



A. GENERAL APPLICATION INFORMATION

1. Property Information

Property Address: _____ Owner Name: _____

Proposed Use of Structure/Space: _____

2. Scope of Proposed Work (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Change in use with no work | <input type="checkbox"/> No change in use | <input type="checkbox"/> Electrical work |
| <input type="checkbox"/> Interior renovation | <input type="checkbox"/> Partial change in use | <input type="checkbox"/> HVAC work |
| <input type="checkbox"/> Exterior renovation | (Portion of the structure changing use) | <input type="checkbox"/> Sprinkler work |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Complete change in use | <input type="checkbox"/> Fire Alarm work |
| <input type="checkbox"/> New Building | (Use of entire structure changing) | |

Work description: _____

Location of work (within structure): _____

3. Construction Drawing Requirements

Construction drawings are required per Standard Permit Application Requirements
<http://apps.pittsburghpa.gov/bbi/Bulletin - Standard Permit Application Requirements.pdf>, unless work is limited to (check all that apply):

- Alterations to an existing legally occupied building with no change in use. Work is limited to Alterations Level 1 scope, per International Existing Building Code, defined as:
“the removal and replacement or the covering of existing materials, elements, equipment, or fixtures using new materials, elements, equipment, or fixtures that serve the same purpose.”
No new walls or wall openings, no removal of walls, no infill of wall openings is permitted under this permit scope.
- Modification or installation of typical secondary structural members (e.g., lintels, equipment supports, etc.). Application shall include a statement from a PA licensed architect or engineer indicating that the work will satisfy all structural requirements of the UCC.
- Change in use to structure/space with a valid Certificate of Occupancy which does not constitute a change in occupancy classification, hazard classifications, or result in an increased occupant load. PLI shall determine applicability of this exception.

NOTE: If work is limited to one of the above items, application can be limited to Page 1 only.

4. General Contractor Information (If Selected)

Contractor Name: _____ License No.: BL _____

Jobsite Phone: _____ Email/Fax: _____

Signature: _____ Cost of Work: \$ _____

5. Applicant's Affidavit:

I am the Owner of the property, or an agent of the Owner, for which this application is filed. If an agent, I certify that I have been authorized by the Owner to complete this application on their behalf. As the applicant, I certify that the information provided as part of this application is correct.

Signature: _____ Print: _____

Address: _____

Phone: _____ Email/Fax: _____

B. CODE INFORMATION (To Be Completed By Design Professional)

1. Work requiring special documentation:

Project is regulated by Health Care Facilities Act: Yes No
 Project is in Flood Plain Overlay District: Yes No

2. Compliance Path For Existing Buildings (Choose One):

International Existing Building Code	International Building Code
<input type="checkbox"/> Prescriptive (Chapter 3)	<input type="checkbox"/> Prescriptive (Chapter 34)
<input type="checkbox"/> Work Area (Chapter 4-12)	<input type="checkbox"/> Performance (Section 3412) *
<input type="checkbox"/> Performance (Chapter 13) *	

* Note - PLI requires Special Inspection for these methods to verify construction complies with approved scoring.

3. Use Groups (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
<input type="checkbox"/>													
I-1	I-2	I-3	I-4	M	R-1	R-2	R-3	R-4	S-1	S-2	U		
<input type="checkbox"/>													

4. Construction Type (Choose One):

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
<input type="checkbox"/>								

5. Building Area & Height:

Gross area per floor: _____ Stories Above Grade: _____
 Gross area to be renovated: _____ Stories Below Grade: _____
 Addition/New Construction - total gross area to be constructed*: _____

*This will be used to calculate permit fee.

Height of highest floor above lowest level of fire department vehicle access: _____

6. Life Safety Systems:

SYSTEM	REQUIRED		EXISTING		PROPOSED		COVERAGE (Select One)		STANDARD/TYPE
Sprinkler	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Partial	<input type="checkbox"/> Throughout	<input type="checkbox"/> 13 / <input type="checkbox"/> 13D / <input type="checkbox"/> 13R
Fire Alarm	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Partial	<input type="checkbox"/> Throughout	<input type="checkbox"/> Manual / <input type="checkbox"/> Automatic
Standpipe	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N			<input type="checkbox"/> Manual / <input type="checkbox"/> Automatic <input type="checkbox"/> Wet / <input type="checkbox"/> Dry

7. Exits:

Number of Exits per Story: _____
 Fire-rating of exit enclosure: _____

8. Special Inspections:

A statement of Special Inspection compliance, as required per IBC Section 1704, is enclosed.

- Not Applicable
- Yes
- No

9. Energy Code Compliance (Choose one):

Thermal Envelope (as applicable):

- Not Applicable, reason and/or exception: _____
- Prescriptive 2009 IECC
- Prescriptive ASHRAE - 90.1
- U-factor alternative (COMCheck)
- Total Building Performance
- Above Code Program: _____

10. Accessibility:

Compliance with current PA UCC accessibility provisions (Choose **One**):

- Building is fully compliant.
- Work area and route to it (including toilet rooms and drinking fountains) are fully compliant.
- PA Labor & Industry's Accessibility Advisory Board has approved a variance (including determination of technical infeasibility).

Accessible Route Exceptions (Choose **One**, if applicable):

- Accessible route is being improved to a minimum cost of 20% of the remaining cost of work (including MEP), please provide copy of PLI's "Accessible Route Cost Verification Form."
- Alterations are limited solely to the following: windows, hardware, operating controls, electrical outlets and signs, mechanical/electrical/fire protection systems, and/or abatement of hazardous materials.
- Purpose of alterations is solely to increase the accessibility.

Dwelling/sleeping unit accessibility provisions, check all that apply:

- Not applicable
- Accessible Dwelling/Sleeping unit, #: _____
- Type A Dwelling/Sleeping unit, #: _____
- Type B Dwelling/Sleeping unit, #: _____

The drawings shall indicate which toilet and bathing facility option is selected.

Date of Design Contract: _____

Required to confirm applicable UCC accessibility provisions.

11. Responsible Design Professional in Charge Affidavit:

As responsible Design Profession in Charge, I certify that the above provided project data is correct.

Name: _____ PA License #: _____

Firm/Company: _____

Email/Fax: _____ Phone: _____

Signature: _____

Alternate Point of Contact: _____

Email/Fax: _____ Phone: _____