

One Step Application Simplified Checklist and Forms

****All documents must be submitted before the application process can begin****

- A **letter** to the ADA Office officially requesting to be a part of the One Step Program
 - ADA Office
200 Ross Street, 4th floor
Pittsburgh, PA 15219
- At least 3 sets of **Sealed Construction Drawings**
 - Must be on 11"x17" pages or smaller
 - Must include Site Plan with property line
 - Must include measurements of ramp in relation to the surrounding public right-of-way (if applicable)

Public Works Department (If design affects public right-of-way):

- Department of Public Works **Encroachment Application***
- Signed and notarized **Petition*** from adjacent property owners
- **Proof of Insurance** and Certificate
- **Photographs** of the site

Historic Review Commission (if located in a Historic District):

- Submitted **Application for Certificate of Appropriateness***
- Architectural **drawings, photographs, renderings**, and a **site plan**
- Detailed **description of proposed work**
- Possible **material samples**

Zoning Department:

- **Certificate of Occupancy**
 - For more information, go to: <http://pittsburghpa.gov/dcp/zoning/certificate-of-occupancy>
- **Surveyor's Plot Plan***
 - Found at: <http://www2.county.allegheny.pa.us/RealEstate/search.aspx>
- **Zoning Application***
- **Building Permit Application***

Department of Permits, Licenses, and Inspections (PLI):

- **Surveyor's Plot Plan***
- Proof of **Licensed Contractor**

*Forms and/or examples attached below

CITY OF PITTSBURGH

DEPARTMENT OF PUBLIC WORKS

ENCROACHMENTS

The Following items are necessary in order to process any encroachment:

A letter addressed to the following: Michael Gable, Director
Department of Public Works
611 Second Avenue
Pittsburgh PA 15219

A check for \$150.00, payable to the "Treasurer, City of Pittsburgh". PLEASE DO NOT DATE THE CHECK DUE TO PROLONG PROCESS. THANK YOU.

ENCROACHMENTS: After receiving the information, we will do a review and verification then send the resolution to City Council. When this legislation is passed, we will send you a copy along with an acceptance certificate that must be signed and returned to this office. In addition, we will need an insurance certificate naming the City of Pittsburgh as an additional insured party, for the amounts listed in the encroachment once the legislation is passed.

All construction must be in compliance with City specifications.
All material for construction must comply with City standards and must be itemized in the letter of request to the Director of the Department of Public Works.
After receiving the information, the review process will begin. This process includes inspection by the administrator, field inspection by inspector, final approvals by Assistant Director's and Directors Office, and finally sent to Council for their approval.
These requests take an extensive amount of research and review, and we thank you for your patience.

If you have any questions regarding the above, please call
Monday thru Friday 7:00 a.m. to 3:00 p.m.
Eileen Papale at 412-255-2765

City of Pittsburgh
Department of Public Works

Application for an Encroachment on City Dedicated Right-Of-Way

Before application can be filed, anyone affiliated with this application must submit a tax & fine clearance statement. This statement must be signed off by all listed in the attached Ordinance. This information request is from City Code 416.03C. (see page 3)

Date _____

Name _____

Address _____

Home Phone Number: _____ Business Phone Number: _____

Pager Number: _____ Cell Phone Number: _____

Location of Proposed Encroachment: _____

Ward: _____ Council District: _____

Lot and Block What is the properties zoning code? (zoning office 255-2235)

Is the existing right-of-way, a street or a sidewalk? _____

Width of Existing Right-of-Way (sidewalk or street): _____ (Before encroachment)

Length of Existing Right-of-Way (sidewalk or street): _____ (Before encroachment)

Width of Proposed Encroachment: _____

Length of Proposed Encroachment: _____

Reason for application: _____

PLEASE ATTACH ALL ADDITIONAL INFORMATION

Upon completion of the building, how many people will the structure accommodate? _____

As a result of this encroachment, will the project create jobs and if so how many? _____

I have enclosed a picture or drawing of the proposed structure to be placed on the site of the encroached property. (No Larger than 8" X 11")

If there are abutting property owners, *I have enclosed the petition (attached at the end of the application)* received at the time of the application containing signatures of all adjacent property owners.

