

# COMMERCIAL BUILDING PERMIT APPLICATION

MT LEBANON INSPECTION OFFICE  
 710 Washington Road  
 Pittsburgh, PA 15228  
 412-343-3408

PERMIT # \_\_\_\_\_

C of O # \_\_\_\_\_

*For internal use only – this section to be completed by the Inspection Office*

Zoning Hearing \_\_\_\_\_ Zoning District \_\_\_\_\_ Allegheny County Parcel # \_\_\_\_\_

**Applications completely filled-out and with required supporting documents will be processed in the order they are received.**

<p>Site Information</p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p>Tenant Name _____</p> <p>Contact Person _____ Phone _____</p> <p>Email _____</p>
<p>Owner of Property Information</p>	<p>Owner Name _____</p> <p>Address _____</p> <p>_____</p> <p>Contact Person _____ Phone _____</p> <p>Email _____</p>
<p>Describe Project</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Application Type</p>	<p><input type="checkbox"/> Accessibility <b>Only</b> Review</p> <p><input type="checkbox"/> Alteration or Renovation</p> <p><input type="checkbox"/> New Structure/Facility</p> <p><input type="checkbox"/> Phased Approval <i>(describe)</i> _____</p> <p><input type="checkbox"/> Uncertified (Existing) Building</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> New Building</p> <p><input type="checkbox"/> Partial Occupancy</p> <p><input type="checkbox"/> Plan Revision/Deferred Submission</p>

<b>Use/Occupancy Classification</b> Check all that apply	<input type="checkbox"/> A-1 <input type="checkbox"/> B <input type="checkbox"/> H-1 <input type="checkbox"/> I-1 <input type="checkbox"/> M <input type="checkbox"/> S-1 <input type="checkbox"/> A-2 <input type="checkbox"/> E <input type="checkbox"/> H-2 <input type="checkbox"/> I-2 <input type="checkbox"/> R-1 <input type="checkbox"/> S-2 <input type="checkbox"/> A-3 <input type="checkbox"/> F-1 <input type="checkbox"/> H-3 <input type="checkbox"/> I-3 <input type="checkbox"/> R-2 <input type="checkbox"/> U <input type="checkbox"/> A-4 <input type="checkbox"/> F-2 <input type="checkbox"/> H-4 <input type="checkbox"/> I-4 <input type="checkbox"/> R-3 <input type="checkbox"/> A-5 <input type="checkbox"/> H-5 <input type="checkbox"/> R-3 Adult Care <input type="checkbox"/> R-4															
<b>Mandatory Documents</b>  (Application will not be reviewed without submission of all required documents)	Check each block below indicating that all of the following will be submitted with this application: <b>(Application will not be reviewed unless ALL documents below are submitted)</b> <input type="checkbox"/> Two (2) copies of property site plan/survey <i>(to scale)</i> <input type="checkbox"/> Two (2) assembled and bound sets of construction plans <i>(to scale)</i> <input type="checkbox"/> Two (2) sets of energy code compliance documents  <i>Please be advised that all electrical &amp; mechanical plan reviews &amp; inspections shall be performed through MDIA (Middle Department Inspection Agency) 1-800-580-6342 (review).</i> <input type="checkbox"/> One (1) copy of approved & stamped MDIA plans <i>(to scale)</i>															
<b>Special Requirements &amp; Documentation</b>	<table border="1"> <tr> <td data-bbox="393 724 846 835">           Is this construction regulated by the Health Care Facilities Act?         </td> <td data-bbox="846 724 954 835"> <input type="checkbox"/> Yes <input type="checkbox"/> No         </td> <td data-bbox="954 724 1560 835">           If <b>"Yes"</b>, submit 1 copy of the approval letter issued by the PA Department of Health         </td> </tr> <tr> <td data-bbox="393 842 846 961">           Is project in flood hazard area?         </td> <td data-bbox="846 842 954 961"> <input type="checkbox"/> Yes <input type="checkbox"/> No         </td> <td data-bbox="954 842 1560 961">           If <b>"Yes"</b>, submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the <i>International Building Code</i>.         </td> </tr> <tr> <td data-bbox="393 968 846 1094">           Are the <i>International Building Code</i> (Chapter 17) special inspections or structural observations required?         </td> <td data-bbox="846 968 954 1094"> <input type="checkbox"/> Yes <input type="checkbox"/> No         </td> <td data-bbox="954 968 1560 1094">           If <b>"Yes"</b>, submit 1 copy of one of UCC-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT. <a href="http://www.dli.pa.gov/ucc/Documents/form/ucc-6.Pdf">www.dli.pa.gov/ucc/Documents/form/ucc-6.Pdf</a> </td> </tr> <tr> <td data-bbox="393 1100 846 1213">           Will an alternative construction method or material be used on this project?         </td> <td data-bbox="846 1100 954 1213"> <input type="checkbox"/> Yes <input type="checkbox"/> No         </td> <td data-bbox="954 1100 1560 1213">           If <b>"Yes"</b>, submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code § 403.44.         </td> </tr> <tr> <td data-bbox="393 1220 846 1333">           Is this application for "phased approval"?         </td> <td data-bbox="846 1220 954 1333"> <input type="checkbox"/> Yes <input type="checkbox"/> No         </td> <td data-bbox="954 1220 1560 1333">           If <b>"Yes"</b>, submit the statement described in Section D., 4., on the UCC website. (Under the L &amp; I enforcement tab)         </td> </tr> </table>	Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>"Yes"</b> , submit 1 copy of the approval letter issued by the PA Department of Health	Is project in flood hazard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>"Yes"</b> , submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the <i>International Building Code</i> .	Are the <i>International Building Code</i> (Chapter 17) special inspections or structural observations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>"Yes"</b> , submit 1 copy of one of UCC-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT. <a href="http://www.dli.pa.gov/ucc/Documents/form/ucc-6.Pdf">www.dli.pa.gov/ucc/Documents/form/ucc-6.Pdf</a>	Will an alternative construction method or material be used on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>"Yes"</b> , 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"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>"Yes"</b> , submit the statement described in Section D., 4., on the UCC website. (Under the L & I enforcement tab)
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<b>Project Data</b>	Number of stories above grade _____ Does it have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Floor area (sq. ft.) <i>(post construction)</i> _____ Floor area <b>new</b> construction (sq. ft.) _____ Floor area of <b>addition</b> (sq. ft.) _____ Floor area <b>renovated</b> (sq. ft.) _____ Type (s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply): <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 Fire Suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None If application applies to an existing building that has been certified, indicate permits held: Mt. Lebanon Certificate of Occupancy <input type="checkbox"/> Permit Number _____ Labor & Industry Fire and Panic Occupancy Permit <input type="checkbox"/> File Number _____															

