

Requirement checklist to obtain a Building Permit for an:

ACCESSIBLE COMMERCIAL RAMP

- Completed 3-page Commercial Application (must be legible and signed) [2 COPIES]
 - Land Use Permit (signed/approved by the Municipality) [2 COPIES]
 - Drawings / Plans (must be signed and sealed by architect/engineer) [2 SETS]
 - Site Plan (include all existing structures, proposed structure and their distances to all lot lines) [2 COPIES]
 - Copy of Contractors Certificate of Insurance for Workers Compensation (Municipality should be named as the Certificate Holder)
- OR**
- If doing the work yourself submit Workers Compensation Insurance Coverage Waiver
[refer to the attached document].
- Driving directions from a known landmark or intersection

- ✓ After submitting all required documents your application will be reviewed.
- ✓ PMCA will contact you to let you know if your application has been approved or denied.
- ✓ When the project is approved you will be notified the Building Permit is ready. Prior to obtaining the building permit all charges (i.e. administrative, inspections fees) must be paid.
- ✓ Be advised additional fees may be applied, throughout the project, for failed or missed inspections.

PA MUNICIPAL CODE ALLIANCE (380 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996)
Commercial Building Permit Application
 for any Structure other than a One- or Two-Family Dwelling

Name of Building / Business (if applicable) _____ Building Owner _____

SECTION I: LOCATION

Municipality: _____ County: _____ Tax Parcel ID#: _____

SITE LOCATION: Complete Address Street / Lot # _____ City / Town _____ Zip Code _____

SECTION II: PROPOSED WORK

Edition of PA UCC/ICC used _____ If New Construction check here OR check all that apply in the two rows below

Existing Building Repair Alteration Addition Demolition

Change of Use Change of Occupancy Other Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes No

Brief Description of Proposed Work: _____

SECTION III: COMPLETE THIS SECTION IF THIS IS FOR AN EXISTING BUILDING UNDERGOING A RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Additional Construction Alteration/Structural Egress Change Repair Renovation Change of Use/Occupancy
 Applicable Code: IBC IEBC Level of Alteration: I II III

Existing Use Group(s): _____ Proposed Use Group(s): _____

SECTION IV: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION V: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 A-3 A-4 A-5 Type: _____ **B: Business** **E: Educational**
F: Factory F-1 F2 **H: High Hazard** H-1 H-2 H-3 H-4 H-5
I: Institutional I-1 I-2 I-3 I-4 **M: Mercantile** **R: Residential** R-1 R-2 R-3 R-4
S: Storage S-1 S-2 **U: Utility** **Mixed Use** Describe: _____
 Special Use Description: _____

SECTION VI: CONSTRUCTION TYPE (Check as applicable)

IA **IB** **IIA** **IIB** **IIIA** **IIIB** **IV** **VA** **VB**

SECTION VII: SITE INFORMATION

Flood Zone Information: Check if outside Flood Zone or Identify Zone: _____ Land Use Permit # _____
Hazards to Air Navigation: Is structure within airport approach area? Yes No

SECTION VIII: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____
 Does the building contain a Sprinkler System? _____
 Design Occupant Load per Floor and Assembly space: _____
 Special Stipulations: _____

SECTION IX: PROPERTY OWNER/APPLICANT INFORMATION

Name Property Owner and contact information:

Name (*Print*) _____ No. and Street _____ City/Town _____ State _____ Zip _____

Telephone No. (*business*) _____ Telephone No. (*cell*) _____ Email address _____

If applicable, the property owner hereby authorizes:

Name (*Print*) _____ No. and Street _____ City/Town _____ State _____ Zip _____

Telephone No. (*business*) _____ Telephone No. (*cell*) _____ Email address _____

to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION X: CONSTRUCTION DETAILS

X.i: Registered Design Professional Responsible for this Project

Name (Registrant) _____	Telephone No. _____	Email address _____	Registration Number _____
Street Address _____	City/Town _____	State _____ Zip _____	Discipline _____ Expiration Date _____

