



**ROSS TOWNSHIP**  
**DEPT. OF COMMUNITY DEVELOPMENT/BUILDING**  
**1000 ROSS MUNICIPAL DRIVE**  
**PITTSBURGH, PA 15237**  
**PHONE: 412-931-7055 FAX: 412-931-3508**

**APPLICATION FOR RESIDENTIAL BUILDING PERMIT**

**1. PROPERTY INFORMATION:**

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Lot SQF: \_\_\_\_\_  
 Owner Mailing Address if different than property: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Zoning: \_\_\_\_\_ Ward: \_\_\_\_\_  
 Use of Principal Structure:  Single family Dwelling  Two family Dwelling

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

**2. SCOPE OF PROPOSED WORK (Check all that apply):**

- Occupancy Permit -  No Work  Attached Deck  Interior Renovation
- Abate Condemnation -  Windows Doors  Porch  Addition  New House

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

- Accessory Bldg.  Garage  Shed  Other: \_\_\_\_\_

Proposed Dimensions: SQF \_\_\_\_\_ Height \_\_\_\_\_

Pre-Existing Accessory Bldg. Dimensions (if any):

- Garage, SQF \_\_\_\_\_/HGT \_\_\_\_\_  Shed, SQF \_\_\_\_\_/HGT \_\_\_\_\_

Other (Describe): \_\_\_\_\_ SQF \_\_\_\_\_/HGT \_\_\_\_\_

- Accessory Structure:

Fence Type: \_\_\_\_\_ HGT: \_\_\_\_\_

Detached Deck: SQF: \_\_\_\_\_ Distance From Side Property: \_\_\_\_\_ Rear: \_\_\_\_\_

Retaining Wall: Height: \_\_\_\_\_

Carport SQF: \_\_\_\_\_ Distance From Side Property Line: Side \_\_\_\_\_ Rear: \_\_\_\_\_

Pool Dimensions: \_\_\_\_\_ Distance From Property Lines: Side \_\_\_\_\_ Rear \_\_\_\_\_

Other: \_\_\_\_\_

Brief Project Description: \_\_\_\_\_

Cost of Work: \$ \_\_\_\_\_

**ASSOCIATED ELECTRICAL AND HVAC WORK WILL REQUIRE ADDITIONAL PERMITS**

**3. CONSTRUCTION DRAWING REQUIREMENTS:**

- New Dwelling, 2<sup>nd</sup> story additions and certain other projects will require drawings prepared and sealed by a PA Licensed Design Professional.

**4. CONTRACTOR INFORMATION:**

- Property Owner self-performing work at primary residence.

**OR**

- Licensed General contractor performing work.

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

State License No.: PA \_\_\_\_\_

Signature/Printed Name: \_\_\_\_\_

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

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

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

Email/Fax: \_\_\_\_\_

**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: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

**TOWNSHIP USE ONLY**

**ZONING APPROVAL**

ZONING DISTRICT:     R1    R2    R3    R4    R5    C1    C2    C3    MU    I  
OVERLAY DISTRICT(S):    McKnight/Partnership                       Rochester/Lowries  
TYPE OF PROPOSED USE:  New    Change    Enlargement    Continuation    Reinstatement  
APPLICABLE ZONING ORDINANCE(S): \_\_\_\_\_

Approved for Zoning, subject to the following conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application is approved by the referenced ordinance(s) and/or in whole or in part by the following:

- Zoning Hearing Board: Case # ZHB: \_\_\_\_\_; Approval Date: \_\_\_\_\_;  
Subject to the following conditions: \_\_\_\_\_
- Conditional Use: File # \_\_\_\_\_; Approval Date: \_\_\_\_\_;  
Subject to the following conditions: \_\_\_\_\_
- Subdivision Plan: File # S \_\_\_\_\_; Approval Date: \_\_\_\_\_;  
Subject to the following conditions: \_\_\_\_\_
- Site Plan: File # SP \_\_\_\_\_; Approval Date: \_\_\_\_\_;  
Subject to the following conditions: \_\_\_\_\_

Disapproved for Zoning due to failure to meet the provisions of the referenced ordinances and/or for the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**BUILDING FEES & APPROVAL**

PLAN REVIEW DATE: \_\_\_\_\_ REVIEWER:    3<sup>rd</sup> Party    Township Official

THIRD PARTY REVIEW AGENCY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ESTIMATED COST OF WORK: \$ \_\_\_\_\_ TOTAL SQF OF FLOOR SPACE: \_\_\_\_\_

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

PERMIT NO.: \_\_\_\_\_ INVOICE NO.: \_\_\_\_\_ CHECK NO.: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_