

Commercial Building Permit Application

Borough of Jefferson Hills

925 Old Clairton Road
Jefferson Hills, PA 15025
Phone: 412-655-7760
Fax: 412-655-3143

Permit # _____

PROPERTY ADDRESS:

LOT/BLOCK:

Applicant Name:

Address:

City/State/Zip:

Plan/Subdivision:

Lot No.

PHONE NOS:

Home: ()

Cell: ()

Work: ()

Email:

Owner's Name:

Address:

City/State/Zip:

PHONE NOS:

Home: ()

Cell: ()

Work: ()

Email:

Contractor's Name:

Address:

City/State/Zip:

PHONE NOS:

Work: ()

Cell: ()

Email:

Print Name:

Print Title:

Company Name:

PROPOSED PROJECT:

MINIMUM SETBACKS REQUIRED BY ZONING OR ORDINANCE (FT):

Front:

Rear:

Right Side:

Left Side:

Other:

Is project in flood hazard? Yes No If "yes", attach one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

APPLICATION TYPE:

Addition

Alteration/Renovation

New Structure/Facility

Accessibility Review under
§403.141(b) of UCC

New Building

Revision of App. Plan

USE/OCCUPANCY CLASS: (Check all that apply)

A-1

A-2

A-3

A-4

A-5

B

E

S-2

U

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 Child Care

R-3

R-4

S-1

PROJECT DATA: Provide a description of existing and/or proposed use(s), with sufficient detail for determination of appropriate classification of occupancy type(s):

PROJECT DATA: (continued)

Sq. ft. of conditioned space _____ Floor area new construction (sq. ft.) _____
Sq. ft. of unconditioned space _____ Floor area addition (sq. ft.) _____
Number of stories above grade _____ Floor area renovated (sq. ft.) _____
Does it have a basement? Yes No # of multi-family dwelling units _____
Total floor area (sq. ft.) _____ # of accessible dwelling units _____

Type(s) of construction per Chapter 6 of the *International Building Code* (Check all that apply):

IA IB IIA IIIA IIIB IV VA VB

Fire Suppression: Full Partial None

Is this permit for a school or educational facility? Yes No

If yes, please attach a copy of all applicable PA. Dept. of Education approvals.

If work involves existing building, list code requirements it will comply with:

International Existing Building Code Chapter 34 of the International Building Code

If existing building, list all prior occupancy permits issued:

PA Fire and Panic issued on (date) _____

Municipal permit issued by _____ on (date) _____

using (code) _____

UCC permit issued by _____ on (date) _____

Is this permit for a medical care facility regulated by the Health Care Facilities Act?

Yes No If “yes,” please attach copy of plan approval issued by the PA Department of Health.

Electricity provider: _____ Gas Provider: _____

DESIGN PROFESSIONAL RESPONSIBLE: (Affix seal to the right of name and address)

Name: _____

Address: _____

PA License #: _____ E-Mail: _____

Phone: () _____ Fax: () _____

SPECIAL INSPECTION & STRUCTURAL OBSERVATION PROGRAM:

Section I704 and I709 of the *International Building Code* require special inspections and structural observations, in certain circumstances. Please check which (if any) apply to this construction:

section I704 Special Inspections section I709 Structural Observations

If either box is checked, submit copy of the “Special Inspections & Observations Statement”.

ALTERNATIVE CONSTRUCTION METHOD/MATERIAL:

Will an alternative construction method or material be used on this project? Yes No If “yes,” applicant or design professional must submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.

FEEES

<input type="checkbox"/> ZONING:	\$
<input type="checkbox"/> ELECTRICAL:	\$
<input type="checkbox"/> DRIVEWAY	\$
<input type="checkbox"/> STREET OPENING:	\$
<input type="checkbox"/> BUILDING: ESTIMATED CONSTRUCTION COST \$ _____ LIST TOTAL SQ. FT. OF FLOOR AREA: _____ SEE FEE SCHEDULE + \$4 Pennsylvania State Permit Surcharge	\$
<input type="checkbox"/> DEMOLITION:	\$

TOTAL FEES FROM ABOVE Payable to: "BOROUGH OF JEFFERSON HILLS"