

LAUREL MUNICIPAL INSPECTION AGENCY

140 E. Carroll St Suite 202

PO Box 375

Carrolltown, PA 15722

Phone: (814) 471-0424 Fax: (814) 471-6801

Uniform Construction Code (UCC)

COMMERCIAL PERMIT APPLICATION

Application Type	<input type="checkbox"/> Addition <input type="checkbox"/> New Structure/Facility <input type="checkbox"/> Change of Use Group	<input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Other Explain _____					
Use/Occupancy Classification (Please check all that apply)	<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"/> S-2	<input type="checkbox"/> A-2 <input type="checkbox"/> F-2 <input type="checkbox"/> I-2 <input type="checkbox"/> U	<input type="checkbox"/> A-3 <input type="checkbox"/> H-1 <input type="checkbox"/> I-3 <input type="checkbox"/> R-3 Child Care	<input type="checkbox"/> A-4 <input type="checkbox"/> H-2 <input type="checkbox"/> I-4	<input type="checkbox"/> A-5 <input type="checkbox"/> H-3 <input type="checkbox"/> M <input type="checkbox"/> R-3	<input type="checkbox"/> B <input type="checkbox"/> H-4 <input type="checkbox"/> R-1 <input type="checkbox"/> R-4	<input type="checkbox"/> E <input type="checkbox"/> H-5 <input type="checkbox"/> R-2 <input type="checkbox"/> S-1
Site Address	Street # and Name _____ City _____ Zip Code _____ Political Subdivision _____ County _____						
Site Data	Project Name _____ Owner Name _____ Owner Address _____ City _____ State _____ Zip Code _____ Phone Number () _____ - _____ Lot Number _____ Block Number _____ Parcel Number _____ Does municipality have a zoning ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," has zoning permit been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Is the project in flood hazard area? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach one of the flood hazard Certifications mandated in section 1612.5 of the International Building Code.						
Cost Data	Plumbing Bid Cost \$ _____ Building Bid Cost \$ _____ Mechanical Bid Cost \$ _____ Electrical Bid Cost \$ _____ Estimated Total Cost of Construction \$ _____						
Project Data	Provide a description of existing and or proposed use(s), with sufficient detail for determination of appropriate classification of occupancy type(s): _____ _____ _____ _____						

<p>Project Data Continued</p>	<p>Sq. ft. of conditioned space _____ Sq. ft of unconditioned space _____ Number of stories above grade _____ Does it have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No Total floor area (sq. ft.) _____ Floor area new construction (sq. ft) _____ Floor area of addition (sq. ft) _____ Floor area renovated (sq. ft) _____ # of multi-family dwelling units _____ # of accessible dwelling units _____ Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply): <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 Fire Separation <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-separated Use <input type="checkbox"/> Incidental Use _____ Main Use Fire suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None If work involves existing building, list code requirements it will comply with: <input type="checkbox"/> <i>International Existing Building Code</i> <input type="checkbox"/> Chapter 34 of <i>International Building Code</i> <input type="checkbox"/> <i>LMIA Policy For Uncertified Buildings Adopted April 11, 2007</i> If existing building, list all prior occupancy permits issued: <input type="checkbox"/> PA Fire and Panic issued on (date) _____ <input type="checkbox"/> Municipal permit issued by _____ on (date) _____ using (code) _____ <input type="checkbox"/> UCC permit issued by _____ on (date) _____ Is this permit for a medical care facility regulated by the Health Care Facilities Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes,” please attach copy of plan approval issued by the PA Department of Health. Electricity provider: Gas provider:</p>
<p>Special Inspection and Structural Observation program</p>	<p>Sections 1704 and 1709 of the <i>International Building Code</i> require special inspections and structural observations, in certain circumstances. please check which (if any) apply to this construction: <input type="checkbox"/> Section 1704 Special Inspections <input type="checkbox"/> Section 1709 Structural Observations If either box is checked, submit copy of the “Special Inspections & Observations Statement”.</p>
<p>Alternative Construction Method/Material</p>	<p>Will an alternative construction method or material be used on this project? <input type="checkbox"/> Yes <input type="checkbox"/> 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.</p>

Applicant's Certification:

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

1. The description of use, 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 Code Official.
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 Laurel Municipal Inspection Agency.
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 Laurel Municipal Inspection Agency.
6. 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.
7. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner of record to complete this application on his behalf. I will be acting on behalf of the owner as;

ARCHITECT _____
 ENGINEER _____

CONTRACTOR _____
 AGENT/OTHER: _____

APPLICANT MUST COMPLETE ONE OF THE SECTIONS BELOW:

Design Profession in Responsible Charge:
 Pa License# _____
 Name (typed or printed) _____

Applicant, if owner
 Name (typed or printed) _____

_____ Phone Number
 Mailing Address:

_____ Phone Number
 Mailing Address:

 Signature Date

 Signature Date

Provide Driving Directions To Job Site: (Start from Ebensburg Area)

CONSTRUCTION DOCUMENTS REQUIRED

Check List

- Site plan showing to scale the size and location of all new construction and all existing structures on the site. Distances from lot lines, established street grades and proposed finished grades.
- Certificate of Workers' Compensation or Affidavit of Exemption must be submitted with application if your work is being performed by a contractor.
- 2 (two) complete sets of sealed drawings including specification books from a registered design professional that show in detail code compliance for all of the work proposed to include but not limited to the follow information:
 - ARCHITECTURAL
 - STRUCTURAL
 - ELECTRICAL
 - MECHANICAL
 - PLUMBING
 - FIRE AND PANIC REQUIREMENTS
 - ACCESSIBILITY
 - ENERGY CALCULATION (COM CHECK OR IECC)
 - INTERNATIONAL BUILDING CODE
 - USE GROUP(S) (EACH AREA OR ROOM)
 - BUILDING LIMITATION (HEIGHT & AREA)
 - TYPE OF CONSTRUCTION
 - FIRE RESISTANT MATERIALS & CONSTRUCTION
 - FIRE PROTECTION SYSTEM(S) (IF REQUIRED)
 - OCCUPANT LOAD (EACH AREA OR ROOM)