



ROSS TOWNSHIP
1000 Ross Municipal Drive
Pittsburgh, PA 15237
Phone: (412) 931-7055 Fax: (412) 931-3508

Application for Occupancy and/or Building Permit

PLEASE PRINT- APPLICANT TO COMPLETE THIS SIDE OF APPLICATION ONLY.

PROPERTY & OWNER INFORMATION

Property Address: _____ Date: _____
 Lot Area: _____ sq. ft. Parcel Number: _____ - _____ - _____ Ward: _____
 Owners Name: _____ Phone: () _____
 Address: _____ State: _____ Zip Code: _____
 Description of work involved (if any) or former use: _____

 Proposed use of property: _____

STRUCTURE DESCRIPTION

Height of main structure Existing- Stories _____ Feet _____ Proposed- Stories _____ Feet _____
 Height of proposed addition/extension Proposed- Stories _____ Feet _____
 Height of accessory structure Existing- Stories _____ Feet _____ Proposed- Stories _____ Feet _____
 Is building currently occupied? [] Yes [] No If no, how long has structure been vacant? _____
 Current sewage facilities: [] Public [] Septic Tank Water facilities: [] Municipal [] Well

DWELLING UNITS

	Efficiencies	1-Bedroom	2-Bedroom	3-Bedroom	4 or more	Total
Existing	_____	_____	_____	_____	_____	_____
Proposed	_____	_____	_____	_____	_____	_____

PARKING

Number of parking stalls (min. 9' x 18') Existing _____ Proposed _____ (min. 10' x 20')
 Number of handicap parking stalls (min. 13' x 20') Existing _____ Proposed _____
 Number of van accessible stalls Existing _____ Proposed _____
 Number of loading spaces Existing _____ Proposed _____

FLOOR AREA (Non-residential use only)

Floor area for non-residential use: Gross Area Existing _____ Proposed _____
 Net Area Existing _____ Proposed _____
 Number of Employees _____ Number of fixed seats in building _____

CONTRACTOR / DESIGN PROFESSIONAL INFORMATION (If applicable)

GENERAL CONTRACTOR	ARCHITECT	ENGINEER
Name _____	_____	_____
Address _____	_____	_____
City/Zip _____	_____	_____
Phone _____	_____	_____
Fax _____	_____	_____

ESTIMATED COST OF CONSTRUCTION: \$ _____

APPLICANT INFORMATION

I certify that I am the Owner Lessee Agent Contractor Purchaser

Name: _____ Phone: () _____
 Address: _____ State: _____ Zip Code: _____

TENANT INFORMATION (If different from applicants)

Name: _____ Phone: () _____
 Address: _____ State: _____ Zip Code: _____

I the undersigned owner or authorized agent for the above referenced property, certify that all statements and data furnished with this application are true and correct.

 Signature of applicant

 Date

TOWNSHIP USE ONLY

ZONING

Zoning District _____

Type of Proposed use

Type of Permit

Overlay Districts

- McKnight Road Transportation []
- Rochester /Lowries Run Road []
- Conservation Corridor
- Flood Plain []

Occupancy _____ Structure _____

Code: 1=New 2=Change 3=Enlargement
4=Continuation 5=Reinstatement

- Occupancy []
- Alteration []
- Extension/Addition []
- New Building []

Use Reference Section No. _____

THIS OCCUPANCY IS FOR: _____

APPROVALS / DISAPPROVAL

() This application is **DISAPPROVED** for Zoning by: _____ Date: _____
Variance _____ Special Exception _____ Review _____

This application is **authorized in whole or in part by:**

- () Zoning Hearing Case No. _____ Approved () Denied () Date: _____
Planning Commission
- () Conditional Use No. _____ Approved () Denied () Date: _____
- () Subdivision No. _____ Approved () Denied () Date: _____
- () Site Plan No. _____ Approved () Denied () Date: _____
- () **Board of Commissioners** _____ Approved () Denied () Date: _____
- () Ordinance No. _____ Effective Date: _____
- () Subject to the following conditions: _____

() This application is **APPROVED FOR ZONING** by: _____ Date: _____

BUILDING PERMIT

VIOLATION NOTICES

- Dangerous Cond. []
- Occupancy Vio. []
- Property Maint. []
- Condemned []

CONSTRUCTION TYPE

- I [] II [] III [] IV [] V []
- A [] B []

IBC/ IRC USE GROUP

- A [] B [] E [] F [] H [] I []
- M [] R [] S [] U []
- 1 [] 2 [] 3 [] 4 [] 5 []

CONSTRUCTION CODE 2009 IBC [] IRC []

SPRINKLERED Yes [] No []

BUILDING PERMIT WORK: _____

THIRD PARTY REVIEW AGENCY _____ **DATE:** _____

	FEES	PERMIT NO.	DATE ISSUED
ESTIMATED COST OF WORK	Occupancy \$ _____	_____	_____
	Commercial Bldg. \$ _____	_____	_____
	Residential Bldg. \$ _____	_____	_____
	Accessibility Insp. \$ _____	_____	_____
	Energy Insp. \$ _____	_____	_____
TOTAL SQ. FT. OF FLOOR AREA	Plan Fee \$ _____		
	Scanning Fee \$ _____		
	Document Storage \$ _____	INVOICE NO.	_____
	PA UCC Fee \$ _____		
	Penalty \$ _____		
	TOTAL FEE \$ _____	CHECK NO.	_____

Approved by: _____ Date: _____

BUILDING CODE OFFICIAL