



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

**RESIDENTIAL BUILDING / OCCUPANCY PERMIT APPLICATION**

**1. PROPERTY INFORMATION:**

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Lot SQF: \_\_\_\_\_  
 Owner Mailing Address : \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Parcel ID: \_\_\_\_\_ Zoning: \_\_\_\_\_ Ward: \_\_\_\_\_  
 Primary Structure:  Single Family Dwelling  Two Family Dwelling  
 Has a **PA-811** call been made prior to excavation (machinery / hand-dug)?  
 No  Yes  
 Is the project in a **Flood Hazard Area** per the [National Flood Insurance Program Map](#)?  
 No  Yes (**Special Requirements Apply**)

**2. SCOPE OF PROPOSED WORK:**

- |   |  |
|---|--|
| <input type="checkbox"/> New Building                                 | <input type="checkbox"/> In-ground Pool* (24" depth or greater)                                |
| <input type="checkbox"/> Addition (porch, deck, etc.)                 | <input type="checkbox"/> Detached Deck (adjacent to Pool)                                      |
| <input type="checkbox"/> Alteration / Structural Change               | <input type="checkbox"/> Sunroom – 2015 IRC R301.2.1.1.1<br>= Sunrooms Category (I – V): _____ |
| <input type="checkbox"/> Repair to Existing                           | <input type="checkbox"/> Garages / Sheds (1000 SQ FT and greater)                              |
| <input type="checkbox"/> Retaining Wall (Greater than 4 FT in Height) |  |
| <input type="checkbox"/> Above-ground Pool* (24" depth or greater)    |  |

\*Approved BARRIERS are required for pools; this application may require you to alter existing conditions to comply with code requirements.

- Abate Condemnation – Condemnation Notice No.: \_\_\_\_\_
- Occupancy Permit (Zoning regulations only):
- |  |  |
|--|--|
| <input type="checkbox"/> Fence (6 FT or less) - Type: _____          | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Driveway / Patio                            | <input type="checkbox"/> Home Occupation |
| <input type="checkbox"/> Accessory Structures (less than 1000 SQ FT) | <input type="checkbox"/> Group Home      |

**Brief Project Description (/ Location of Work):** \_\_\_\_\_

**Proposed Dimensions:** TOTAL SQ FT \_\_\_\_\_ Height \_\_\_\_\_ LN FT (if applicable) \_\_\_\_\_  
**Distance from:** Side Property \_\_\_\_\_ Rear Property \_\_\_\_\_ Front Property \_\_\_\_\_

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

**Existing Accessory Structure(s) Dimensions (if any):**

- |  |   |
|--|---|
| <input type="checkbox"/> Garage SQF _____ Height _____ | <input type="checkbox"/> Other SQF _____ Height _____ |
| <input type="checkbox"/> Shed SQF _____ Height _____   | <input type="checkbox"/> Other SQF _____ Height _____ |

**ELECTRICAL & HVAC** work may require additional permits; separate applications; **PLUMBING** work is administrated by [ALLEGHENY COUNTY HEALTH DEPARTMENT - Plumbing Program](#), (412-578-8036).

**3. CONTRACTOR INFORMATION:**

Property Owner self-performing work  
**OR**  
 Licensed General Contractor performing work  
 Licensed Company Name: \_\_\_\_\_ State License No.: PA \_\_\_\_\_  
 General Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. 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 and that all work performed will be completed in compliance with federal, state, and local laws and regulations.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TOWNSHIP USE ONLY**

**ZONING APPROVAL**

ZONING DISTRICT:

- R-1                       R-3                       R-5                       C-2                       I-1  
 R-2                       R-4                       C-1                       C-3

OVERLAY DISTRICT(S):

- TD-1 - McKnight Road Transportation                       PRD - Planned Residential Development  
 CC - Rochester Rd/Lowries Run Rd Conservation Corridor                       MU – Mixed Use Overlay District

TYPE OF PROPOSED USE:

- NEW     ENLARGEMENT     REINSTATEMENT  
 CHANGE     CONTINUATION

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.

|                      |                |
|----------------------|----------------|
| Zoning Occupancy     | \$ _____       |
| Administrative Fee   | \$ _____       |
| Residential Building | \$ _____       |
| Energy Inspection    | \$ _____       |
| Plan Review Fee      | \$ _____       |
| Scanning             | \$ _____       |
| Document Storage     | \$ _____       |
| PA UCC Fee           | \$ <u>4.50</u> |
| PENALTY              | \$ _____       |
| <br>                 |                |
| TOTAL FEES           | \$ _____       |

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

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