



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 Plan Revision/Deferred Submission
 Uncertified (Existing Building) Other: _____

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

Owner Check if this is the primary contact

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

SPECIAL REQUIREMENTS DOCUMENTS

Design Professional in Charge <input type="checkbox"/> Primary Contact	Contractor <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 Yes , 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 Yes , 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 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.

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	_____
Total Cost of Permit (A + B + C + D + E + F)	\$ <u> </u>

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:** _____