

COMMERCIAL BUILDING PERMIT APPLICATION

Borough of Elizabeth

121 N. 2nd Avenue, Elizabeth, PA 15037

Phone: (412) 384-7771; Fax: (412) 384-9812

Permit # _____

Property Address _____

Lot/Block _____

Applicant Name _____			
Street Address _____		City/State/Zip _____	
Home #	Work #	Cell #	Email

Owner's Name _____			
Street Address _____		City/State/Zip _____	
Home #	Work #	Cell #	Email

Contractor's Name _____			
Street Address _____		City/State/Zip _____	
Home #	Work #	Cell #	Email
Print Name		Print Title	

Proposed Project:

Minimum setbacks required by Zoning Ordinance			
Front: _____	Rear _____	Right Side _____	Left Side _____ Other _____
Is project a flood hazard? Yes No If "yes" attach one of the flood hazard certifications			

Application Type	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration/Renovation	<input type="checkbox"/> New Structure/Facility
	<input type="checkbox"/> Accessibility Review	<input type="checkbox"/> New Building	<input type="checkbox"/> Revision of App. Plan

USE/OCCUPANCY CLASS (Check all that apply)

<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"/> S-2	<input type="checkbox"/> U	<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 Child care	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> S-1

<p>PROJECT DATA: Provide a description of existing and/or proposed use(s), with sufficient detail for determination of appropriate classification of occupancy type(s)</p>

PROJECT DATA (continued):

Sq ft of conditioned space _____ Floor area new construction (sq ft) _____
Sq ft of unconditioned space _____ Floor area addition (sq ft) _____
Number of stories above grade _____ Floor area renovated (sq ft) _____
Does it have a basement: ___Yes ___No # multi-family dwelling units _____
Total floor area (sq ft) _____ # accessible dwelling units _____

Type(s) of construction per Chapter 6 of the *International Building Code* (check all that apply):

___ IA ___ IB ___ IIA ___ IIIB
___ IV ___ VA ___ VB
Fire Suppression: ___ Full ___ Partial ___ None

Is this permit for a school or education facility? ___Yes ___No

If yes, please attach a copy of all applicable PA Department of Education approvals.

If work involves existing building, list code requirements it will comply with:

___ International Existing Building Code ___ Chapter 34 of the International Building Code

If existing building, list all prior occupancy permits issued:

___ PA Fire and Panic issued on (date) _____
___ Municipal permit issued by _____ on (date) _____, using code _____
___ UCC permit issued by _____ on (date) _____

Is this permit for a medical care facility regulated by the Health Care Facilities Act?

___ Yes ___ No If "yes," please attach copy of plan approval issued by PA Dept. of Health

Electricity provider _____ Gas provider _____

DESIGN PROFESSIONAL RESPONSIBLE: (Affix seal to the right of name and address)

Name _____
Address _____
PA License # _____ Email _____
Phone: _____ Fax _____

ALTERNATIVE CONSTRUCTION METHOD/MATERIAL:

Will an alternative construction method or material be used on this project? ___Yes ___No

If "yes," applicant or design professional must submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.

FEES

Zoning \$ _____

Electrical \$ _____

Driveway \$ _____

Street Opening \$ _____

Building \$ _____

Estimated Construction Cost _____

List Total Sq. Ft. of Floor Area _____

Add \$4 PA State Permit Surcharge _____ \$ _____

Demolition \$ _____

TOTAL FEES \$ _____

Please make checks payable to Elizabeth Borough