

McMillen Engineering, Inc.
 115 Wayland Smith Drive
 Uniontown, PA 15401
 724-439-8110 Phone
 724-439-4733 Fax

Job Number	For Office Use Only
Permit Number	Received by: _____
	Date: _____
	Amount Paid: _____
	Check # _____
	% Twp / Borough _____

**UNIFORM CONSTRUCTION CODE (UCC)
 BUILDING PERMIT APPLICATION - COMMERCIAL**

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Street Address	City	Zip Code	Municipality
Tax Map #	Subdivision	Lot Size	
Directions to property:			

OWNER INFORMATION

Last Name	First Name	Daytime Phone #	
Email: _____			
Mailing Address	City	State	Zip

IMPROVEMENT TYPE

<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Occupancy Permit	<input type="checkbox"/> Repair
<input type="checkbox"/> Current Use	_____	
<input type="checkbox"/> Vacant (specify use)	_____	

BUILDING DIMENSIONS

New Building Construction	_____ sq ft	Other	_____ sq ft
Building Alteration	_____ sq ft	Attached Garage	_____ sq ft
Accessory Building	_____ sq ft		
TOTAL Square Foot	_____		

****SQFT of Building Area – Total Square Footage of all floors within the exterior perimeter, including basements and attics.
 For commercial swimming pools- square footage includes pool & pool deck**

PROPOSED USE

FACTORY	INSTITUTIONAL	BUSINESS	STORAGE
<input type="checkbox"/> Low Hazard	<input type="checkbox"/> Convalescent	<input type="checkbox"/> Banks	<input type="checkbox"/> Low Hazard
<input type="checkbox"/> Moderate Hazard	<input type="checkbox"/> Drug Center	<input type="checkbox"/> Barber/Beauty	<input type="checkbox"/> Moderate Hazard
<input type="checkbox"/> High Hazard	<input type="checkbox"/> Assisted living	<input type="checkbox"/> Car wash	Specify specific use: _____
<input type="checkbox"/> Other Specific use: _____	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Clinic-outpatient	
	<input type="checkbox"/> Mental hospital	<input type="checkbox"/> Vehicle showroom	
INSTITUTIONAL	<input type="checkbox"/> Child care fac.	<input type="checkbox"/> Post office	
<input type="checkbox"/> Group Home	<input type="checkbox"/> Detox fac.	<input type="checkbox"/> Professional (architects, attorney, dentist, Dr. etc.)	
<input type="checkbox"/> Halfway House	<input type="checkbox"/> Hospital	<input type="checkbox"/> Educational Above grade 12	
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Other specify _____	

ASSEMBLY

- _____ Theatre
- _____ Night Club
- _____ Restaurant
- _____ Church
- _____ Other Assembly
- _____ Museum
- _____ Tavern/bar
- _____ Banquet hall
- _____ Courtrooms
- _____ Bleachers
- _____ Stadiums
- _____ Other specify: _____

EDUCATIONAL

- _____ Grades K-12
- _____ Day Care Facility
- _____ Other specify: _____

Mercantile

- _____ Drugstore
- _____ Market
- _____ Sales Room
- _____ Retail/wholesale store
- _____ Motor fuel dispensing facility
- _____ Other specify: _____

RESIDENTIAL

- _____ Boarding (transient)
- _____ Hotels (transient)
- _____ Motels (transient)
- _____ Apartment house
- _____ Boarding house (non-transient)
- _____ Dormitories
- _____ Hotels (non-transient)
- _____ Motels (non-transient)
- _____ Live / work units
- _____ Vacation/time share
- _____ Adult Care (5 or less for less than 24 hours)
- _____ Child care (5 or less for less than 24 hours)
- _____ Other specify: _____

HIGH HAZARD

- _____ Explosives
- _____ Combustible dusts
- _____ Flammable gases
- _____ Water reactive
- _____ Class 3
- _____ Consumer fireworks
- _____ Flammable solids
- _____ Water reactive materials
- _____ Class 2
- _____ Corrosives
- _____ Toxic materials
- _____ Other specify: _____

MISCELLANEOUS GROUP

- _____ Fences (greater than 6 feet high)
- _____ Greenhouses
- _____ Private garages
- _____ Sheds
- _____ Tanks
- _____ Towers
- _____ Other specify: _____

Provide the following approvals along with this application and plans (as applicable)

- Copy of zoning permit obtained from:
 - Fayette County Planning & Zoning 724-430-1210* for Brownsville Borough, Brownsville Township, German Township & Perry Township.
 - McMillen Engineering, Inc* for Henry Clay & Wharton Township.
 - California Borough- California Borough*
 - Coal Center – Dennis Martinak 412-523-6760*
 - Rices Landing- Rices Landing Borough*
 - Roscoe – Roscoe Borough*
 - Dunkard Township – no zoning permit required*
- Copy of issued sewage permit- obtained from Municipal Authority or Sewage Officer
- Copy of driveway permit (either issued by municipality or by PennDOT)
- Copy of approved stormwater plan, as per the adopted ordinance for municipality

If your municipality does not have any of the regulations above, please note those below:

