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

COMMERCIAL COOKING HOOD PERMIT APPLICATION

PROPERTY INFORMATION

Property Address: _____ Zoning District: _____ Ward: _____

Location of Work / Tenant: _____ Parcel #: _____-_____-_____

Owner's Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

REGISTERED DESIGN PROFESSIONAL

Name: _____ PA Registration #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Date drawings prepared: _____   **Signature: _____**

CONTRACTOR INFORMATION

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

ESTIMATED COST OF WORK: $_____   **_____**
                                                                  Signature of Applicant

HOOD INFORMATION

Designation of hood on drawings (hood #1, etc.): _____

Type 1: _____   Type 2: _____   Length: _____   Height: _____

Hood Material: _____   Gage (thickness): _____

Clearance to combustable framing members: _____   Mounting Height: _____

Does any portion of the hood penetrate a ceiling, wall, or furred space?   Yes [   ]   No [   ]

Distance between the lowest edge of grease filters and cooking surface: _____

Distance hood overhangs cooking surface: Front: _____   Rear: _____   Left: _____   Right: _____

Vertical distance between lip of hood and cooking surface: _____

Calculate the required minimum amount of air exhausted using one of the formulas below:

$Q = 100PD$, for high-temperature appliances or $50PD$, for medium to low-temperature appliances.

D = Distance in feet between the lower lip of the hood and cooking surface.

P = The part of the perimeter of the hood that is open, in feet.

Q = Quantity of air, in cubic feet per minute.

Perimeter: _____ **X** **D**istance: _____ **X** **Q**uantity: _50_ or _100_ **=** _____ cfm

Quantity of makeup air from outdoors: _____ cfm   Temperature of makeup air: _____ °F

Type of Supression System: _____ **(SEPARATE PERMIT REQUIRED)**

Distance of manual pull from cooking hood: _____ feet   Height of pull: _____ feet

Does activation of the Supression System shut down the gas and electric under the hood: Yes [   ]   No [   ]

HOOD INFORMATION

Duct material: _____ Gage: _____ Type of joints: _____

Rectangular dimensions: _____ inches **X** _____ inches   Round diameter: _____ inches

Total length of duct between hood and exhaust: _____ feet   Vertical: _____ feet   Horizontal: _____ feet

Slope of horizontal sections: _____ inch per foot **OR** _____ % slope

Duct systems clearance to combustable construction (including gypsum wallboard) _____ inches

Number of cleanouts: _____   Size: _____ inches **X** _____ inches   Spacing: _____ feet

Show calculated air velocity within the duct enclosure using the formula below:

CFM: _____ **/** Duct Area _____ Sq. Ft. **=** Velocity: _____ fpm

Does the duct penetrate a ceiling, wall, or floor?   Yes [   ]   No [   ]   If Yes, check the method of enclosure used below:

A 2-hour rated shaft: [   ]   A listed through-penetration fire stop system: [   ]

Location of the exhaust fan: Rooftop: [   ]   Exterior Wall: [   ]   Exhaust capacity: _____ cfm

For roof exhaust systems:

Clearance above roof surface: _____ inches   Distance to roof's edge: _____ feet

Parapet walls, not higher than fan discharge: _____ feet

For all exhaust terminations:

Distance to lot line: _____ feet   Distance to other buildings: _____ feet

Distance to any air intake opening: _____ feet

For exterior wall terminations:

Height above finished grade: _____ feet

How is the exhaust fan interlocked with fuel fired appliances, so as to prevent their operation, unless the fan is running?

_____

_____

FEE SCHEDULE

Type I Hood System Fee - **$300.00** or Type II Hood System Fee - **$210.00**	
Plan Review Fee	
Scanning Fee	
Document Storage Fee	
PA UCC Fee	**$4.50**
*PLEASE NOTE THAT A SEPARATE FIRE SUPRESSION PERMIT WILL BE REQUIRED FOR TYPE I	
HOOD SYSTEMS. A SEPARATE ELECTRICAL PERMIT IS REQUIRED FOR ALL HOOD SYSTEMS	
TOTAL OF ALL FEES	$

DO NOT WRITE BELOW THIS LINE - TOWNSHIP USE ONLY

Mechanical Permit #: _____   Invoice #: _____   Check #: _____

Approved by:_____   Date: _____
BUILDING CODE OFFICIAL