

Commercial Building Permit Application

Borough of Dormont
1444 Hillsdale Ave
Pittsburgh, PA 15216
412-561-8900



Non-Refundable Commercial Application Fee: \$100.00
Additional fees may apply based on Scope of Work proposed.

Applications that are completely filled-out and with the required supporting documents will be processed in the order they are received. All applications must have a valid property address, if the address is not valid your application will not be processed.

No construction work on building shall begin until the Zoning Department has approved business use and the Building Department has issued permits (if applicable). Any person who commences any work on or before obtaining the necessary permit(s) shall be subject to a penalty fee of \$150.00 in addition to the required permit fee(s).

Property Address _____ Lot and Block No. _____

Applicants Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ (e-mail) _____

OWNER

Owner Name (If different from above) _____

Address (If different from above) _____ City _____ State _____ Zip _____

Phone _____

CONTRACTOR INFORMATION

Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ E-mail _____

(Contractor must attach a copy of current insurance certificate.)

DESIGN PROFESSIONAL (if applicable)

Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ E-mail _____

Proposed Use of Structure/Space: _____

Scope of Proposed Work (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Change in use with no work | <input type="checkbox"/> No change in use | <input type="checkbox"/> Electrical work |
| <input type="checkbox"/> Interior renovation | <input type="checkbox"/> Partial change in use | <input type="checkbox"/> HVAC/Mechanical work |
| <input type="checkbox"/> Exterior renovation | <input type="checkbox"/> (portion of the structure changing use) | <input type="checkbox"/> Sprinkler work |

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- Addition Complete change in use Fire Alarm work
 New Building (Use of entire structure changing) Solar Panels

Project description (size-SF and location) _____

Cost of Project \$ _____

Mandatory Documents

Check each block below indicating that all of the following will be submitted with this application:

- Two (2) site plans showing proposed floor plan layout of tenant space drawn to scale (at 1 inch = 20 feet) on pages which are at least 8.5" x 14" or adequate dimensions.
Floor plan must show room/space uses, room size, aisle way size, door size, counter area and exits.
- Two (2) complete sets of construction drawings with registered design professional seal and signature.
- One (1) completed UCC – Plan Review Checklist.

Please check box that applies:

- Alterations to an existing legally occupied building with no change in use. Work is limited to Alterations

Level 1 scope, per International Existing Building Code defined as: “the removal and replacement or the covering of existing materials, elements, equipment, or fixtures using new materials, elements, equipment, or fixtures that serve the same purpose.” **No new walls or wall openings, no removal of walls, no infill of wall openings is permitted under this permit scope.**

- Modification or installation of typical secondary structural members (e.g., lintels, equipment supports, etc.). Application shall include a statement from a PA licensed architect or engineer indicating that the work will satisfy all structural requirements of the UCC.
- Change in use to structure/space with a valid Certificate of Occupancy which does not constitute a change in occupancy classification, hazard classifications, or result in an increased occupant load. Building Official shall determine applicability of this exception.

BUILDING CODE INFORMATION (To be completed by Design Professional in Responsible Charge).

1. Work requiring special Documentation:

Project is regulated by Health Care Facilities Act: Yes No

Project is in Flood Plain Overlay District: Yes No

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2. Compliance Path for Existing Buildings (Choose what applies):

International Existing Building Code (2015)

- | | |
|--|---|
| <input type="checkbox"/> Repairs (Chapter 6) | <input type="checkbox"/> Change of Occupancy (Chapter 10) |
| <input type="checkbox"/> Alterations-Level 1 (Chapter 7) | <input type="checkbox"/> Additions (Chapter 11) |
| <input type="checkbox"/> Alterations-Level 2 (Chapter 8) | <input type="checkbox"/> Historic Building (Chapter 12) |
| <input type="checkbox"/> Alterations-Level 3 (Chapter 9) | <input type="checkbox"/> Revisions (Permit # _____) |

*Note – Special Inspection reports are required for Level 3 methods to verify the *seismic force-resisting system* in accordance with the International Building Code.

