



11 LaFayette Street
P.O. Box 1994
Saint Marys, PA 15857

(814) 781-1718
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COMMERCIAL BUILDING PERMIT APPLICATION

Office Use Only:

Permit No: _____ Permit Fee: _____ Date Issued: _____

Plan Review Date: _____ Approved: _____ Not Approved: _____

Control Number: _____ Application Number: _____

COMPLETE ALL APPLICABLE INFORMATION:

Date: _____

Owner: _____ Phone: (____) _____

Owner Address: _____ Fax: (____) _____

Worksite Address: _____

Architect/Design Professional: _____

Architect/DP. Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

BUILDING SECTION

Description Of Work: _____

- New Building Addition Alteration Roofing Pool
 Fence (Exceeds 6') Sign Accessory Structure Demolition Other

New Building Area All Floors _____ sq.ft. Estimated Building Cost: \$ _____

Building Contractor: _____ Phone: (____) _____

Contractor Address: _____ Fax: (____) _____

Fed. Emp. No. _____ License No. _____

I certify that as the owner or authorized agent of the project all work will be done according to the PA Uniform Construction Code and all approved plans or specifications. No error or omission in the drawings, whether approved or not, shall relieve me from constructing the work in any other manner.

Signature: _____ Date: _____

ELECTRICAL SECTION

Description Of Work: _____

New Service Service Upgrade New Wiring New Elec. Device/Appliance

Other _____ Estimated Electrical Cost: \$ _____

Electrical Contractor: _____ Phone: (____) _____

Contractor Address: _____ Fax: (____) _____

Fed. Emp. No. _____ License No. _____

Electrical Service

_____ AMP _____ Volt _____ Phase West Penn Power w.o.# _____

____ Overhead ____ Underground Service Entrance Conductor size _____ Copper _____ Aluminum

____ Permanent ____ Temporary Grounding Conductor size _____ Copper _____ Aluminum

Sub-Panels: _____ AMP _____ Volt _____ Phase Conductor sizes/types _____

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Signature: _____ Date: _____

MECHANICAL SECTION

Description Of Work: _____

Type of Fuel: Natural Gas LP Gas Electric Other _____

Installation of New Equipment (check all that apply): Size/BTU: _____

____ Forced Air Furnace ____ Boiler ____ Solid Fuel Appliance ____ Radiant Floor Heat

____ A/C Unit ____ Ductwork ____ Exhaust Fans ____ Kitchen Hood

____ Other _____ Estimated Mechanical Cost: \$ _____

Mechanical Contractor: _____ Phone: (____) _____

Contractor Address: _____ Fax: (____) _____

Fed. Emp. No. _____ License No. _____

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Signature: _____ Date: _____

PLUMBING SECTION

Description Of Work: _____

Installation of New Equipment/Fixtures (check all that apply): Water main size: _____ Sewer main size: _____

Water Closet Urinal Shower Sink Floor Drain

Hose Bibb Water Heater Grease trap Separator Interceptor

Backflow Preventer Dishwasher Sump Pump Stacks Water Service

Garbage Disposal Other _____ Estimated Plumbing Cost: \$ _____

Plumbing Contractor: _____ Phone: (____) _____

Contractor Address: _____ Fax: (____) _____

Fed. Emp. No. _____ License No. _____

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Signature: _____ Date: _____

FIRE PROTECTION SECTION

Description Of Work: _____

Fire Alarm Systems:

Detectors/Smoke Detectors/Heat Pull boxes Dampers

Audible Alarms Visual Alarms Other _____

Fire Suppression Systems:

Standpipes Sprinkler Heads Wet System Dry System

Chemical System Kitchen Hood Exhaust Other _____

Fire Separation:

Single Use Separated Uses Mixed Use Incidental Use

List Uses & Fire Separation/Hour (when applicable): _____

Fire Protection Contractor: _____ Phone: (____) _____

Contractor Address: _____ Fax: (____) _____

Fed. Emp. No. _____ License No. _____

Estimated Cost Of Fire Protection Work: _____

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Signature: _____ Date: _____

BUILDING INFORMATION & CODE DATA

USE 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 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 |
| <input type="checkbox"/> S-2 | <input type="checkbox"/> U | | | | |

TYPE OF CONSTRUCTION: (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 | | | |

OCCUPANT LOAD: _____

CODE EDITIONS USED: (Check all that apply)

- | | | | |
|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 2009 IBC | <input type="checkbox"/> 2009 IPC | <input type="checkbox"/> 2009 IMC | <input type="checkbox"/> 2008 NEC |
| <input type="checkbox"/> 2009 IECC | <input type="checkbox"/> 2009 IEBC | <input type="checkbox"/> 2009 IFGC | <input type="checkbox"/> 2009 IFC |
| <input type="checkbox"/> 2015 IBC | <input type="checkbox"/> 2015 IECC | <input type="checkbox"/> 2015 IFC | <input type="checkbox"/> 2015 IMC |

Pennsylvania UCC Accessibility Requirements

- | | |
|---|---|
| <input type="checkbox"/> 2012 IBC Chapter 11 & Appendix E | <input type="checkbox"/> 2009 ANSI A117.1 |
|---|---|

ALTERATIONS: (Specify which Code alterations will comply with)

- | | | | | |
|---|-------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> International Existing Building Code | Level | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> Chapter 34 International Building Code | | | | |