

DINGMAN TOWNSHIP

COMMERCIAL BUILDING PERMIT APPLICATION

OWNER'S INFORMATION: <u>PRINT LEGIBLE OR TYPE</u> Owner's Name: _____ Address: _____ City, State, Zip: _____ Phone#: _____ Fax#: _____ Contractor's Name: _____ Address: _____ City, State, Zip : _____ Phone #: _____ Fax #: _____	PROJECT INFORMATION: <u>PRINT LEGIBLE OR TYPE</u> Project Name: _____ Address: _____ City, State, Zip: _____ Subdivision: _____ Sect: _____ Block: _____ Lot: _____ Tax Map #: _____ Tenant's Name: _____ Address: _____ City, State, Zip: _____
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Application Type	<input type="checkbox"/> New Structure/Facility <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Addition <input type="checkbox"/> Phased Approval <input type="checkbox"/> Other _____
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Use/Occupancy Classification: Check box to <u>left</u> 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
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Special Requirements & Documentation	Check each block below indicating that all of the following will be submitted with this application: <input type="checkbox"/> Three (3) site plans <input type="checkbox"/> Three (3) complete sets of construction drawings <input type="checkbox"/> One (1) copy of approved Labor & Industry Plans reviewed for Accessibility <u>Only</u> . <input type="checkbox"/> One (1) completed copy of the UCC Plan Review Checklist. <input type="checkbox"/> Three (3) sets of specifications. <input type="checkbox"/> Three (3) sets of Energy Compliance (i.e. complete COMCHECK or Prescriptive Compliance Report).	
	Is this project in the 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 <i>International Building Code</i> . Submit 1 copy of a Township approved Flood Plain permit.
	Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," submit 1 copy of approval letter from Pennsylvania Department of Health.
	Are any of the <i>International Building Code</i> (Chapter 17) special inspection or structural observations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," submit 3 copies 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 a letter signed by the design professional and owner acknowledging that the issuance of a permit for phased construction provides no assurance that the Township will grant approval of any Building permits needed to complete the construction, and that any construction abandoned for a period exceeding six (months) will be removed.
	Does this project require a Highway Occupancy Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," submit 1 copy of an approved Highway permit as required by section 502-b(1) of the UCC.

Deferred Submissions	If you are not submitting plans and other documentation for any of the items listed below with this application, check the appropriate box below <u>and</u> indicate this on the first page of each plan set submitted. <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Truss shop drwgs. <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Steel shop drwgs.
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BUILDING DEPARTMENT USE ONLY:		
<input type="checkbox"/> Permit Approved	<input type="checkbox"/> Permit Denied (see attached document)	Date _____
Permit # _____	_____ BCO	

Project Data

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

I-A I-B II-A II-B III-A III-B IV V-A V-B

Square ft. of conditioned space _____ Square ft. of unconditioned space _____

Number of stories above grade _____ Basement? Yes No Floor Area _____ sq.ft

Floor area **new** construction (sq. ft.) _____

Floor area of **addition** (sq. ft.) _____

Floor area **renovated** (sq. ft.) _____

Number of multi-family dwelling units _____

Number of accessible dwelling units _____

Fire suppression: Full Partial None

If application applies to an existing building that is “**legally occupied**,” indicate permits held:

Fire and Panic Occupancy Permit File Number _____

Township Occupancy Permit Permit Number _____

L&I UCC Certificate of Occupancy File Number _____

If “**legally occupied**,” you must select which code requirements the building will comply with (choose only one):

International Existing Building Code Chapter 34, *International Building Code*

Which triennial codes must this work comply with? 2006 2009

Design Professional In Responsible Charge

Name: _____

Address: _____

City, State, Zip: _____

PA License #: _____

Phone: _____

Fax: _____

SEAL

Seal **must** be in space to right of name & address.

Fees:

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

If new building or addition: \$500.00 application fee (non-refundable) \$ _____

If alteration or renovation of existing building: \$500.00 application fee (non-refundable) \$ _____

New structure (other than a building): \$500.00 minimum \$ _____

Phased approval: \$500.00(non deductible)\$ _____

Change of Use \$300.00 minimum \$ _____

PA UCC Fee: \$ 4.00

Total: \$ _____

Additional engineering or review fees incurred will be an additional cost : \$ _____

Make check or money order payable to Dingman Township.

Final costs of permits for a commercial building will be \$ 00.75 multiplied by the total floor space, multiplied by

USE TYPE	MULTIPLIER	USE TYPE	MULTIPLIER	USE TYPE	MULTIPLIER
A-1	1.76	B	1.20	R-1, R-2	1.25
A-2	1.76	E	1.29	R-3	1.10
A-3	1.60	F-1, F-2	.78	S-1, S-2	.76
A-4	1.33	I-1, I-2, I-3, I-4	1.70	H	1.76
A-5	1.33	M	1.06		

As the owner or the authorized agent of the project for which this application is filed, I certify that:

- All information listed on this application for a Building permit is correct.
- The building or structure will not be utilized or occupied until a Certificate of Occupancy has been issued.
- This project will be constructed in accordance with the approved plans and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code chapters 401-405. Any changes to the approved documents will be submitted to the Township.
- If the design professional of record should change, written notice will be provided to the Township.
- 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 conformance with 34 PA Code Chapters 401-405.

Applicant Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

Applicant's signature _____ Date: _____