



Uniform Construction Code (UCC)
Application for Building Permit
for
the Borough of Milton, PA
570-742-8759

Permit #:
Date:
Fee:

Name of applicant:
address:

Name of owner:
address:

Name of property:
Property address:

Name of tenant:
address:

The type of permit are you applying for is:

- Accessibility review, New building, Alteration to existing, Addition, Electrical, Mechanical, HVAC, Remodeling, Change of Use, Phased approval, Unapproved existing building, Plan revision, Partial occupancy request, Demolition, other, Plumbing

The type of review are you applying for is: (check all that apply)

- Building-multiple inspections, Building-one inspection, Mechanical-multiple inspections, Mechanical-one inspection, Plumbing-multiple inspections, Plumbing-one inspection, Accessibility-multiple inspections, Accessibility-one inspection, Energy-multiple inspections, Energy-one inspection, Electrical-multiple inspections, Electrical-one inspection, Annual Permit, Demolition-one inspection, Roofing-one inspection, Roofing-multiple inspections, Phased Permit, Electrical Service only

Use/Occupancy class:

- 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, H-MULTI, I-1, I-2, I-3, I-4, M, R-1, R-2, R-3, R-3 DAY CARE, R-4, S-1, S-2, U

Construction type:

- 1-A, 1-B, 2-A, 2-B, 3-A, 3-B, 4-A, 4-B, 5-A, 5-B

Please indicate what you are submitting:

- 3 site plans, 1 set of specs, 1 completed copy of plan review checklist, 1 set of certified truss details w/ site handling instructions, 3 sets of Area of rescue call system / fire alarm details, 1 set of Proof of Liability Insurance, 1 COPY OF THE FLOODPLAIN PERMIT ADDENDUM REVIEW CHECKLIST IF IN THE FLOODPLAIN, 3 sets of construction drawings, 3 sets of plumbing drawings, 3 sets of electrical drawings, 3 sets of mechanical drawings, 3 sets of energy w/compliance path, 3 sets of accessibility details, 3 sets of sprinkler system details, 1 set of Proof of Workman's Comp. Insurance

The plans that are submitted conform to which codes:

- IBC, IPC, ICC/ANSI A117.1, IMC, IECC, IFC, IEBC, IFGC, IRC, NEC, PA ALT. ENERGY

Contractor in responsible charge:

Name:
Address:

PA License #:
E-mail:
Phone #:
Fax #:

Design Professional in responsible charge:

Name:
Address:

PA License #:
E-mail:
Phone #:
Fax #:

Project data:

Square footage of this project is: _____ # of stories above grade: _____ # of multi-family dwelling units: _____
 Type of fire suppression: Full Partial None # of accessibly units: _____ Is there a basement? _____

Additional requirements and documentation:

Does this construction involve modular units built in a factory? Yes No

If "YES", submit (1) copy of a letter from a licensed design professional certifying that construction within the modular units comply with all UCC requirements.

Is this construction regulated by the Health Care Facilities Act? Yes No

If "YES", submit (1) copy of approval letter from the PA Dept. of Health.

Is this construction exempt from energy code requirements? Yes No

If "YES", submit (1) copy of a letter indicating that the structure will not use electricity of fossil fuels, and thus is exempt per ASHRAE 90.1 ss2.3(B).

If "NO", submit (1) copy of COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.

Is this project in the flood hazard area? Yes (Must include the Floodplain Addendum Sheet) No

If "YES", submit (1) copy of one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

Base Flood Elevation (BFE): _____ feet above sea level FIRM Zone: _____

Proposed floor elevation (must be 1.5 feet above the BFE): _____

Are any of the International Building Code (Chapter 17) special inspection or structural observations required? Yes No

If "YES", submit (1) copy of one of the SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.

Will an alternative construction method or material be used on this project? Yes No

If "YES", submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code ss 403.44.

Is this application for "phased approval"? Yes No

If "YES", submit a letter from a licensed design professional and owner acknowledging that the issuance of a permit for phased construction provides no assurance that the Building Code Official will grant approval of any UCC permits needed to complete the construction, and that the licensed design professional and owner will ensure that the structure fully complies with all UCC requirements before occupancy.

Is this application for an existing building that has been "LEGALLY OCCUPIED"? YES NO

If "YES" then indicate the permits for the structure.

Fire & Panic Occupancy Permit File #: _____
 Municipal Occupancy Permit Permit #: _____

Municipal Name: _____

L & I UCC Certificate of Occupancy File #: _____

If "LEGALLY OCCUPIED" you must select which code requirements the structure will comply with (chose only one).

International Existing Building Code Chapter 34 International Building Code

Fees Data:

| | |
|--------------------------------|--|
| Total sqft of 1st floor: _____ | Total sqft of additional floors: _____ |
| Total sqft of 2nd floor: _____ | Total sqft of additional floors: _____ |
| Total sqft of 3rd floor: _____ | Total sqft of additional floors: _____ |

Costs:

Mechanical: \$ _____

Building: \$ _____

HVAC: \$ _____

Electrical: \$ _____

other (elevaor, etc): \$ _____

Plumbing: \$ _____

Total of costs: \$ _____

Applicant's Certification:

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

- 1.) The estimated construction cost and all other information provided as part of this application for a building permit is correct.
- 2.) The 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 Building Code Official.
- 3.) This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the UCC Standards as specified in 34 PA Code Chapters 401 - 405.
- 4.) Any changes to the approved documents will be filed with the Building Code Official.
- 5.) If the licensed design professional or General Contractor in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official.
- 6.) When required, up to 20% of the total cost of any work performed on an area of primary function in an existing structure will be expended to provide an accessible route to the area of primary function.
- 7.) 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 the UCC Standards as specified in 34 PA Code Chapters 401 - 405.
- 8.) Under the penalties of the Commonwealth of Pennsylvania Crimes Codes for falsification of information, I (we) certify that all information set forth in this application is true and correct; that the proposed work is authorized by the owner of record; that I have been authorized by the owner to make this application as his authorized agent; and that we agree to conform to all applicable laws and Ordinances of the Borough of Milton, the state of Pennsylvania, and all other required codes.
- 9.) I understand that I may be charged for all re-inspections for any failed inspections.

Applicant Name _____
Street Address _____
City _____ **State** _____ **Zip Code** _____
Phone Number () _____

Applicant Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

V. Building Code and Zoning Compliance Review (Official Use Only.)

PLAN REVIEW:

A. UCC CODE REQUIREMENTS:

- | | |
|------------------------------|-----------------------------|
| 1. IBC Building Code _____ | 8. IECC _____ |
| 2. IRC Building Code _____ | 9. PA Alt Energy Code _____ |
| 3. Plumbing Code _____ | 10. OTHER _____ |
| 4. Mechanical Code _____ | |
| 5. National Elect Code _____ | |
| 6. ANSI A117.1 _____ | |
| 7. IEBC _____ | |

PLAN REVIEW: APPROVED _____ DENIED _____

B.C.O. _____ DATE _____

Reason if denied: _____