

**pennsylvania**DEPARTMENT OF LABOR & INDUSTRY  
BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

File No.: \_\_\_\_\_

Permit No.: \_\_\_\_\_

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

**APPLICATION FOR UCC BUILDING PERMIT**☐ **EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.**

<b>Site Information</b>  <b>Political Subdivision and County</b> names are required.	Facility Name (name of company, mall, institution, university, etc.): _____  Building and/or Tenant Name _____ Street <b>Number</b> and <b>Name</b> _____ City _____ State _____ Zip Code _____ Political Subdivision: _____ County: _____		
<b>Application Type</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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         </div> <div style="width: 50%;"> <input type="checkbox"/> Addition  <input type="checkbox"/> New Building  <input type="checkbox"/> Partial Occupancy  <input type="checkbox"/> Plan Revision/Deferred Submission         </div> </div>		
<b>Use/Occupancy Classification:</b>  Check box to <b>left of applicable group.</b> Check all that apply.	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> A-1  <input type="checkbox"/> F-1  <input type="checkbox"/> I-1  <input type="checkbox"/> R-3 Adult Care  <input type="checkbox"/> Single Family Dwelling/Townhouse (must be <b>state-owned</b>)         </div> <div style="width: 33%;"> <input type="checkbox"/> A-2  <input type="checkbox"/> F-2  <input type="checkbox"/> I-2  <input type="checkbox"/> R-3         </div> <div style="width: 33%;"> <input type="checkbox"/> A-3  <input type="checkbox"/> H-1  <input type="checkbox"/> I-3  <input type="checkbox"/> R-3         </div> <div style="width: 33%;"> <input type="checkbox"/> A-4  <input type="checkbox"/> H-2  <input type="checkbox"/> I-4  <input type="checkbox"/> R-4         </div> <div style="width: 33%;"> <input type="checkbox"/> A-5  <input type="checkbox"/> H-3  <input type="checkbox"/> M  <input type="checkbox"/> S-1         </div> <div style="width: 33%;"> <input type="checkbox"/> B  <input type="checkbox"/> H-4  <input type="checkbox"/> R-1  <input type="checkbox"/> S-2         </div> <div style="width: 33%;"> <input type="checkbox"/> E  <input type="checkbox"/> H-5  <input type="checkbox"/> R-2  <input type="checkbox"/> U         </div> </div>		
<b>Mandatory Documents</b>	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) <b>assembled</b> and <b>bound</b> 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 <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 " <b>Yes</b> ," submit 1 copy of the letter described in <b>Section J., 6.</b> , 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 " <b>Yes</b> ," 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 " <b>Yes</b> ," 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 " <b>No</b> ," 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 " <b>Yes</b> ," submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the <i>International Building Code</i> .
	Are <i>International Building Code</i> (Chapter 17) special inspections or structural observations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " <b>Yes</b> ," 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 " <b>Yes</b> ," 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 " <b>Yes</b> ," submit the statement described in <b>Section D., 4.</b> , on the "Plan Review and Inspection Requirements" page on the UCC website.
<b>For L&amp;I Use Only</b>	Check #: _____ Amount: _____ Bates #: _____		

<b>Project Data</b>	<p>Number of stories above grade _____</p> <p>Does it have a basement?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Total floor area (sq. ft.) _____</p> <p>Floor area <b>new</b> construction (sq. ft.) _____</p> <p>Floor area of <b>addition</b> (sq. ft.) _____</p> <p>Floor area <b>renovated</b> (sq. ft.) _____</p> <p>Estimated cost of construction    \$ _____</p> <p>(<b>Required</b> -- even if project is <b>state-owned</b> and exempt from permit fees.)</p> <p>Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply):</p> <p>          <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</p> <p>Fire suppression:    <input type="checkbox"/> Full    <input type="checkbox"/> Partial    <input type="checkbox"/> None</p> <p>If application applies to an existing certified building, provide any prior file #, DI #, permit #, etc. associated with this project:</p> <p>File #: _____ Permit #: _____</p> <p>DI #: _____ Other (MA #/Fee #): _____</p>
<b>Building Code Data</b>	<p>Triennial ICC code version used for <b>Building</b> code compliance:</p> <p>_____ 2009    _____ 2015</p> <p>If Alterations to existing certified building: (select applicable document used)</p> <p>_____ IBC Chapter 34    _____ International Existing Building Code (IEBC)</p>
<b>Accessibility Code Data</b>	<p>Triennial ICC code version for <b>Accessibility</b> code compliance/IBC Chapter 11</p> <p>_____ 2015    _____ 2018</p>
<p><b>Design Professional In Responsible Charge</b></p> <p>Seal <b>must</b> be in space to right of name &amp; address.</p>	<p>Name _____</p> <p>Address _____</p> <p>PA License # _____</p> <p>Email _____</p> <p>Phone _____</p> <p>Fax _____</p> <p style="text-align: right;"><b>SEAL</b></p>
<b>Owner Information</b>	<p>Owner Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone _____</p>
<b>Deferred Submissions</b>	<p>If you intend to defer any of the plan submission below, please, check the appropriate box(es). See <b>Section Q</b> on the "Plan Review and Inspection" page on the UCC website for information about submitting these drawings at a later date.</p> <p><input type="checkbox"/> Fire Alarm System    <input type="checkbox"/> Wood Roof Trusses (Certified)    <input type="checkbox"/> Sprinkler System</p>

**Fees:**

List total sq. ft. of floor area: \_\_\_\_\_ List estimated construction cost: \_\_\_\_\_

If expedited review \_\_\_\_\_ pay \$1,048.74 \_\_\_\_\_

If new building or addition: \_\_\_\_\_ pay \$336.65 base fee \$ \_\_\_\_\_

**Plus**, pay \$.68 multiplied by total sq. ft. of floor area \$ \_\_\_\_\_

If new structure or facility (other than building): \_\_\_\_\_ pay \$1012.04 \$ \_\_\_\_\_

If alteration or renovation of existing building: \_\_\_\_\_ pay \$336.65 base fee \$ \_\_\_\_\_

**Plus**, pay \$68.17 per each \$1000 of est. construction cost \$ \_\_\_\_\_

If accessibility only review: \_\_\_\_\_ pay \$676.45 \$ \_\_\_\_\_

If phased approval: \_\_\_\_\_ pay \$300.00 \$ \_\_\_\_\_

If revision of approved plans or partial occupancy request: \_\_\_\_\_ pay \$524.37 \$ \_\_\_\_\_

**TOTAL FEES OWED** \$ \_\_\_\_\_Make check or money order payable to **Commonwealth of Pennsylvania**.**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 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.

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_