



**APPLICATION FOR COMMERCIAL BUILDING PERMIT** **Page 1 of 2**

**1. Property Information:**

Property Address: \_\_\_\_\_  
Parcel ID No: \_\_\_\_\_ Lot SQF: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Owner Mailing Address: \_\_\_\_\_  
Owner Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Project is in a Flood Plain Overlay District: No Yes, Special Requirements Apply**

**2. Existing Information:**

Current Use of Structure/Space: \_\_\_\_\_  
Gross Floor Area: \_\_\_\_\_ Net Floor Area: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Number of Parking Spaces: \_\_\_\_\_ / \_\_\_\_\_ Accessible

**3. Scope of Proposed Work (Check all that apply):**

- Change in use with no work  No change in use  Electrical work
- Interior renovation  Partial change in use  HVAC work
- Exterior renovation (Portion of the structure changing use)  Sprinkler work
- Addition, Gross Floor Area: \_\_\_\_\_; Height: \_\_\_\_\_
- Complete change in use  Fire Alarm work
- New Building (Use of entire structure changing), Gross Floor Area: \_\_\_\_\_; Height: \_\_\_\_\_

If addition to existing building, new use, or new building provide following:

No. of Employees: \_\_\_\_\_ Number of Parking Spaces: \_\_\_\_\_ / \_\_\_\_\_ Accessible

Work description: \_\_\_\_\_

Location of work (within structure): \_\_\_\_\_

**\*Ross Township requires Fire alarms in structures greater than 3,000 Sq ft and Sprinkler systems for structures greater than 5,000 (Exception, existing Church Sanctuaries and Nave areas) and all daycare facilities of greater than 6 children\***

**Construction Drawing Requirements**

**Construction drawings are required for all commercial projects unless work is of a limited to International Existing Building Code "Level one Alterations" Defined as: "the removal and replacement or the covering of existing materials, elements, equipment, or fixtures using new materials, elements, equipment, or fixtures that serve the same purpose." No new walls or wall openings, no removal of walls, no infill of wall openings under this exception. \* Only page 1 of the application is required if your project qualifies\***

**4. General Contractor Information (If Selected)**

Contractor Name: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email/Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Cost of Work: \$ \_\_\_\_\_

**5. Applicant's Affidavit:**

I am the Owner of the property, or an agent of the Owner, for which this application is filed. If an agent, I certify that I have been authorized by the Owner to complete this application on their behalf. As the applicant, I certify that the information provided as part of this application is correct.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**A. CODE INFORMATION (To Be Completed By Design Professional):**

**1. Work requiring special documentation:**

Project is regulated by Health Care Facilities Act: Yes  No  
Are 3<sup>rd</sup> Party Special Inspections required: Yes  No

**2. Use Groups (Check all that apply):**

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

**3. Construction Type (Choose One):**

IA IB IIA IIB IIIA  
IIIB IV VA VB

**4. Building Area & Height:**

Gross area per floor: \_\_\_\_\_ Stories above Grade: \_\_\_\_\_  
 Gross area to be renovated: \_\_\_\_\_ Stories below Grade: \_\_\_\_\_  
 Addition/New Construction - total gross area to be constructed: \_\_\_\_\_  
 Height of highest floor above lowest level of fire department vehicle access: \_\_\_\_\_

**5. Life Safety Systems:**

Sprinkler – Required  Y  N  Existing  Y  N   
 Fire Alarm – Required  Y  N  Existing  Y  N   
 Standpipe – Required  Y  N  Existing  Y  N   
 Number of Exits per Story: \_\_\_\_\_

**6. Accessibility** (Compliance with current PA UCC accessibility provisions (Choose One):

- Building is fully compliant.
- Work area and route to it (including toilet rooms and drinking fountains) are fully compliant.
- PA Labor & Industry's Accessibility Advisory Board has approved a variance (including determination of Technical infeasibility).

**7. Responsible Design Professional in Charge Affidavit:**

As responsible Design Profession in Charge, I certify that the above provided project data is correct.  
 Name: \_\_\_\_\_ PA License #: \_\_\_\_\_  
 Firm/Company: \_\_\_\_\_  
 Email/Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**TOWNSHIP USE ONLY**

**ZONING & APPROVAL**

Zoning District: \_\_\_\_\_ Overlay District: ( ) McKnight/Partnership ( ) Rochester/Lowries ( ) Conservation ( ) Flood Plain  
 Proposed Use: Occupancy \_\_\_\_\_ Structure \_\_\_\_\_ (Code: 1=New 2=Change 3=Enlargement 4=Continuation 5=Reinstatement)  
 Use Reference Section No. \_\_\_\_\_

THIS OCCUPANCY IS FOR: \_\_\_\_\_

( ) **DISAPPROVED for Zoning** by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Variance \_\_\_\_\_ Special Exception \_\_\_\_\_ Review \_\_\_\_\_

This application is **authorized in whole or in part by:**

- ( ) ZHB Case #: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_
- Planning Commission** ( ) Conditional Use #: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_
- ( ) Subdivision #: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_
- ( ) Site Plan #: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_
- ( ) **Board of Commissioners** \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_
- ( ) Ordinance #: \_\_\_\_\_ Effective Date: \_\_\_\_\_
- ( ) Subject to the following conditions: \_\_\_\_\_

( ) **APPROVED for Zoning** by: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING FEES & APPROVAL**

PLAN REVIEW DATE: \_\_\_\_\_ REVIEWER:  3<sup>rd</sup> Party  Township BCO/Reviewer  
 THIRD PARTY REVIEW AGENCY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ESTIMATED COST OF WORK: \$ \_\_\_\_\_ TOTAL SQF OF FLOOR SPACE: \_\_\_\_\_

**Fee Amt.**

Com. Occupancy	\$ _____
Com. Bldg.	\$ _____
Acc. Insp.	\$ _____
Energy Insp.	\$ _____
Plan Fee	\$ _____
Scanning	\$ _____
Doc. Storage	\$ _____
PA UCC	\$ _____
PENALTY	\$ _____
TOTAL FEES	\$ _____

**PERMIT NO.:** \_\_\_\_\_

**INVOICE NO.:** \_\_\_\_\_

**CHECK NO.:** \_\_\_\_\_

APPROVED BY TWNSHP BCO: \_\_\_\_\_ DATE: \_\_\_\_\_