

Date: _____

Permit No: _____ **B**

Borough of Wilkinsburg

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Application Type Type: _____	1 Accessibility review only 2 Alteration or renovation 3 New Building 4 Plan revision or partial occupancy request	5 Addition 6 Unapproved existing building 7 Phased Approval 8 New structure or facility
Use/Occupancy classification: Check box to the left of 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 No. of Floors _____ Sq/Ft per Floor _____ Total Sq/Ft _____	
Site information	Project Name _____ Address _____ Subdivision _____ Lot _____ Block _____ Construction Cost \$ _____	
Type of work to be done (check all that apply)	<input type="checkbox"/> General Construction <input type="checkbox"/> Plumbing (by ACHD) <input type="checkbox"/> Energy Conservation <input type="checkbox"/> Accessibility Alterations <input type="checkbox"/> Phased Approval <input type="checkbox"/> _____	
Documentation required	<input type="checkbox"/> 3 complete sets of signed and stamped construction drawings. <input type="checkbox"/> Site plan showing the proposed work (including electrical, plumbing or mech.) <input type="checkbox"/> Stamped architectural or engineered drawings for new construction, additions, alterations and renovations, repairs, or changes in occupancy use, egress, and structural elements. <input type="checkbox"/> Architectural drawings must show all dimensions, size and type of materials, and details of materials used, and special clearances required. <input type="checkbox"/> Insurance certificates of contractors, if chosen, must be filed with this application <input type="checkbox"/> 1 set of specifications. <input type="checkbox"/> Approved Zoning Application	
Construction Details	<input type="checkbox"/> Total square feet of new construction, addition, alteration, or renovation _____ <input type="checkbox"/> Energy Conservation <input type="checkbox"/> Building Thermal Envelope <input type="checkbox"/> Lighting <input type="checkbox"/> Mechanical Systems <input type="checkbox"/> Hot Water systems <input type="checkbox"/> Square ft. of conditioned space _____ Unconditioned space _____ <input type="checkbox"/> Accessibility <input type="checkbox"/> Toilet Rooms _____ <input type="checkbox"/> Parking Spaces _____ <input type="checkbox"/> Kitchenettes _____ <input type="checkbox"/> Dwelling Units _____ <input type="checkbox"/> Site Elements _____ <input type="checkbox"/> Num. of stories above grade _____ Height of building above street _____ <input type="checkbox"/> Basement _____ (y/n) Square ft. or basement _____ Num. of single dwelling units _____ Multi _____ Accessible _____ Type of construction: (as per chapter 6 of the <i>International Building Code</i>) <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 <input type="checkbox"/> Are there mezzanines _____ (Y/N) <input type="checkbox"/> Fire suppression: <input type="checkbox"/> full <input type="checkbox"/> partial <input type="checkbox"/> none <input type="checkbox"/> If building is legally occupied, (has a current certificate of occupancy) select which code requirements the building will comply with: (choose one) <input type="checkbox"/> International Existing Building Code <input type="checkbox"/> Chapter 34, International Building Code <input type="checkbox"/> Fire separation distances: Front _____ Rear _____ Right side _____ Left side _____	
Description of work	_____ _____ _____	

Please note that Mechanical, Electrical, Fire Suppression and Alarm systems are on a separate Permit Application.

Owner Information	Owner name _____ Address _____ Phone _____ Email _____		
Contractor Information	Owner name _____ Address _____ Contact Person _____ Email _____ Phone _____ Fax _____		
Applicant Signature	Print Name: _____ Signature: _____ Date _____		
Deferred submissions	If you are not submitting plans and other documentation for any of the items listed below with this application, check the appropriate box below and indicate this on the first page of each building plan set <input type="checkbox"/> Fire alarm system <input type="checkbox"/> Truss shop drawings <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Equipment cut sheets		
Special requirements & documentation	Does construction involve Modular units built in a factory	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, submit a copy of the label from the unit's manufacturer which certifies that the unit conforms to Federal construction and safety standards adopted under the Housing and Community Development Act of 1974 (42 U.S.C.A. §§ 5401-5426).
	Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, submit 1 copy of the approval letter from the Pennsylvania Department of Health.
	Is this construction exempt from the energy code requirements?	<input type="checkbox"/> Y <input type="checkbox"/> N	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 COMcheck-EZ Certificate of the UCC ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
	Is project in a flood hazard area?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.
	Are any of the IBC Code (chapter 17) special inspection or structural observations required?	<input type="checkbox"/> Y <input type="checkbox"/> N	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"/> Y <input type="checkbox"/> N	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? Or shell only building	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, submit a letter signed by the design professional and owner acknowledging that the issuance of a permit for phased construction Provides no assurance that the code official will grant approval of any UCC permits needed to complete the construction, and that the design professional and owner will ensure that the building or structure fully complies with all UCC requirements before occupancy.

- OFFICIAL USE ONLY

Fee Schedule _____
Residential _____
Commercial _____
Industrial _____
Demolition _____
Signs _____ x _____
Other _____
Other _____
Total _____

Permit Issued _____	Permit Refused _____
Reason Revised _____	
Z.H.B. Case # _____	
Z.H.B. Decision: _____	
x. _____ Building Code Official/Construction Code Official Certification No. _____	

REQUIRED COMMERCIAL BUILDING INSPECTIONS

IT IS MANDATORY TO CALL PEI
AT 412-787-1510 EXT. 106 FOR INSPECTIONS
48-HOUR NOTICE REQUIRED

Project Name: _____
Contact: _____ **Phone** _____

Footer: To be done after forming and prior placing concrete.

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Foundation/Conductors/French Drain: To be done after foundation is complete and prior to framing prior to backfilling.

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Under Slab Energy: After perimeter insulation is installed and vapor barrier is installed.

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Rough Plumbing: Call Allegheny County Health Department, Plumbing Inspections at 412-937-5630.

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Rough Framing: To be completed after Rough Mechanical/ Electrical/ Plumbing inspections. Prior to Insulating

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Rough Energy: To be completed prior to concealment with wallboard:

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Wallboard: (Only required if fire rated construction) After installation of wallboard and prior to application of any finishes. May require separate visits. Contact your inspector to verify.

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Final Plumbing: To be completed prior to final inspection. Call Allegheny County Health Department, Plumbing Inspections at 412-937-5630.

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Final Energy: To be completed prior to final inspection after all MEP systems are installed and operational:

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Accessibility Final: After completion of all work. All features interior and exterior must be installed in accordance with the approved drawings.

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

Final Building: After completion of all work and all prior inspections.

Required: Date: Inspector Cert. # _____
Inspector Signature: _____

NOTE: THIS LIST DOES NOT INCLUDE MECHANICAL, ELECTRICAL, FIRE SUPPRESSION, FIRE ALARM OR COMMERCIAL KITCHEN HOOD SYSTEMS. CONTRACTORS ARE REQUIRED TO APPLY FOR SEPARATE PERMITS FOR THESE SYSTEMS.

INSPECTION PENALTY:

Inspections not cancelled by 4:00PM of the previous regular business day preceding the day of the scheduled inspection, and re-inspections of previously failed items that incur subsequent failures of the same punch list item shall be subject to a \$75.00 fee per incident.