

Coplay Borough

Tracking # _____ Permit # _____

Uniform Construction Code (UCC)

APPLICATION FOR BUILDING PERMIT

Application Type	☐ Accessibility <u>ONLY</u> Review	☐ Addition
	☐ Alteration or Renovation	☐ New Building
	☐ New Structure/Facility	☐ Phase Approval
	☐ Plan Revision or Partial Occupancy Request	☐ Unapproved Existing Building

Use/Occupancy Classification	☐ 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
Check box to <u>left</u> of applicable group	☐ I-1	☐ I-2	☐ I-3	☐ I-4	☐ M	☐ R-1	☐ R-2
Check all that apply.	☐ R-3 Adult Care	☐ R-3	☐ R-4	☐ S-1	☐ S-2	☐ U	

Site Information	
Project Name	_____
Street Name & #	_____

Special Requirements & Documentation	Check each block below indicating that <u>all</u> of the following will be submitted with this application:	
	☐ Three (3) site plans	☐ Three (3) complete sets of construction drawings
	☐ One (1) complete copy of the UCC-2 PLAN REVIEW CHECK LIST	
	☐ One (1) set of specifications (only if <u>Addition, Alteration, New Building or New Structure/Facility</u>)	

Does this construction involve modular units built in a factory?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No	If yes, submit 1 copy of letter indicating 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?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ 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 Address _____

Charge _____

Seal must be in PA License # _____

space to right of E-Mail _____

name & address 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. ☐ Fire Alarm System ☐ Truss Shop Drawings (certified) ☐ Sprinkler System	
Applicant's Certification:		
As the owner or the authorized agent of the project for which this application is filed, 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 the Municipality. 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 Municipality. 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. 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. 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.		
Applicants Name _____		
Street Address _____		
City _____ State _____ Zip Code _____		
Phone # _____		
Applicant Signature _____		Date _____