



ROSS TOWNSHIP  
DEPT. OF COMMUNITY DEVELOPMENT/BUILDING  
1000 ROSS MUNICIPAL DRIVE  
PITTSBURGH, PA 15237  
PHONE: 412-931-7055 FAX: 412-931-3508

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Page 1 of 2

**1. Property Information:**

Property Address: \_\_\_\_\_  
Parcel ID No: \_\_\_\_\_ Lot SQF: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Owner Mailing Address: \_\_\_\_\_  
Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Existing Conditions:**

Current Use of Structure / Space: \_\_\_\_\_  
Gross Floor Area: \_\_\_\_\_ Net Floor Area: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Total Number of Parking Spaces: \_\_\_\_\_ Accessible Parking Spaces: \_\_\_\_\_

**3. Scope of Proposed Work (Check ALL that apply):**

Alterations  Interior Renovations  Exterior Renovations  
 Alterations - Level I  Alterations - Level II  Alterations - Level III  
 Addition  
    Gross Floor Area: \_\_\_\_\_ Height: \_\_\_\_\_  
 New Building  
    Gross Floor Area: \_\_\_\_\_ Height: \_\_\_\_\_  
 Repair  
 Change in Use (Partial or Complete)  No Change in Use  Change in Use (No Work; Name Change)  
 Electrical Work  HVAC Work  Hood Work  
 Fire Alarm Work  Sprinkler Work  Plumbing Work  
Number of Employees: \_\_\_\_\_  
Total Number of Parking Spaces: \_\_\_\_\_ Accessible Parking Spaces: \_\_\_\_\_  
Description and Location of Work: \_\_\_\_\_

**\*\* Ross Township Ordinance requires Fire Alarms in renovations to structures greater than 3,000 SQFT and Sprinkler Systems for all daycare facilities of greater than 6 children / renovations to structures greater than 5,000 SQFT \*\***

The project is subject to the Township's (Savings Clause) Ordinance?  YES  NO  
Will the project be applying to the Building Codes Appeals Board for a variance?  YES  NO

**3 Sets of SIGNED & SEALED - Construction Drawings**

For ALL commercial projects unless work is limited to **2015 International Existing Building Code "Level One Alterations"** – No new walls or wall openings, no removal of walls, no infill of wall openings under this exception.  
\*Only Page 1 of the permit application is required\*

**4. General Contractor Information**

Contractor Name: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email/Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Cost of Work: \$ \_\_\_\_\_

**5. Applicant's Affidavit:**

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.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING INFORMATION (To Be Completed by the Design Professional):**

**1. Work requiring special documentation:**

Project is regulated by Health Care Facilities Act:  Yes  No  
Are 3<sup>rd</sup> Party Special Inspections required:  Yes  No

**2. Use Groups (Check all that apply):**

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

**3. Construction Type (Choose One):**

IA  IB  IIA  IIB  IIIA   
IIIB  IV  VA  VB

**4. Building Area & 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: \_\_\_\_\_  
 Height of highest floor above lowest level of fire department vehicle access: \_\_\_\_\_

**5. Life Safety Systems:**

Sprinkler ---- Required: Y  N  Existing: Y  N   
 Fire Alarm ---- Required: Y  N  Existing: Y  N   
 Standpipe ---- Required: Y  N  Existing: Y  N

Number of Exits per Story: \_\_\_\_\_

**6. 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).

**7. Responsible Design Professional in Charge Affidavit:**

As responsible Design Profession in Charge, I certify that the above provided project data is correct.

Name: \_\_\_\_\_ PA License #: \_\_\_\_\_  
 Firm/Company: \_\_\_\_\_  
 Email/Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**TOWNSHIP USE ONLY****ZONING & APPROVAL**

Zoning District: \_\_\_\_\_ Overlay District: ( ) McKnight/Partnership ( ) Rochester/Lowries ( ) Conservation ( ) Flood Plain  
 Proposed Use: Occupancy \_\_\_\_\_ Structure \_\_\_\_\_ (Code: 1=New 2=Change 3=Enlargement 4=Continuation 5=Reinstatement)  
 Use Reference Section No. \_\_\_\_\_

THIS OCCUPANCY IS FOR: \_\_\_\_\_

( ) **DISAPPROVED** for Zoning by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Variance \_\_\_\_\_ Special Exception \_\_\_\_\_ Review \_\_\_\_\_

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

( ) ZHB Case #: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

**Planning Commission** ( ) Conditional Use #: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_  
 ( ) Subdivision #: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_  
 ( ) Site Plan #: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

( ) **Board of Commissioners** \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

( ) Ordinance #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

( ) Subject to the following conditions: \_\_\_\_\_

( ) **APPROVED** for Zoning by: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING FEES & APPROVAL**

PLAN REVIEW DATE: \_\_\_\_\_ REVIEWER:  3<sup>rd</sup> Party  Township BCO/Reviewer

THIRD PARTY REVIEW AGENCY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ESTIMATED COST OF WORK: \$ \_\_\_\_\_ TOTAL SQF OF FLOOR SPACE: \_\_\_\_\_

**Fee Amt.**

Com. Occupancy \$ \_\_\_\_\_  
 Com. Bldg. \$ \_\_\_\_\_  
 Acc. Insp. \$ \_\_\_\_\_  
 Energy Insp. \$ \_\_\_\_\_  
 Plan Fee \$ \_\_\_\_\_  
 Scanning \$ \_\_\_\_\_  
 Doc. Storage \$ \_\_\_\_\_  
 PA UCC \$ \_\_\_\_\_  
 PENALTY \$ \_\_\_\_\_  
**TOTAL FEES** \$ \_\_\_\_\_

**PERMIT #:** \_\_\_\_\_

**INVOICE #:** \_\_\_\_\_

**CHECK #:** \_\_\_\_\_

**PLAN REVIEW #:** \_\_\_\_\_

APPROVED BY TWNSHP BCO: \_\_\_\_\_ DATE: \_\_\_\_\_