This petition has been *witnessed and notarized*.

I have enclosed a copy of the specifications. (No Larger than 8" X 11")

I have enclosed a copy of a survey or plot plan of the property.

REMEMBER TO ATTACH ALL ADDITIONAL INFORMATION. (*ie.: Letter to the*

Director, Insurance forms (these are due when the encroachment is approved), maps, specs, drawings, petitions, a check for \$150.00 payable to Treasurer City of Pittsburgh).

For Office Use:

Check for \$150.00 _____ Received Plot Plan or Survey _____

Received Required Insurance _____ Petition signed and notarized _____

Received detailed map of proposed encroachment _____

Received drawing or picture of completed project _____

Received picture of proposed encroached property _____

Received signed, notarized Petition, if there are abutting property owners _____

All tax information in compliance _____ delinquent _____

To the Council of the City of Pittsburgh

Gentlemen:

We, the undersigned, being all of the property owners in interest and number, abutting upon the line of:

Lot & Block & Address of APPLICANT property: _____
(Please Print)

Lot & Block & Address of abutting property RIGHT: _____

Lot & Block & Address of abutting property LEFT: _____

Respectfully petition Your Honorable body for the passage of a resolution or individual approval in your council district to encroach on the above listed right-of-way and in consideration of the premises, and for the purposes of inducing the corporate authorities of said City to enact a resolution or approval for said purpose, we do hereby stipulate, covenant and agree to release and forever discharge, said City from any and all claims for damages whatsoever which we, or either of us, may, might, or could have, or claim, for any reason of the encroachment of said public highway between said terminal points; and we further agree to indemnify, save harmless and defend said City from any claims and from the payment of any damages whatsoever resulting to any property owned by us, or either of us, or by any persons whatsoever, abutting or non-abutting, for or by reason of said encroachment.

We further waive the right to ask for the appointment of Viewers to ascertain and assess any damages caused by such encroachment, and in the event of any Viewers' proceeding being made necessary for or by reason of the passage of such resolution or approval, we do hereby jointly and severally agree and bind ourselves, our heirs, executors, administrators, successors and assigns to pay or cause to be paid to the Treasurer of said City all the costs and expenses incurred therein, the costs in court, the cost of advertising, handbills and any other expense incurred in such Viewers' proceedings, and that said amount shall be forthwith paid upon the City Solicitor certifying to the City Treasurer the amount of said costs.

IN WITNESS WHEREOF, We have hereunto set our hands and seals as of the

_____ Day of _____, A.D. 20 _____.

Witness

Property Owners: *(Please Sign & Print L&B)*

_____ (seal)
Applicant: Signature & Lot & Block

_____ (seal)
Abutting 1 RIGHT SIDE OF APPLICANT: Signature & Lot & Block

_____ (seal)
Abutting 2 LEFT SIDE OF APPLICANT: Signature & Lot & Block

City of Pittsburgh

Personally came _____ who being duly sworn says that he is personally acquainted with the owners of the property fronting or abutting upon the within described highway, and that he is one of the owners thereon, and that he knows said petition is signed by all of said owners, and that the signatures of said petition are the proper and genuine signatures of said owners.

Sworn and subscribed before me this _____ of _____, 20 _____



Division of Development Administration and Review

City of Pittsburgh, Department of City Planning

200 Ross Street, Third Floor

Pittsburgh, Pennsylvania 15219

HISTORIC REVIEW COMMISSION OF PITTSBURGH
Application for a Certificate of Appropriateness

DEADLINE:

Completed applications must be received at least 13 working days prior to the HRC hearing, when a hearing is required

FEE SCHEDULE:

See attached. Please make check payable to:
Treasurer, City of Pittsburgh.

