

Borough of Wilkesburg

PRE OCCUPANCY APPLICATION

Zoning:	<ul style="list-style-type: none"> • What is the Zoning District. _____ • Is the proposed use permitted within the Zoning District Yes _____ No _____ 																												
Application Type	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1 Accessibility review only 2 Partial occupancy request 3 Change of Occupancy Type </td> <td style="width: 50%; border: none;"> 4 No Change in Occupancy Type 5 Unapproved existing building 6 Phased Approval </td> </tr> </table>	1 Accessibility review only 2 Partial occupancy request 3 Change of Occupancy Type	4 No Change in Occupancy Type 5 Unapproved existing building 6 Phased Approval																										
1 Accessibility review only 2 Partial occupancy request 3 Change of Occupancy Type	4 No Change in Occupancy Type 5 Unapproved existing building 6 Phased Approval																												
Use/Occupancy classification: Check box to the left of all that apply	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> A-1</td> <td><input type="checkbox"/> A-2</td> <td><input type="checkbox"/> A-3</td> <td><input type="checkbox"/> A-4</td> <td><input type="checkbox"/> A-5</td> <td><input type="checkbox"/> B</td> <td><input type="checkbox"/> E</td> </tr> <tr> <td><input type="checkbox"/> F-1</td> <td><input type="checkbox"/> F-2</td> <td><input type="checkbox"/> H-1</td> <td><input type="checkbox"/> H-2</td> <td><input type="checkbox"/> H-3</td> <td><input type="checkbox"/> H-4</td> <td><input type="checkbox"/> H-5</td> </tr> <tr> <td><input type="checkbox"/> I-1</td> <td><input type="checkbox"/> I-2</td> <td><input type="checkbox"/> I-3</td> <td><input type="checkbox"/> I-4</td> <td><input type="checkbox"/> M</td> <td><input type="checkbox"/> R-1</td> <td><input type="checkbox"/> R-2</td> </tr> <tr> <td><input type="checkbox"/> R-3 Adult Care</td> <td><input type="checkbox"/> R-3</td> <td><input type="checkbox"/> R-4</td> <td><input type="checkbox"/> S-1</td> <td><input type="checkbox"/> S-2</td> <td><input type="checkbox"/> U</td> <td></td> </tr> </table> No. of Floors _____ Sq/Ft per Floor _____ Total Sq/Ft _____	<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"/> 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																								
Site Information	Project Name _____ Address _____ Subdivision _____ Lot _____ Block _____ Construction Cost \$ _____																												
Type of work to be done (check all that apply)	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> General construction</td> <td><input type="checkbox"/> Plumbing (by ACHD)</td> <td><input type="checkbox"/> Sprinkler System</td> </tr> <tr> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Heating/air conditioning</td> <td><input type="checkbox"/> Commercial Cooking Hood</td> </tr> <tr> <td><input type="checkbox"/> Phased approval</td> <td><input type="checkbox"/> Fire Alarm System</td> <td><input type="checkbox"/> Low Voltage Wiring</td> </tr> </table>	<input type="checkbox"/> General construction	<input type="checkbox"/> Plumbing (by ACHD)	<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heating/air conditioning	<input type="checkbox"/> Commercial Cooking Hood	<input type="checkbox"/> Phased approval	<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Low Voltage Wiring																			
<input type="checkbox"/> General construction	<input type="checkbox"/> Plumbing (by ACHD)	<input type="checkbox"/> Sprinkler System																											
<input type="checkbox"/> Electrical	<input type="checkbox"/> Heating/air conditioning	<input type="checkbox"/> Commercial Cooking Hood																											
<input type="checkbox"/> Phased approval	<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Low Voltage Wiring																											
Previous Use Explain Attach copy of current Certificate of Occupancy	_____ _____ _____																												
Construction Details	<ul style="list-style-type: none"> <input type="checkbox"/> General construction total square feet of new construction, addition, alteration, or renovation _____ <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Square ft. of conditioned space _____ Unconditioned space _____ <input type="checkbox"/> Num. of stories grade _____ Height of building above street _____ <input type="checkbox"/> Basement _____ (y/n) Square ft. or basement _____ <input type="checkbox"/> Num. of single dwelling units _____ Multi _____ Accessible _____ <input type="checkbox"/> Are there mezzanines _____ (Y/N) Fire suppression: <input type="checkbox"/> full <input type="checkbox"/> partial <input type="checkbox"/> none Fire separation distances: Front _____ Rear _____ Right side _____ Left side _____ 																												
Description of work	_____ _____ _____																												
Owner Information	Owner name _____ Address _____ Phone _____ Email _____																												
Applicant Signature	_____ Date _____																												

* You will be contacted by an inspector to schedule a site visit.

OFFICIAL USE ONLY

Pre Occupancy Fee (To be Determined Upon Scope of Changes)	
<input type="checkbox"/> \$ 50.00 <input type="checkbox"/> \$ 100.00 <input type="checkbox"/> \$ 300.00	By _____

If your project/occupancy requires a building permit, this fee will be deducted from the Plan Review Fees charged by Plans Examiners, Inc.
 PEI Fax # 412-489-5957