



File No.: _____
Permit No.: _____
Date: _____

APPLICATION FOR UCC BUILDING PERMIT

- EXPEDITED REVIEW. ADDITIONAL FEE SUBMITTED.**
 ACT 24 EXEMPTION.

Site Information Political Subdivision and County names are required.	Facility Name (name of company, mall, institution, university, etc.): _____		
	Building and/or Tenant Name _____		
	Street Number and Name _____		
	City _____	State _____	ZIP Code _____
Political Subdivision _____ County _____			
Application Type	<input type="checkbox"/> Accessibility Only 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		
Use/Occupancy Classification: 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 <input type="checkbox"/> Single Family Dwelling/Townhouse (must be state-owned)		
	Check each block below indicating that all of the following will be submitted with this application: <input type="checkbox"/> Four (4) site plans <input type="checkbox"/> Three (3) assembled and bound sets of construction drawings <input type="checkbox"/> One (1) completed copy of the UCC-2 UCC PLAN REVIEW CHECKLIST <input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building/Structure/Facility)		
Special Requirements & Documentation	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, §2.2(B). If "No," submit 1 copy of the compliance documentation described in Section H., 7. , 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.

For L&I Use Only	Check #: _____ Amount: _____ Bates #: _____
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Special Requirements & Documentation	Are International Building Code (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 Section D., 4. , on the "Plan Review and Inspection Requirements" page on the UCC website.
Project Data	Number of stories above grade _____ Does it have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No Total floor area (sq. ft.) _____ Floor area new construction (sq. ft.) _____ Floor area of addition (sq. ft.) _____ Floor area renovated (sq. ft.) _____ Estimated cost of construction \$ _____ (Required -- even if project is state-owned and exempt from permit fees.) 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 If application applies to an existing certified building, provide any prior file #, DI #, permit #, etc. associated with this project: File #: _____ Permit #: _____ DI #: _____ Other (MA #/Fee #): _____		
Building Code Data	Triennial ICC code version used for Building code compliance: <input type="checkbox"/> 2015 <input type="checkbox"/> 2018 If Alterations to existing certified building: (select applicable document used) <input type="checkbox"/> IBC Chapter 34 <input type="checkbox"/> International Existing Building Code (IEBC)		
Accessibility Code Data	Triennial ICC code version for Accessibility code compliance/IBC Chapter 11 <input type="checkbox"/> 2018 <input type="checkbox"/> 2021		
Design Professional In Responsible Charge	Name _____ Address _____ PA License # _____ Email _____ Phone _____ Fax _____	SEAL	
Owner Information	Owner Name _____ Street Address _____ City _____ State _____ ZIP Code _____ Phone _____		

<p>Deferred Submissions</p>	<p>If you intend to defer any of the plan submission below, please, check the appropriate box(es). See Section Q on the "Plan Review and Inspection" page on the UCC website for information about submitting these drawings at a later date.</p> <p style="text-align: center;"> <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Wood Roof Trusses (Certified) <input type="checkbox"/> Sprinkler System </p>
<p>Fees</p>	<p>List total sq. ft. of floor area: _____ List estimated construction cost: \$ _____</p> <p>If new building or addition: _____ Pay \$402.03 standard fee \$ _____</p> <p style="padding-left: 100px;">Plus, pay \$.81 multiplied by total sq. ft. of floor area \$ _____</p> <p>If new structure or facility (other than building): _____ Pay \$1208.60 \$ _____</p> <p>If alteration or renovation of existing building: _____ Pay \$402.03 standard fee \$ _____</p> <p style="padding-left: 100px;">Plus, pay \$81.41 per each \$1000 of est. construction cost \$ _____</p> <p>If accessibility only review: _____ Pay \$807.82 \$ _____</p> <p>If phased approval: _____ Pay \$300.00 \$ _____</p> <p>If revision of approved plans or partial occupancy request: _____ Pay \$626.22 \$ _____</p> <p>IF EXPEDITED REVIEW: Pay \$1252.43 plus applicable fees above \$ _____</p> <p style="text-align: right;">TOTAL FEE(S) \$ _____</p> <p>Make check or money order payable to Commonwealth of Pennsylvania.</p>
<p>Applicant's Certification</p>	<p>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.</p> <p>As the owner or the authorized agent of the project for which this application is filed, I certify that:</p> <ol style="list-style-type: none"> 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 from the Department of Labor & Industry. 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 the Department of Labor & Industry. 5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Department of Labor & Industry. 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. <p>Applicant Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Phone _____</p> <p>Email _____</p> <p>Applicant Signature Date _____</p>