



# MUNICIPALITY OF BETHEL PARK

Municipal Building • 5100 West Library Avenue • Bethel Park, PA 15102 • 412-831-6800 • FAX 412-831-8675 • www.bethelparkpa.gov

Associated Zoning Permit # \_\_\_\_\_

Building Permit # \_\_\_\_\_

## COMMERCIAL BUILDING PERMIT APPLICATION (Fee based on project cost)

### Site Information:

Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Complex/Building Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**Project Type:**  Accessibility Only Review  Addition  Alteration or Renovation  New Building  
 New Structure/Facility  Partial Occupancy  Phased Approval  Uncertified (Existing Building)

**Deferred Submissions:**  Fire Alarm System  Approved Electrical  Sprinkler System  Approved Plumbing

### Use/Occupancy Classification:

A-1  A-2  A-3  A-4  A-5  B  E  F-1  F-2  H-1  H-2  H-2  H-3  H-4  H-5  
 I-1  I-2  I-3  I-4  M  R-1  R-2  R-3  R-3 Adult Care  R-4  S-1  S-2  U

### Building Area Totals:

Floor (sqft): \_\_\_\_\_ Renovated (sqft): \_\_\_\_\_ Addition (sqft): \_\_\_\_\_ New Construction (sqft): \_\_\_\_\_ Stories Above Grade: \_\_\_\_\_

**Construction Type:**  IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

**Fire Suppression:**  Full  Partial  None

**Building Code Date:** Triennial ICC Code Version for Building Code Compliance:

2021 IBC as amended by the PAUCC  2021 IEBC

**Accessibility Code Date:** Triennial ICC Code Version for Accessibility Code Compliance/IBC Chap. 11:

2018 IBC  2018 IEBC  2009 ICC A117.1

**Applicant**  Check if this is the primary contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Owner**  Check if this is the primary contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**SPECIAL REQUIREMENTS DOCUMENTS**

<b>Design Professional in Charge</b> <input type="checkbox"/> Primary Contact	<b>Contractor</b> <input type="checkbox"/> Primary Contact
Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Contact Name: _____	Contact Name: _____
ID #: _____ Exp. Date: _____	Email: _____
Email: _____	Phone: _____
Phone: _____	

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 project in a flood hazard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , submit 1 copy of the flood hazard certification mandated in section 1612.5 of the International Building Code.
Are International Building Code (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 section D.4 on the "Plan Review and Inspection Requirements" page on the UCC website.

**Fees** (Permit fee is based off the total cost of construction. \$50 for the first \$1,000 and \$10 for each additional \$1,000.):

A) Initial Permit Fee for first \$1,000	\$ <u>50.00</u>
B) Total Project Cost _____ - \$1,000 = _____ / 1,000 x 10 =	_____
C) Certificate of Occupancy \$50	_____
D) Small Project Stormwater Review \$50	_____
E) Large Project Stormwater Review \$350	_____
F) Expedited Review \$250	_____
<b>Total Cost of Permit (A + B + C + D + E + F)</b>	<b>\$ <u>                    </u></b>

**Applicant Certification:** (The Building Permit and the Certificate of Occupancy will be issued to and in the name of the person listed below.)

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

The estimated construction cost and all other information provided as part of this application for a building permit is correct. 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. 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.

**Electrical review and inspections are to be completed by a third-party electrical inspector. Electrical review and inspection fees are the applicant's Responsibility.**

**Review of this submission begins when the application, sealed plans, and permit fees have been submitted in their entirety.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_