



TOWNSHIP OF ROSS – ALLEGHENY COUNTY, PA
DEPT. OF COMMUNITY DEVELOPMENT
1000 ROSS MUNICIPAL DRIVE
PITTSBURGH, PA 15237
PHONE: 412-931-7055 **FAX: 412-931-3508**

RESIDENTIAL BUILDING / OCCUPANCY PERMIT APPLICATION

1. PROPERTY INFORMATION:

Property Address: _____ Date: _____

Owner Name: _____ Lot SQF: _____

Owner Mailing Address : _____ E-mail: _____

Parcel ID: _____ Zoning: _____ Ward: _____

Primary Structure: Single Family Dwelling Two Family Dwelling

Has a **PA-811** call been made prior to excavation (machinery / hand-dug)?

No Yes

Is the project in a **Flood Hazard Area** per the [National Flood Insurance Program Map](#)?

No Yes (**Special Requirements Apply**)

2. SCOPE OF PROPOSED WORK:

- | | |
|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> In-ground Pool* (24" depth or greater) |
| <input type="checkbox"/> Addition (porch, deck, etc.) | <input type="checkbox"/> Detached Deck (adjacent to Pool) |
| <input type="checkbox"/> Alteration / Structural Change | <input type="checkbox"/> Sunroom – 2018 IRC R301.2.1.1.1
= Sunrooms Category (I – V): _____ |
| <input type="checkbox"/> Repair to Existing | <input type="checkbox"/> Garages / Sheds (1000 SQ FT and greater) |
| <input type="checkbox"/> Retaining Wall (Greater than 4 FT in Height) | |
| <input type="checkbox"/> Above-ground Pool* (24" depth or greater) | |

*Approved BARRIERS are required for pools; this application may require you to alter existing conditions to comply with code requirements.

Abate Condemnation / Violation – Notice No.: _____

Occupancy Permit (Zoning regulations only):

Fence (6 FT or less) - Type: _____ Other: _____

Driveway / Patio

Accessory Structures (less than 1000 SQ FT)

Home Occupation

Group Home

Brief Project Description (/ Location of Work): _____

Proposed Dimensions: TOTAL SQ FT _____ Height _____ LN FT (if applicable) _____

Distance from: Side Property _____ Rear Property _____ Front Property _____

Cost of Work: \$ _____

Existing Accessory Structure(s) Dimensions (if any):

Garage SQF _____ Height _____
 Shed SQF _____ Height _____

Other SQF _____ Height _____
 Other SQF _____ Height _____

ELECTRICAL & HVAC work may require additional permits; separate applications; **PLUMBING** work is administrated by [ALLEGHENY COUNTY HEALTH DEPARTMENT - Plumbing Program](#), (412-578-8036).

3. CONTRACTOR INFORMATION:

Property Owner self-performing work

OR

Licensed General Contractor performing work

Licensed Company Name: _____ State License No.: PA _____

General Contractor Name: _____

Address: _____

Email: _____ Phone: _____

4. 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 and that all work performed will be completed in compliance with federal, state, and local laws and regulations.

Signature: _____ Print: _____

Address: _____

Phone: _____ Email: _____

TOWNSHIP USE ONLY**ZONING APPROVAL****ZONING DISTRICT:**

R-1 R-3 R-5 C-2 I-1
 R-2 R-4 C-1 C-3

OVERLAY DISTRICT(S):

TD-1 - McKnight Road Transportation PRD - Planned Residential Development
 CC - Rochester Rd/Lowries Run Rd Conservation Corridor MU - Mixed Use Overlay District

TYPE OF PROPOSED USE:

NEW ENLARGEMENT REINSTATEMENT
 CHANGE CONTINUATION

APPLICABLE ZONING ORDINANCE(S):

APPROVED for Zoning, subject to the following conditions: _____

This application is approved by the referenced ordinance(s) and/or in whole or in part by the following:

Zoning Hearing Board: Case # ZHB: _____; Approval Date: _____;
Subject to the following conditions: _____

Conditional Use: File # _____; Approval Date: _____;
Subject to the following conditions: _____

Subdivision Plan: File # S _____; Approval Date: _____;
Subject to the following conditions: _____

Site Plan: File # SP _____; Approval Date: _____;
Subject to the following conditions: _____

DISAPPROVED for Zoning due to failure to meet the provisions of the referenced ordinances and/or for the following:

APPROVED BY: _____ DATE: _____

BUILDING FEES & APPROVAL

PLAN REVIEW DATE: _____ REVIEWER: 3rd Party Township Official

THIRD PARTY REVIEW AGENCY SIGNATURE: _____ DATE: _____

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

Fee Amt.

Zoning Occupancy	\$ _____
Administrative Fee	\$ _____
Residential Building	\$ _____
Energy Inspection	\$ _____
Plan Review Fee	\$ _____
Scanning	\$ _____
Document Storage	\$ _____
PA UCC Fee	\$ 4.50
PENALTY	\$ _____
TOTAL FEES	\$ _____

PERMIT NO.: _____ INVOICE NO.: _____ CHECK NO.: _____

APPROVED BY: _____ DATE: _____