ADDRESS OF PROPERTY:

OWNER:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

STAFF USE ONLY:

DATE RECEIVED: _____

LOT AND BLOCK NUMBER: _____

WARD: _____

FEE PAID: _____

DISTRICT:

APPLICANT:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

REQUIRED ATTACHMENTS:

- Drawings Photographs Renderings Site Plan Other

DETAILED DESCRIPTION OF PROPOSED PROJECT:

SIGNATURES:

OWNER: _____ DATE: _____

APPLICANT: _____ DATE: _____



Division of Development Administration and Review

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200 Ross Street, Third Floor

Pittsburgh, Pennsylvania 15219

STAFF LEVEL REVIEW and FEES – Project adheres to historic guidelines

Type of Project	Residential Fees	Commercial Fees
In-kind repairs	\$25	\$5 per linear foot of the façade (minimum \$50)
In-kind restoration		
Mechanical and HVAC		
Commercial awnings		
Signage		
Painting	No Fee	

HISTORIC REVIEW COMMISSION LEVEL REVIEW AND FEES – Project does not adhere to historic guidelines and changes in materials

Type of Project	Residential Fees	Commercial Fees
Awnings	\$100	\$10 per linear foot of the façade (minimum \$150)
Fencing		
Painting		
Restoration		
Replacement		
Change in materials		
Change in fenestration		
Mechanical and HVAC		
New construction		
Signage		

****All demolitions and historic nominations require full HRC review. Fees vary for demolitions (\$100 or \$400) and for historic nominations (\$100 or \$250) depending on type.****

* Residential review is for single-family homes, and structures originally built as houses with four units or less. Properties with more than four units and apartment buildings are considered commercial buildings.

* Applicants do not pay for both the Staff Review and the full HRC review for any single project. Fees are non-refundable.



**DEPARTMENT OF CITY PLANNING
DEVELOPMENT ADMINISTRATION AND REVIEW (ZONING)**

Office of the Zoning Administrator

200 ROSS STREET ♦ THIRD FLOOR ♦ PITTSBURGH ♦ PENNSYLVANIA ♦ 15219

ZONING APPLICATION

The Zoning Application **can be** used for the following:

- New Construction of a 1-Family or 2-Family Dwelling;
- Repairs, Alterations, Additions to, and/or Extensions of either a 3-Family or larger Residential Dwelling or a Non-Residential Structure.

PROPERTY OWNER/APPLICANT INFORMATION

Property Owner Name:		Phone Number: ()	
Address:	City:	State:	Zip Code:
Applicant/Company Name:		Phone Number: ()	
Address:	City:	State:	Zip Code:
Applicant/Contractor ID: (assigned by the City)			

PROJECT INFORMATION

Address where Work will Occur: _____

Location of Work: _____

If a Certificate of Occupancy exists, the following is required:

Certificate of Occupancy#: _____ Date Issued: _____ Existing Use of Property: _____

Estimated Construction: Start Date: / / Occupancy Date: / / Project Cost: \$

Check the appropriate structure type:

<input type="checkbox"/> Residential, 1-Family Dwelling	<input type="checkbox"/> Non-Residential
<input type="checkbox"/> Residential, 2-Family Dwelling	
<input type="checkbox"/> Residential, 3-Family or Larger Dwelling	

Select the Type(s) of Work from the following categories:

<input type="checkbox"/> New Construction of:	<input type="checkbox"/> Addition to or <input type="checkbox"/> Extension of:	<input type="checkbox"/> Alteration or <input type="checkbox"/> Repair Type:
<input type="checkbox"/> 1-Family Dwelling Structure	<input type="checkbox"/> Existing Primary Use Structure	<input type="checkbox"/> Structural, Interior <input type="checkbox"/> Structural, Exterior
<input type="checkbox"/> 2-Family Dwelling Structure	<input type="checkbox"/> Existing Accessory Structure	<input type="checkbox"/> Aesthetic, Interior <input type="checkbox"/> Aesthetic, Exterior