X.ii: General Contractor

Company Name _____ Name of Person Responsible for Construction _____ License No. & Type if Applicable _____

Street Address _____ City/Town _____ State _____ Zip _____

Telephone No. (*business*) _____ Telephone No. (*cell*) _____ Email address _____

SECTION XI

A Workers' Compensation Insurance Affidavit form must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Is a signed Affidavit submitted with this application? **Yes** **No**

SECTION XII: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$ _____	START DATE: _____ FINISH DATE: _____ TOTAL NUMBER OF WEEKS: _____ TOTAL VALUE OF WORK: \$ _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Other: _____	\$ _____	
6. Total Cost	\$ _____	

SECTION XIII: SIGNATURE OF PERMIT APPLICANT

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

_____/_____/_____
 Please Sign Name _____ Print Name _____ Date _____

 Position / Title _____ Acting on Behalf of Company / Business Name _____

Complete Address: Street _____ City/Town _____ State _____ Zip _____

Business Phone No. _____ Cell Phone No. _____ Email Address _____

Appendix 1

Registered Professional Contact Information

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		

The checklist below is a partial list of documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Workers Compensation Insurance			
18	FEMA Elevation Certificates & other Flood Plain Documentation			
19	Other (Specify)			
20	Other (Specify)			
21	Other (Specify)			

*Deferred Submittals must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction documents have been approved by the authority having jurisdiction.

PMCA Office Locations:

Chambersburg Office: 380 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996
Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326
Somerset Office: 510 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112
Adams Office: 1895B York Road, Gettysburg, PA 17325 Phone: 717 321-9046

DIRECTIONS TO THE SITE LOCATION

Please give directions to the work site from a known landmark and/or intersection. Use a directional drawing also in the space provided below if that would assist.

Applicant: _____ Phone: _____

Site Street Address: _____

Directions: _____

Use this space if needed to further clarify the site location:

Please Note: Inspectors cannot inspect what they cannot find, Be certain the directions are clear. Use Road or Street names, distances between turn offs, and the direction of that travel (North South East or West). Landmarks are very helpful.



When applying for a building permit you need the following:

- Fill out the appropriate application answering all question applicable to your job. Application must be legible and signed. (2 copies)
- A Site Plan showing the location of the existing improvements/structures on your property and approx. distances to all property lines, well, septic system, driveway, etc. Also show the location of the proposed construction. (2 copies)
- Drawings showing details of the construction you want to do. (2 copies)
- If you are doing the work please fill out the Workers Comp Cert of Liability OR if you will be contracting out the work PMCA needs a copy of the contractor's certificate of liability insurance.
- A copy of the signed Land Use Permit from the Municipality (Borough or Township)

After Building Permit Application is submitted:

- After submitting all required documents your application will be reviewed.
- PMCA will contact you with an approval or denial.
- If approved, your permit will be issued and the inspection & administrative fees are due when you pick up the permit. You will also obtain a copy of your original application and stamped set of plans.

After the Building Permit is issued:

- The Building Permit placard and municipal placard are to be visible on site at all times during the construction process.
- To schedule and inspection call the office where your permit was submitted to schedule an inspection. Be prepared to have your Permit Number, address and type of inspection you are requesting. If you call on a work day and provide all the needed information prior to 3:00 p.m. every effort is made to schedule the inspection for the following work day.
- The copy of your application and approved plans are to remain on site when the building inspectors come for inspections. Be advised: we cannot inspect if these are not on site and you may incur additional costs due to extra trip(s) by the inspector.

✓ Checklist for the Site Plan to be provided with the Building Application

1. Site plans are essential and must be clearly legible and reproducible regardless of the reason for requesting the permit.
2. Use an 8 ½" X 11" sheet of paper at minimum.
3. After locating all the structures on your property show distances in feet to the lot lines and between the structures.

