

## Borough of Trafford

### APPLICATION FOR COMMERCIAL BUILDING PERMIT

<b>Application Type</b>	<input type="checkbox"/> Accessibility review only <input type="checkbox"/> Alteration or renovation <input type="checkbox"/> New Building <input type="checkbox"/> Plan revision or partial occupancy request	<input type="checkbox"/> Addition <input type="checkbox"/> Unapproved existing building <input type="checkbox"/> Phased Approval <input type="checkbox"/> Change of Occupancy or Use
<b>Use/Occupancy classification:</b> <b>Check box to the left of all that apply</b>	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> R-3 Adult Care <input type="checkbox"/> R-3 <input type="checkbox"/> R-4	<input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U No. of Floors _____ Sq/Ft per Floor _____ Total Sq/Ft _____
<b>Site Information</b>	Project Name _____ Address _____ Subdivision _____ Lot _____ Block _____ <b>Construction Cost \$</b> _____	
<b>Type of work to be done (check all that apply)</b>	<input type="checkbox"/> General Construction <input type="checkbox"/> Energy Conservation <input type="checkbox"/> Hood System	<input type="checkbox"/> Plumbing <input type="checkbox"/> Accessibility Alterations <input type="checkbox"/> Sprinkler
<b>Documentation required</b>	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Fire Alarm	
<b>Documentation required</b>	<input type="checkbox"/> 3 complete sets of signed and stamped construction drawings. <input type="checkbox"/> Site plan showing the proposed work (including electrical, plumbing or mech.) <input type="checkbox"/> Stamped architectural or engineered drawings for new construction, additions, alterations and renovations, repairs, or changes in occupancy use, egress, and structural elements. <input type="checkbox"/> Architectural drawings must show all dimensions, size and type of materials, and details of materials used, and special clearances required. <input type="checkbox"/> Insurance certificates of contractors, if chosen, must be filed with this application <input type="checkbox"/> 1 set of specifications (If applicable) <input type="checkbox"/> Approved Zoning Variance if required	
<b>Construction Details</b>	Total square feet of new construction, addition, alteration, or renovation _____ Energy Conservation <input type="checkbox"/> Compliance with IECC <input type="checkbox"/> Compliance Com-Check <input type="checkbox"/> Building Thermal Envelope <input type="checkbox"/> Lighting <input type="checkbox"/> Mechanical Systems <input type="checkbox"/> Hot Water systems Square ft. of conditioned space _____ Unconditioned space _____ Accessibility <input type="checkbox"/> Toilet Rooms _____ <input type="checkbox"/> Parking Spaces _____ <input type="checkbox"/> Kitchenettes _____ <input type="checkbox"/> Dwelling Units _____ <input type="checkbox"/> Site Elements _____ Num. of stories above grade _____ Height of building above street _____ Basement _____ (y/n) Square ft. or basement _____ Num. of single dwelling units _____ Multi _____ Accessible _____ Type of construction: (as per chapter 6 of the <i>International Building Code</i> ) <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 Are there mezzanines _____ (Y/N) Fire suppression: <input type="checkbox"/> full <input type="checkbox"/> partial <input type="checkbox"/> none If building is legally occupied, (has a current certificate of occupancy) select which code requirements the building will comply with:    (choose one) <input type="checkbox"/> International Existing Building Code <input type="checkbox"/> Chapter 34, International Building Code Fire separation distances: Front _____ Rear _____ Right side _____ Left side _____	
<b>Description of work</b>	_____ _____ _____ _____ _____ _____	

**Owner Information**

Owner name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Contractor Information**

Owner name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Applicant Signature**

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

**Deferred submissions**

If you are not submitting plans and other documentation for any of the items listed below with this application, check the appropriate box below and indicate this on the first page of each building plan set  
 Fire Alarm  Truss shop drawings  Sprinkler system

**Special requirements & documentation**

Does construction involve Modular units built in a factory	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, submit a copy of the label from the unit's manufacturer which certifies that the unit conforms to Federal construction and safety standards adopted under the Housing and Comm. Development Act of 1974 (42 U.S.C.A. §§ 5401-5426).
Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Y <input type="checkbox"/> N	If <b>yes</b> , submit 1 copy of the approval letter from the Pennsylvania Department of Health.
Is this construction exempt from the energy code requirements?	<input type="checkbox"/> Y <input type="checkbox"/> N	If <b>yes</b> , submit 1 copy of a letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1 §2.3(B). If <b>no</b> , submit 1 copy of the COMcheck-EZ Certificate of the UCC ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
Is project in a flood hazard area?	<input type="checkbox"/> Y <input type="checkbox"/> N	If <b>yes</b> , submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.
Are any of the IBC Code (chapter 17) special inspection or structural observations required?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, submit 1 copy of the UCC-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.
Will an alternative construction method or material be used on this project?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA CODE § 403.44.
Is this application for phased approval? Or shell only building	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, submit a letter signed by the design professional and owner acknowledging that the issuance of a permit for phased construction Provides no assurance that the code official will grant approval of any UCC permits needed to complete the construction, and that the design professional and owner will ensure that the building or structure fully complies with all UCC requirements before occupancy.

**- OFFICIAL USE ONLY**

Fee Schedule \_\_\_\_\_  
Residential \_\_\_\_\_  
Commercial \_\_\_\_\_  
Industrial \_\_\_\_\_  
Demolition \_\_\_\_\_  
Signs \_\_\_\_\_ x \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

Permit Issued _____	Permit Refused _____
Reason Refused _____	
Z.H.B. Case # _____	
Z.H.B. Decision: _____	
x. _____	
Building Code Official/Construction Code Official	
Certification No. _____	