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):
☐ Change in use with no work
☐ Interior renovation
☐ Exterior renovation
☐ Addition
☐ New Building
☐ No change in use
☐ Partial change in use
☐ Electrical work
☐ HVAC work
☐ Complete change in use
☐ Sprinkler work
☐ Fire Alarm work

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: ________________________________________
Phone: ______________________________________ Email/Fax: ______________________________________

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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
☐ Prescriptive (Chapter 3)
☐ Work Area (Chapter 4-12)
☐ Performance (Section 3412) *
☐ 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
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

4. Construction Type (Choose One):

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

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:

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>REQUIRED</th>
<th>EXISTING</th>
<th>PROPOSED</th>
<th>COVERAGE (Select One)</th>
<th>STANDARD/TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprinkler</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Partial ☐ Throughout</td>
<td>☐ 13 / ☐ 13D / ☐ 13R</td>
</tr>
<tr>
<td>Fire Alarm</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Partial ☐ Throughout</td>
<td>☐ Manual / ☐ Automatic</td>
</tr>
<tr>
<td>Standpipe</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Manual / ☐ Automatic</td>
<td>☐ Wet / ☐ Dry</td>
</tr>
</tbody>
</table>

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: _________________________________