ESTIMATED COST OF CONSTRUCTION

\$

CONTRACTOR INFORMATION

Architect/Engineer

Name	Address	Phone
------	---------	-------

General Contractor

Name	Address	Phone
------	---------	-------

Excavation

Name	Address	Phone
------	---------	-------

Concrete

Name	Address	Phone
------	---------	-------

Carpentry

Name	Address	Phone
------	---------	-------

Electrical

Name	Address	Phone
------	---------	-------

Plumbing

Name	Address	Phone
------	---------	-------

Sewer

Name	Address	Phone
------	---------	-------

Mechanical

Name	Address	Phone
------	---------	-------

Roofing

Name	Address	Phone
------	---------	-------

Masonry

Name _____ Address _____ Phone _____

Drywall

Name _____ Address _____ Phone _____

Sprinkler

Name _____ Address _____ Phone _____

Paving

Name _____ Address _____ Phone _____

Fire Alarm

Name _____ Address _____ Phone _____

BUILDING

STRUCTURAL FRAME

____ Steel _____ Concrete
____ Masonry _____ Wood
____ Other (identify) _____

EXTERIOR WALLS

____ Steel _____ Concrete
____ Masonry _____ Wood
____ Other (identify) _____

Are there any **structural assemblies** fabricated off-site? _____ yes _____ no

Building area _____ sq ft Stories _____ Lot Area _____ sq ft Parking Area _____ sq ft
Garages/Bays _____ number Garage Area sf _____ Full baths _____ number Partial baths _____ number
Living area _____ sq ft Basement area _____ sq ft Height above grade _____ Windows _____
Fireplaces _____ number Office/Sales _____ sq ft Enclosed parking _____ number

New residential units _____ Existing residential units _____ Manufacturing _____

Elevator/Escalators _____ number Outside parking _____ No. Accessible parking _____

Estimated Cost of Building/Structural work: \$ _____
Will the construction sequence be phased? Yes _____ No _____ Estimated no. of phases _____

ELECTRICAL

Is there any electrical work to be performed? YES NO

If yes, Please provide the following:

Total service AMPS # Circuits 2 wire 3 wire 4 wire # Service outlets 110V 220V

Power Devices	No.	Output/Load	Power Devices	No.	Output/Load
1. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	4. _____	_____	_____
5. _____	_____	_____	6. _____	_____	_____

Total Number of Motors: _____

Utility Service Revisions:

Estimated Value of Electrical Work: \$ _____

PLUMBING

Enter the number of fixtures being installed, replaced or repaired:

Tub/showers _____	Drinking Fountains _____	Back flow preventers _____	Shower stalls _____
Floor Drains _____	Water Pumps _____	Lavatories _____	Water heaters _____
Roof Openings _____	Toilets _____	Water softeners _____	Parking lot drains _____
Urinals _____	Sewage Ejectors _____	Inside downspouts _____	Sinks _____
Sump Pumps _____	Swimming Pools _____	Laundry tubs _____	Grease traps _____
Standpipes _____	Dishwashers _____	Bidets _____	Fire sprinkler (# of heads) _____
Garbage Disposals _____	Lawn sprinklers _____	(# of heads) _____	Total number of fixtures: _____
Water Service: _____	Public Water: _____	Public Sewer: _____	
Water Service Size: _____ In.	Water Meter size: _____ In.	Avg Daily Water Use: _____ GPD	

Estimated Cost of Plumbing Work: \$ _____

MECHANICAL

Enter the number of new or replacements units:

Forced Air Furnace	_____	Incinerator	_____	Air Handling Unit	_____	Unit Heater	_____
Boiler	_____	Heat Pump	_____	Gas/oil conversion	_____	Coil Unit	_____
Air Cleaner	_____	Space Heater	_____	Window A/C unit	_____	A/C compressor	_____
Gravity Furnace	_____	Split System A/C	_____	Solid fuel appliance	_____		_____
Electric Furnace	_____	Hazardous Exhaust system	_____			Kitchen exhaust hood	_____

Utility Service Revisions:

Type of Heating Fuel:

Gas _____ Oil: _____ Electric: _____ Coal: _____ Wood _____ Other _____

Estimated Cost of Mechanical Work: \$ _____

Please read the below statements prior to signing:

1. The Applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA ACT 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, right of way, and flood areas. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.
2. Application for a permit shall be made by the owner of the building or structure, or agent, or by the registered design professional employed in connection with the proposed work.
3. The authority of a third-party agency exists as a result of a contract approved by the governing body of the municipality, or as a result of an intermunicipal agreement under 53 Pa.C.S. Ch. 23 Subch. A entered into by the municipality.
An applicant may inform the governing body of the municipality of complaints about a third-party agency's services, including reports of incompetence or gross negligence, a failure to abide by a time period specified under this act, rude or unprofessional behavior or discrimination based on personal bias against the applicant.
The Department certifies third-party agencies and investigates complaints about service, including complaints due to violations of this act, incompetence or gross negligence, fraud, deceit or acts of moral turpitude.
The Department has a publicly accessible internet website which includes the form for filing a complaint about service under subparagraph (iii)

4. **No work may be concealed from view until it has been approved by McMillen Engineering inspector.** I fully understand that it is my responsibility to call for the inspections and that, if inspections are not made according to this procedure, I may be in violation of the UCC and may be subject to prosecution. *I am aware that any work not inspected or not corrected will be noted on the Final Inspection Certificate and Occupancy Permit.*
5. **The Building Permit must remain on the construction site at all times.** If the Building Permit is unavailable for McMillen Engineering Inspector to sign off on at the time of an inspection, said inspection will need to be rescheduled and a re-inspection fee will apply.
6. I also understand that no one may occupy the structure (or portion thereof) until a *Certificate of Occupancy* has been issued.

Signature of Owner or Authorized Agent

Date

***PLEASE BE ADVISED THAT ALL INFORMATION ON THIS APPLICATION MUST BE FILLED OUT COMPLETELY. IF A SECTION DOES NOT APPLY TO YOUR CONSTRUCTION PROJECT, PLEASE MARK "N/A." INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**