3. Use / Occupancy Classification (Check all that apply):

- | | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A-1 | A-2 | A-3 | A-4 | A-5 | B | E | F-1 | F-2 | H-1 | H-2 | H-3 | H-4 | H-5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I-1 | I-2 | I-3 | I-4 | M | R-1 | R-2 | R-3 | R-4 | S-1 | S-2 | U | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

4. Construction Type (Choose One):

- | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| IA | IB | IIA | IIB | IIIA | IIIB | IV | VA | VB |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Building Area & Height:

Height: Gross area per floor: _____ Stories Above Grade: _____

Gross area to be renovated: _____ Stories Below Grade: _____

Addition/New Construction - total gross area to be constructed*: _____

6. Life Safety Systems:

SYSTEM REQUIRED EXISTING PROPOSED COVERAGE (Select One) STANDARD/TYPE

SYSTEM	REQUIRED	EXISTING	PROPOSED	COVERAGE (Select One)	STANDARD/TYPE
Sprinkler	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Partial <input type="checkbox"/> Throughout	<input type="checkbox"/> 13 / <input type="checkbox"/> 13D / <input type="checkbox"/> 13R
Fire Alarm	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Partial <input type="checkbox"/> Throughout	<input type="checkbox"/> Manual / <input type="checkbox"/> Automatic
Standpipe	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N		<input type="checkbox"/> Manual / <input type="checkbox"/> Automatic <input type="checkbox"/> Wet / <input type="checkbox"/> Dry

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7. Exits:

Number of Exits per Story: _____

Fire-rating of exit enclosure: _____

8. Special Inspections:

A statement of Special Inspection compliance, as required per IBC Section 1704, is enclosed.

Not Applicable Yes No

9. Energy Code Compliance (Choose one):

Thermal Envelope (as applicable):

Not Applicable, reason and/or exception: _____
 Prescriptive 2015 IECC Prescriptive ASHRAE - 90.1 U-factor alternative (COMCheck)
 Total Building Performance Above Code Program: _____

10. Accessibility:

Compliance with current PA UCC accessibility provisions (Choose One):

Building is fully compliant.
 Work area and route to it (including toilet rooms and drinking fountains) are fully compliant.
 PA Labor & Industry's Accessibility Advisory Board has approved a variance (including determination of technical infeasibility).

Accessible Route Exceptions (Choose One, if applicable):

Accessible route is being improved to a minimum cost of 20% of the remaining cost of work.
 Alterations are limited solely to the following: windows, hardware, operating controls, electrical outlets and signs, mechanical/electrical/fire protection systems, and/or abatement of hazardous materials.
 Purpose of alterations is solely to increase the accessibility.

Dwelling/sleeping unit accessibility provisions, check all that apply:

Not applicable
 Accessible Dwelling/Sleeping unit, #: _____
 Type A Dwelling/Sleeping unit, #: _____
 Type B Dwelling/Sleeping unit, #: _____

The drawings shall indicate which toilet and bathing facility option is selected.

Date of Design Contract: _____
(Required to confirm applicable UCC accessibility provisions.)

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I am the Owner of the property, or an agent of the Owner, for which this application is filed. If an agent, I certify that I have been authorized by the Owner to complete this application on their behalf. As the applicant, I certify that the information provided as part of this application is correct.

Applicants Signature

Date of Application

For internal use only – to be completed by Borough office

Zoning: Approved

Plans and Specifications and Plot Plan for the above application have been examined for Zoning, and I hereby certify that this application complies with the Ordinances of the Borough of Dormont, Pennsylvania, and approve the issuing of this Permit for same, after paying a Fee \$_____.

Zoning District _____ Lot & Block _____ Zoning Hearing Y / N

Zoning Officer's Signature

Date

Building Official Signature

Date

Zoning: Disapproved

Reason for Disapproval _____

Zoning Officer's Signature

Date

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**Please provide drawings and specifications below.
(Location, height, length, construction details, footers/framing if applicable, etc.)**