

# Coplay Borough

Tracking # \_\_\_\_\_ Permit # \_\_\_\_\_

Uniform Construction Code (UCC)

## APPLICATION FOR BUILDING PERMIT

Application Type	<input type="checkbox"/> Accessibility <u>ONLY</u> Review <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> New Structure/Facility <input type="checkbox"/> Plan Revision or Partial Occupancy Request	<input type="checkbox"/> Addition <input type="checkbox"/> New Building <input type="checkbox"/> Phase Approval <input type="checkbox"/> Unapproved Existing Building
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Use/Occupancy Classification	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R=3 Adult Care <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U
Check box to left of applicable group	
Check all that apply.	

<b>Site Information</b>	Project Name _____  Street Name & # _____
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<b>Special Requirements &amp; Documentation</b>	Check each block below indicating that all of the following will be submitted with this application: <input type="checkbox"/> Three (3) site plans <input type="checkbox"/> Three (3) complete sets of construction drawings <input type="checkbox"/> One (1) complete copy of the UCC-2 PLAN REVIEW CHECK LIST <input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building or New Structure/Facility)
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Does this construction involve modular units built in a factory? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.
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Is this construction regulated by the Health Care Facilities Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, submit 1 copy of approval letter from the Pennsylvania Department of Health.
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Is this construction exempt from energy code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of letter indicating that that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, S 2.3(B) If no, submit 1 copy of the COMcheck-EZ Certificate of the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
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Is project in flood hazard area? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.
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Are any of the International Building Code (chapter 17) special inspection or structural observations required? <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	If yes, submit a signed statement indicating that the proposed method or material meets the Requirements of 34 PA Code S 403.44.

Is this application for phased approval?  Yes  No 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 Municipality will grant approval of any UCC permits needed to complete the construction, and that the design professional and owner will ensure that the building/structure fully complies with all UCC requirements before occupancy.

Project Data Lot Number \_\_\_\_\_ Block Number \_\_\_\_\_  
 Minimum setbacks required by municipal zoning ordinance (in feet );  
 Front \_\_\_\_\_ Rear \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_  
 Sq. St. of conditioned space \_\_\_\_\_  
 Sq. Ft. of unconditioned space \_\_\_\_\_

Number of stories above grade \_\_\_\_\_  
 Does it have a basement?  Yes  No  
 Total floor area (sq. ft. ) \_\_\_\_\_  
 Floor area new construction (sq. ft.) \_\_\_\_\_  
 Floor area of addition (sq. ft.) \_\_\_\_\_  
 Floor area renovated (sq. ft.) \_\_\_\_\_  
 # of multi-family dwelling units \_\_\_\_\_  
 # of accessible dwelling units \_\_\_\_\_

Type (s) of construction per Chapter 6 of the International Building Code ( check all that apply):  
 I A  I B  II A  II B  III A  III B  IV  VA  VB  
 Fire suppression:  Full  Partial  None  
 If application applies to an existing building that is “legally occupied”, indicate permits held:  
 Fire and Panic Occupancy Permit File # \_\_\_\_\_  
 Municipal Occupancy Permit Permit # \_\_\_\_\_  
 L&I UCC Certificate of Occupancy File # \_\_\_\_\_  
 If “legally occupied,” you must select which code requirements the building will comply with (choose only one)  
 International Existing Building Code  Chap. 34, International Building Code  
 Electric Power Provider \_\_\_\_\_ Job # \_\_\_\_\_  
 Gas Provider \_\_\_\_\_

Design Professional Name \_\_\_\_\_  
 in Responsible Charge Address \_\_\_\_\_  
 Seal must be in space to right of name & address PA License # \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

Owner Information	Owner Name _____ Street Address _____ City _____ State _____ Zip Code _____  Phone # _____
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. <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Truss Shop Drawings (certified) <input type="checkbox"/> Sprinkler System
<b>Applicant's Certification:</b>  As the owner or the authorized agent of the project for which this application is filed, I certify that: <ol style="list-style-type: none"> <li>1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.</li> <li>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 the Municipality.</li> <li>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.</li> <li>4. Any changes to the approved documents will be filed with the Municipality.</li> <li>5. If the licensed architect or engineer in reasonable charge of this construction should change, written notice of the change will be provided to the Municipality.</li> <li>6. When required, up to 20% of the total cost of any work performed on any area of primary function in an existing building will be expected to provide an accessible route to the area of primary function.</li> <li>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 34 PA Code Chapters 401-405.</li> </ol> Applicants Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone # _____  Applicant Signature _____ Date _____	