Provide dimensions of the property getting the proposed improvement

- Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- Acreage (Refer to deed or survey drawing)
- Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- Parcel Number (Not mandatory – obtained from deed or property tax notice)

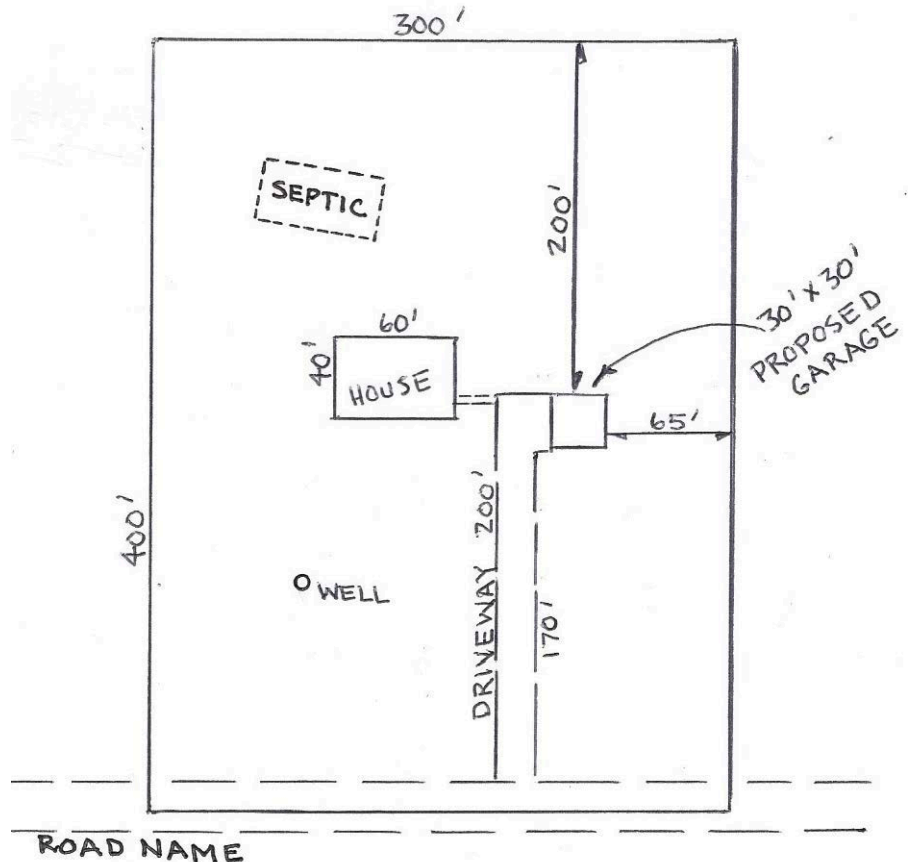
Existing Buildings / Structures with Corresponding Dimensions

- | | |
|------------------|--|
| ○ Houses | ○ Deck / Patios |
| ○ Sheds | ○ Other buildings or structures on the property |
| ○ Barns | ○ Location of on lot well and septic IF applicable |
| ○ Swimming Pools | |

Proposed Improvement(s)

- Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- Location of Proposed Driveway and Sidewalk

SAMPLE SITE PLAN ►



▶ Workers' Compensation Insurance Coverage Information ◀

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "Yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant: _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date: _____

C. Exemption – MUST BE NOTORIZED

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.**

Homeowner who elects to do all work without contracting or hiring others to assist.

Religious exemption under the Workers' Compensation Law.

Signature of Applicant: _____ Print Name: _____

Address: _____ Date: _____

Commonwealth of Pennsylvania, County of _____

On this, the _____ day of _____, 20____ before me _____,
(Notary)

the undersigned personally appeared _____, known to me (or satisfactorily proven)
(Signatory)

to be the person whose name subscribed to the within instrument, and acknowledged that he/she executed the same for the purpose herein contained.

In Witness whereof, I hereunto set my hand and official seal.

Notary Public