

MUNICIPALITY _____ COUNTY _____

Commercial Application

Tracking # _____

Permit # _____

Uniform Construction Code (UCC)

APPLICATION FOR BUILDING PERMIT

Application Type	<input type="checkbox"/> Accessibility ONLY Review	<input type="checkbox"/> Addition
	<input type="checkbox"/> Alteration or Renovation	<input type="checkbox"/> New Building
	<input type="checkbox"/> New Structure/Facility	<input type="checkbox"/> Phase Approval
	<input type="checkbox"/> Plan Revision or Partial Occupancy Request	<input type="checkbox"/> Unapproved Existing Building

Use/Occupancy Classification	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/> B	<input type="checkbox"/> E
	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5
Check box to <i>left</i> of applicable group	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4	<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2
(Check all that apply.)	<input type="checkbox"/> R-3 Adult Care	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> U	

Site Information	Municipality: _____
Project Name:	_____
Street #, City, State, Zip:	_____

Special Requirements & Documentation	Check each block below indicating that all of the following will be submitted with this application:	
	<input type="checkbox"/> Three (3) site plans	<input type="checkbox"/> Three (3) complete sets of construction drawings
	<input type="checkbox"/> One (1) complete copy of the UCC-2 PLAN REVIEW CHECK LIST	
	<input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building or New Structure/Facility)	

Does this construction involve modular units built in a factory? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.
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Is this construction regulated by the Health Care Facilities Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, submit 1 copy of approval letter from the Pennsylvania Department of Health.
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Is this construction exempt from energy code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit 1 copy of letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, S 2.3(B) If no, submit 1 copy of the COMcheck-EZ Certificate of the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
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