



Municipality of Bethel Park Commercial Building Permit Application

Project Information	
Parcel ID:	<i>Office Use Only</i>
Address:	Permit #:
Complex/Building Name:	Assc. Zoning Permit:
Application Type: <input type="checkbox"/> Accessibility Only Review <input type="checkbox"/> Addition <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> New Building <input type="checkbox"/> New Structure/Facility <input type="checkbox"/> Partial Occupancy <input type="checkbox"/> Phased Approval <input type="checkbox"/> Plan Revision/Deferred Submission <input type="checkbox"/> Uncertified (Existing) Building	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 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U <input type="checkbox"/> R-3 Adult Care
Project Name:	Fire Suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None
Description of Work: _____ _____ _____ _____	Deferred Submissions: <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Approved Electrical <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Approved Plumbing
Building Area: Total Floor Area (sq.ft): _____ Renovated Area(sq. ft): _____ Area of Addition(sq.ft): _____ Stories Above Grade: _____ New Construction Area (sq.ft) _____	Construction Type (Choose One): <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
Building Code Data: Triennial ICC code version used for Building code compliance: <input type="checkbox"/> 2015 IBC as amended by the PAUCC <input type="checkbox"/> 2015 IEBC	Accessibility Code Data: Triennial ICC code version for Accessibility code compliance/IBC Chapter 11: <input type="checkbox"/> 2018 IBC <input type="checkbox"/> 2009 ICC A117.1
Contacts	
Applicant <input type="checkbox"/> Check if this is the primary contact	Owner <input type="checkbox"/> Check if this is the primary contact
Name: _____ Address: _____ City: _____ State _____ Zip: _____ Contact Person: _____ Email: _____ Phone: _____	Name: _____ Address: _____ City: _____ State _____ Zip: _____ Contact Person: _____ Email: _____ Phone: _____
Design Professional in Charge <input type="checkbox"/> Check if this is the primary contact	Contractor <input type="checkbox"/> Check if this is the primary contact
Company Name: _____ Design Professional: _____ ID#: _____ Exp. Date: _____ Address: _____ City: _____ State _____ Zip: _____ Email: _____ Phone: _____	Company Name: _____ Address: _____ City: _____ State _____ Zip: _____ Contact Person: _____ Email: _____ Phone: _____



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Special Requirements and Documents		
Is this construction regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , submit 1 copy of the approval letter issued by the PA Department of Health.
Is the project in flood hazard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , submit 1 copy of the flood hazard certifications mandated in section 1612.5 of the International Building Code.
Are International Building Code (Chapter 17) special inspections 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 403.44.
Is this application for "phased approval"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , submit the statement described in Section D., 4, on the "Plan Review and Inspection Requirements" page on the UCC website.

Fees	
1. Total Cost of Construction: \$ _____ *Permit fee is based off your total cost of construction.* 2. Fee calculation as follows: *\$50 for the first \$1,000, then \$10 for each additional \$1,000. ((Total Cost - \$1000) ÷ 1,000) x 10 + 50 = \$ _____	<div style="border: 1px solid black; padding: 10px;"> <p>Accepted Payment Methods: Check, Cash, Money Order or Credit Card (We do not accept American Express).</p> <p style="text-align: center;">Make payable to The Municipality of Bethel Park</p> </div>
Additional Fees:	
3. Certificate of Occupancy \$50	\$ _____
4. Small Project Stormwater Review \$50	\$ _____
5. Large Project Stormwater Review \$350	\$ _____
6. Expedited Review	\$ _____ (please call for Expedited Review Fees)
7. Total Additional Fees	\$ _____
Total (Line 2 + Line 7)	\$ _____

Applicants Certification
<p>Note: The Building Permit and the Certificate of Occupancy for this building or structure will be issued to and in the name of the person listed below.</p> <p>As the owner or authorized agent of the project for which this application is filed, I certify that:</p> <p>The estimated construction cost and all other information provided as part of this application for a building permit is correct. 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. 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.</p> <p>*Electrical review and inspections are to be completed by a third-party electrical inspector. Electrical review and inspection fees are the applicant's responsibility.</p> <p>**Review of this submission begins when application, sealed plans, and permit fees have been submitted in their entirety.</p> <p>Applicant Signature: _____ Date: _____</p>