<p>Building Code Data</p>	<p><b>SELECT APPLICABLE CODES(S) USED FOR DESIGN:</b></p> <p>_____2015 ICC Codes, as amended by the Pennsylvania Uniform Construction Code and local amendments, used for design.</p> <p><b>OR</b></p> <p>If alterations, change of occupancy or additions are proposed to an existing certified building;</p> <p>_____2015 IEBC, used for code compliance. <b>(Detail compliance method).</b></p>
<p>Accessibility Code Date</p>	<p>Triennial ICC Code version for <b>Accessibility</b> code compliance/IBC Chapter 11</p> <p>_____2018</p>
<p>Design Professional in Responsible Charge</p> <p><b>Seal MUST be in space to right of name &amp; address</b></p>	<p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>PA License # _____</p> <p>Phone _____</p> <p>Email _____</p> <p style="text-align: right; color: red;"><b>SEAL</b></p>
<p>Deferred Submissions</p>	<p>If you are installing any of the items listed below contact Mt Lebanon Fire Department at 412-343-3402 or refer to their website at <a href="http://mtlfd.org/fire-prevention/">http://mtlfd.org/fire-prevention/</a> for additional information for submittal. Check the appropriate box(es) below.</p> <p><input type="checkbox"/> Fire Alarm System      <input type="checkbox"/> Sprinkler System      <input type="checkbox"/> Other Life Safety Issues</p>
<p>Estimated Cost of Construction and Mechanical</p>	<p><b>ESTIMATED COST OF BUILDING CONSTRUCTION (MINUS THE MECHANICAL COST)</b> _____</p> <p><b>ESTIMATED COST FOR ANY MECHANICAL WORK (i.e. HVAC)</b> _____</p> <p><b>MUST ALSO COMPLETE THE MT LEBANON MECHANICAL PERMIT APPLICATION</b></p>
<p>Contractor Information</p>	<p>Contractor Name _____</p> <p>Address _____</p> <p>_____</p> <p>Contact Person _____</p> <p>Phone _____</p> <p>Email _____</p>

**Applicant's Certification:**

As owner or the authorized agent of the project for which this application is filled, 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 building or 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 Mt. Lebanon Inspection Office.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
4. Any changes to the approved documents will be filed with the Mt Lebanon Inspection Office.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Mt Lebanon Inspection Office.
6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building 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 34 PA Code Chapters 401-405.

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

I hereby agree to be bound by the provisions of the ordinances, specifications, regulations and restrictions as may be imposed by Mt. Lebanon regarding this application. I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to the criminal penalties of 18 Pa. C. S. Â§4904, relating to unsworn falsification to authorities.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR INTERNAL USE ONLY – THIS SECTION TO BE COMPLETED BY THE INSPECTION OFFICE**

Plans, specifications, and survey for the above application have been examined and I hereby certify that they comply in every particular with the Ordinances of Mt. Lebanon, PA and approve the issuing of this permit for the same, after paying the required fee.

Fee: \$ \_\_\_\_\_

\_\_\_\_\_ *Building Inspector's Signature*

\_\_\_\_\_ *Date Approved*