New Certificate of Occupancy is Needed

Describe the Work: _____

Provide the Square Footage (sq. ft.) of each of the items listed below, even if the answer is zero:

Lot Area: _____	Existing Structure to be Retained: _____
Building Footprint: _____	Retained Space to be Renovated/Altered: _____
Existing Structure to be Razed: _____	New Structure to be Constructed: _____

Provide the Structure Height(s):	EXISTING		PROPOSED	
	Stories	Feet	Stories	Feet
Main Structure				
Proposed Addition/Extension				
Accessory Structure:				
Accessory Structure:				
Accessory Structure:				

On-Site Parking: New Total Number of Spaces After Work is Complete: _____ N/A

Please check any of the following items that will be part of the proposed work:

<input type="checkbox"/> Demolition	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fire Protection/Sprinklers
<input type="checkbox"/> HVAC (Interior)	<input type="checkbox"/> HVAC (Exterior)	<input type="checkbox"/> Commercial Cooking Hood	<input type="checkbox"/> N/A

Please check the following items that pertain to any work proposed on private plumbing:
(i.e. plumbing between a public sewer or water line and a building, including plumbing inside the building).

Repair or Replace Existing Plumbing New Construction of Plumbing No plumbing work is proposed

Applicant will be applying for Visitability Tax Credit? Yes No



Please see page four (4) for instructions and additional permit information.

A. PROPERTY/OWNER INFORMATION

Property Street Address (no PO Box): _____
 _____ Lot-Block: _____

Owner's Name: _____

Phone: _____ Fax/Email: _____

B. SCOPE OF WORK

Description of Work: _____

Check **ALL** That Apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Interior Work | <input type="checkbox"/> Partial change In Use | <input type="checkbox"/> HVAC Work |
| <input type="checkbox"/> Exterior Work | <input type="checkbox"/> Complete change in use | <input type="checkbox"/> Electrical Work |
| <input type="checkbox"/> Addition | | <input type="checkbox"/> Sprinkler Work |
| <input type="checkbox"/> New Building | | <input type="checkbox"/> Fire Alarm Work |

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

Work requiring special documentation (Check all that apply):

- Project is regulated by Health Care Facilities Act.
- Project is in Flood Plain Overlay District.

Compliance Path For Existing Buildings:

- | | |
|---|---|
| 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) * | |

* Requires special inspection to verify compliance of construction with approved scoring.

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"/> | | |

Construction Type:

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

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: _____

Life Safety Systems	Req'd	Ex'g	New	Partial	Throughout	Type/Standard
Automatic Fire-Protection	<input type="checkbox"/>	NFPA: _____				
Standpipe	<input type="checkbox"/>	Class: I II III				
Fire Alarm	<input type="checkbox"/>	Manual Automatic				

Exits:

of Exits per Story: _____

Fire-rating of exit enclosure: _____

Special Inspections:

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

Energy Code Compliance:

Thermal Envelope (as applicable):

- Prescriptive
- U-factor alternative (ComCheck)
- ASHRAE - 90.1
- Total Building Performance

Electrical:

- New Interior Lighting
- New Exterior Lighting

Mechanical:

- New HVAC equipment

Accessibility:

Please identify how the project is complying with most current PA UCC accessibility provisions:

- Building is fully compliant.
- Work area and route to it (including toilet rooms and drinking fountains) is fully compliant.
- PA Labor & Industry's Accessibility Advisory Board has approved a variance (including determination of technical infeasibility).
- One of the following exceptions apply:
 - Accessible route is being improved to a minimum cost of 20% of the remaining cost of work (including MEP).
 - 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 are to increase the accessibility.

If dwelling/sleeping units are required to comply with accessibility provisions, check all that apply:

- Accessible Dwelling/Sleeping unit, #: _____
- Type A Dwelling/Sleeping unit, #: _____
- Type B Dwelling/Sleeping unit, #: _____

Please note the drawings must note which toilet and bathing facility option is selected.

