Sprinkler System</p>

Tax Parcel ID:

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 from the BCO
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 BCO
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 BCO
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 () _____

E-Mail _____

Applicant Signature _____ Date _____



Plan Review Checklist

- Site Plan - showing distances to property lines and existing structures on site
- Floor Plan - Showing names and sizes of all rooms
- Footing detail - must include depth below frost line, thickness, width and rebar
- Foundation - type of wall, waterproofing, footer drain, and anchorage of sill plate
- Roof Construction – rafters, ceiling joist size and spacing, truss location and spacing, sheathing thickness, roof covering, and underlayment
- Wall section details from footer to the roof
- Location sizes of all support beams
- Floor Joist size and spacing
- Sizes and locations of all doors and windows
- Locations of all smoke alarms
- Insulation values for all walls, ceilings, floors, and basement walls
(Minimums: R20 walls, R38 ceiling, R30 floors, R10 basement walls)
- Stair Details
(Stair riser 8 $\frac{1}{4}$ " max / tread 9" min / guards 34" min / handrail 34" – 38")
- Electrical Plans - must include complete electrical floor plans for each floor, must show size and location of the main electrical service equipment and all sub-panels with wire sizes, location of all outlets, switches, light fixtures, smoke detectors, and special outlets. All required GFCI and AFCI devices must be marked. Detail all aspects of grounding, including ground rod, water line ground, etc.
- Plumbing plans – must include complete plumbing floor plans for each floor, must show all sizes and locations of piping and materials being used for sanitary, domestic water, and all gas piping. Show all points of connection to water, sewer and gas lines, identify each plumbing fixture and provide details of water heaters and expansion protection.
- HVAC plans – complete mechanical floor plan for each floor showing duct layout, and sizes with required insulation R-Values, location of mechanical units, specifications on all equipment to be installed.

For Mobile / Modular home installation, in addition to site plan:

- Pier Prints – a copy of the required positioning and sizes for piers
- Installation instructions – Two (2) copies of complete manufacturers installation instructions. One is to be submitted with application and one to be kept on site until Certificate of Occupancy is issued.

*A registered and licensed installer must be used.

All manufactured structures need to be anchored to manufacturers specifications before Certificate of Occupancy will be issued

The following inspections will be required:

Footer
Foundation
Framing and Masonry
Wallboard
Electrical
HVAC
Plumbing

Please call 724-503-4125 to schedule inspections. All inspections will be scheduled within 2 business days.

For home deck construction, in addition to site plan:

*For construction of any deck 30" or more above grade, a building permit is required.

- Drawings must show all deck construction including materials, beams, and planking.
- Footer or pillar specifications must be shown.
- Railing height and spindles must be shown.
- Any steps and railings must be shown.

A minimum of 2 inspections will be required.

Footer / Pillars
Final inspection

Please call 724-503-4125 to schedule inspections. All inspections will be scheduled within 2 business days.





UCC FEE SCHEDULE - 2017

Residential Building Permit Fee Schedule:

New Construction	\$0.25 per Gross SF, \$225 min
Additions	\$0.35 per Gross SF, \$225 min
Repairs and Alterations	0.8% of Construction Cost, \$75 min
Manufactured Homes	\$0.20 per Gross SF, \$150 min
Swimming Pools	Above Ground \$75 / In-Ground \$150
Demolition	\$75 min
Electric Service	\$150 min

Non-Residential Building Permit Fee Schedule:

New Construction	\$.35 per square foot, \$300 min
Additions	\$.45 per square foot, \$300 min
Repairs and Alterations	1.2% of Construction Cost, \$300 min
Demolition	\$75 min

Plan Review Schedule:

Residential	\$75 per Dwelling/Unit
Non- Residential	\$0.10 per Gross SF, \$750 min
Minimum Fee	\$75, unless otherwise listed

All fees listed are the initial amount to be collected at the time of application. Based upon actual plan review time required, and/or re-inspections due to deficiencies, additional fees/costs may be incurred. All permits are subject to \$4 DCED fee as per State Act 13. Applicant is responsible for all plan review fees/costs prior to issuance of a building permit, and all other fees/costs prior to final inspection and/or occupancy.

Other:

Certified Inspector	\$75 per hour
Code Enforcement	\$35 per hour
Mileage	current IRS rate

All hourly rates are port-to-port and will include related office/reporting time as applicable.

Municipal Permits

All permit fees listed are application fees only. Applicant is additionally responsible for any and all other costs, including inspection(s), as may be required by local municipality(ies) or entities having jurisdiction.