



APPLICATION FOR COMMERCIAL BUILDING PERMIT

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 3rd 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: [] 3rd 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: _____