

Date: \_\_\_\_\_

Permit No: \_\_\_\_\_ **B**

## Borough of Turtle Creek

### APPLICATION FOR COMMERCIAL BUILDING PERMIT

<b>Application Type</b> 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
<b>Use/Occupancy classification:</b> Check box to the left of all that apply	A-1      A-2      A-3      A-4      A-5      B      E F-1      F-2      H-1      H-2      H-3      H-4      H-5 I-1      I-2      I-3      I-4      M      R-1      R-2 R-3 Adult Care      R-3      R-4      S-1      S-2      U No. of Floors _____ Sq/Ft per Floor _____ Total Sq/Ft _____	
<b>Site information</b>	Project Name _____ Address _____ Subdivision _____ Lot _____ Block _____ Construction Cost \$ _____	
<b>Type of work to be done</b> (check all that apply)	General Construction      Plumbing (by ACHD) Energy Conservation      Accessibility Alterations Phased Approval	
<b>Documentation required</b>	3 complete sets of signed and stamped construction drawings. Site plan showing the proposed work (including electrical, plumbing or mech.) Stamped architectural or engineered drawings for new construction, additions, alterations and renovations, repairs, or changes in occupancy use, egress, and structural elements. Architectural drawings must show all dimensions, size and type of materials, and details of materials used, and special clearances required. Insurance certificates of contractors, if chosen, must be filed with this application 1 set of specifications. Approved Zoning Application	
<b>Construction Details</b>	Total square feet of new construction, addition, alteration, or renovation _____ Energy Conservation Building Thermal Envelope      Lighting Mechanical Systems      Hot Water systems Square ft. of conditioned space _____ Unconditioned space _____ Accessibility Toilet Rooms _____      Parking Spaces _____ Kitchenettes _____      Dwelling Units _____ Site Elements _____  Num. of stories above grade _____ Height of building above street _____ 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> ) IA    IB    IIA    IIB    IIIA    IIIB    IV    VA    VB Are there mezzanines _____ (Y/N) Fire suppression:      full      partial      none If building is legally occupied, (has a current certificate of occupancy) select which code requirements the building will comply with: (choose one) International Existing Building Code Chapter 34, International Building Code Fire separation distances: Front _____ Rear _____ Right side _____ Left side _____	
<b>Description of work</b>	_____ _____ _____	

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

<b><u>Owner Information</u></b>	Owner name _____ Address _____ _____ Phone _____ Email _____		
<b><u>Contractor Information</u></b>	Owner name _____ Address _____ _____ Contact Person _____ Email _____ Phone _____ Fax _____		
<b><u>Applicant Signature</u></b>	Print Name: _____ Signature: _____ Date _____		
<b><u>Deferred submissions</u></b>	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		
<b><u>Special requirements &amp; documentation</u></b>	Does construction involve Modular units built in a factory	Y 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?	Y 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?	Y 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?	Y 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?	Y 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?	Y 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	Y 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 Plans Examiners, Inc. FOR BUILDING INSPECTION AT 412-787-1510 or  
 VISIT: <http://plans-examiners.com> - 48-HOUR NOTICE REQUIRED

**Project Name:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Phone** \_\_\_\_\_

For Department use only

**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 412-578-8036

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.