File #: _____
Permit #: _____
Date: _____
S4

Uniform Construction Code (UCC)

APPLICATION FOR BUILDING PERMIT

Application Type

- ☐ Accessibility **Only** Review
- ☐ Alteration or Renovation
- ☐ New Structure/Facility
- ☐ Plan Revision or Partial Occupancy Request
- ☐ Addition
- ☐ New Building
- ☐ Phased Approval
- ☐ Unapproved Existing Building

Use/Occupancy Classification: Check box to left of applicable group. Check all that apply.

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

Owner Information

Owner Name _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____

Site Information (Political Subdivision & County names are required.)

Project Name _____
Street Name and # _____
City _____ State _____ Zip Code _____
Political Subdivision _____ County _____

Special Requirements & Documentation

Check each block below indicating that all of the following will be submitted with this application:

- ☐ Four (4) site plans
- ☐ Three (3) complete sets of construction drawings
- ☐ One (1) completed copy of the UCC-2 UCC PLAN REVIEW CHECKLIST
- ☐ One (1) set of specifications **(only if Addition, Alteration, New Building or New Structure/Facility)**

Is this construction regulated by the Health Care Facilities Act?	☐ Yes ☐ No	If "**Yes,**" submit 1 copy of approval letter from the Pennsylvania Department of Health.
Is this construction exempt from energy code requirements?	☐ Yes ☐ No	If "**Yes,**" submit 1 copy of letter indicating that that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per *ASHRAE 90.1*, §2.3(B). If "**No**," submit 1 copy of the COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
Is project in flood hazard area?	☐ Yes ☐ No	If "**Yes,**" submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the *International Building Code*.
Are any of the *International Building Code* (Chapter 17) special inspection or structural observations required ?	☐ Yes ☐ No	If "**Yes,**" submit 1 copy of the UCC-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.
Will an alternative construction method or material be used on this project?	☐ Yes ☐ No	If "**Yes,**" submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.
Is this application for "phased approval"?	☐ Yes ☐ No	If "**Yes,**" submit a letter signed by the design professional and owner acknowledging that the issuance of a permit for phased construction provides no assurance that the Department will grant approval of any UCC permits needed to complete the construction, and that the design professional and owner will ensure that the building/structure fully complies with all UCC requirements before occupancy.

FOR L&I USE ONLY

Check Number: _____ Amount: _____ Bates Number: _____