

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Borough Of West Mifflin

1020 Lebanon Road, West Mifflin, PA 15122
T: (412) 466-8174 F: (412) 466-8173
westmifflinborough.com

CASE NUM:

PROPERTY ADDRESS:

BLOCK/LOT NO.:

PROPOSED PROJECT:

MINIMUM SETBACKS REQUIRED BY ZONING OR ORDINANCE (FT):

Front: _____ Rear: _____ Right Side: _____ Left Side: _____ Other: _____

Is project in flood hazard area? Yes No

If "yes," attach one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

OWNER(S) NAME:

Address: _____ City _____ Zip _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

TENANT NAME:

Phone: _____

GENERAL CONTRACTOR NAME:

Address: _____ City _____ Zip _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

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
 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
 S-2 U

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 IIB IIIA IIIB IV VA VB

Fire Suppression: Full Partial None

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

- International Existing Building Code Chapter 34 of 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:

Sections 1704 and 1709 of the *International Building Code* require special inspections and structural observations, in certain circumstances. Please check which (if any) apply to this construction:

- section 1704 Special Inspections section 1709 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.

FEES

<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 CASH REC# CHECK #/BANK NAME	
Payable to: <i>"BOROUGH OF WEST MIFFLIN"</i>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">TOTAL: \$</div>	
<input type="checkbox"/> SEWER PERMIT:	# EDU'S TO BE ADDED:
	WATERSHED:
TOTAL SEWER PERMIT FEE (Payable to:)	
CASH REC# CHECK #/BANK NAME	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">TOTAL: \$</div>	

