



**United Code Consultants**  
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## APPLICATION FOR COMMERCIAL BUILDING PERMIT

### Municipality \_\_\_\_\_

<b>Site Information</b>	Facility Name (name of company, mall, institution, university, etc.):  _____							
<b>Political Subdivision and County names are required.</b>	Building and/or Tenant Name _____ Street Number and Name _____ City _____ State _____ Zip Code _____ Parcel Identification: _____ County _____							
<b>Application Type</b>	<input type="checkbox"/> Accessibility <b>Only</b> 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 <input type="checkbox"/> Plan Review <b>ONLY</b>			
<b>Use/Occupancy Classification:</b>  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	
<b>Mandatory Documents</b>	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) <b>assembled</b> and <b>bound</b> 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 <b>Addition, Alteration, New Building/Structure/Facility</b> )							
<b>Special Requirements &amp; Documentation</b>	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 <b>Section H., 7.</b> , 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 <b>Section D., 4.</b> , on the "Plan Review and Inspection Requirements" page on the UCC website.			

<b>Project Data</b>	Number of stories above grade									
	Does it have a basement?	Yes	No							
	Total floor area (sq. ft.)									
	Floor area <b>new</b> construction (sq. ft.)									
	Floor area of <b>addition</b> (sq. ft.)									
	Floor area <b>renovated</b> (sq. ft.)									
	Estimated cost of construction	\$								
	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										
Fire suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None										
Project Description:         										
<b>Building Code Data</b>	Triennial ICC code version used for Building code compliance:									
	2021 International Building Code									
	If Alterations to existing building: (select applicable document used)									
	IEBC Chapter 5 (Prescriptive)				Work Area Compliance -Level of Alteration: _____					
IEBC Chapter 13 (Performance)										
<b>Design Professional In Responsible Charge</b>  Seal must be in space to right of name & address.	Name _____									
	Address _____									
	PA License # _____									
	Email _____									
	Phone _____									
	Fax _____									
<b>SEAL</b>										
<b>Owner Information</b>	Owner Name _____									
	Street Address _____									
	City _____				State _____		Zip Code _____			
	Phone _____									
<b>Deferred Submissions</b>	If you intend to defer any of the plan submission below, please, check the appropriate box(es).									
	<input type="checkbox"/> Fire Alarm System				<input type="checkbox"/> Roof Trusses (Certified)		<input type="checkbox"/> Sprinkler System			
	Mechanical				Electrical		Plumbing			

**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 United Code Consultants.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to United Code Consultants.
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 \_\_\_\_\_



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