Date of Design Contract: _____

Responsible Design Professional in Charge:

Professional Seal

Name: _____

Firm/Company: _____

PA License #: _____

Phone: _____

Email/Fax: _____

Point of Contact: _____

Contact's Email: _____

I certify that the above provided project data is correct.

Signature: _____

D. PERMIT RELATED INFORMATION (To be completed by Contractor, if selected)

General Contractor:

Name: _____

License Number: BL00 _____

Email/Fax: _____

Phone: _____

Total Job Cost: _____

Cost of Renovations*: _____

*This will be used to calculate permit fee.

Signature: _____

E. APPLICANT'S AFFIDAVIT

As the Owner of the property for which this application is filed, or authorized agent, I certify that:

1. The information provided as part of this application is correct.
2. The building/structure, or portion thereof, will not be occupied until a "Certificate of Occupancy" has been issued by the City of Pittsburgh.
3. The project will be constructed in accordance with the approved construction documents.
4. Any changes to the approved construction documents will be submitted to the Bureau of Building Inspection for review and associated fees paid.
5. If the responsible design professional in charge or general contractor should change, written notice of the change will be provided to the Bureau of Building Inspection.
6. I understand that no error or omission in the construction documents or application, whether approved or not, shall permit or relieve me from complying with the applicable building codes, as amended by the City of Pittsburgh.
7. This work has been authorized by the Owner and I have been authorized by the Owner to complete this application on their behalf.

Signature: _____

Name: _____

(Print)

Contact Information (if authorized agent):

Address: _____

Email/Fax: _____



PERMIT APPLICATION PROCESS

The Commercial Permit application process is two-fold. The first component is review and approval by the Zoning Department for the land use as regulated by Pittsburgh's Zoning Code. The second component is review and approval by BBI for compliance with Pennsylvania's Uniform Construction Code (UCC), as amended locally.

Applications shall be submitted in person at the Zoning Counter located at 200 Ross St, 3rd Floor, Pittsburgh, PA, 15219. Two separate checks or money orders will be required, one for the Zoning filing fee, the other for the Building Permit fee.

PERMIT FORM

The Commercial Permit Form is required to be submitted with all Commercial Permit applications that require drawing submittal and review. Permit applications with missing or incomplete forms will not be accepted into the BBI Plan Review Queue.

A. PROPERTY/OWNER INFORMATION

A valid property address is essential for permit applications. Please check Allegheny County Real Estate's website to verify that address is an officially recognized address. If the address is not valid, the Owner, or authorized agent will need to request an address from Public Works.

B. SCOPE OF WORK

Please note all work that that is intended to be performed in association with the renovations.

C. CODE INFORMATION

This section shall be completed, signed and sealed by the Design Professional. As noted above, permit applications with missing or incomplete forms will not be accepted into the BBI Plan Review Queue.

Work requiring special documentation:

If project is regulated by Health Care Facilities Act submitted drawings shall be approved by PA Department Health.

If project is in Flood Plain Overlay District, an application for construction in the Flood Plain shall be submitted to the Planning Department. Drawings shall note Flood Plain compliance, as required.

Compliance Path For Existing Buildings:

If the permit includes renovations to an existing building, the selected compliance path shall be noted so that the application is reviewed accordingly.

If the Performance Path (IEBC Chapter 13 or IBC 3412) is selected, a Special Inspector is required to verify that the building and construction comply with the approved scoring. Please refer to our Special Inspections form for additional information.

Use Groups:

All use groups in the structure shall be identified, including areas outside of the work area, in order to confirm compliance with mixed use requirements.

Construction Type:

Unless otherwise permitted by the IBC, identify the Construction Type that the entire structure conforms to.

Building Area & Height:

This information is required regardless of the size of the work area in order to understand overall building requirements as it relates to specifics of this permit application. For additions and new construction, the primary component of the permit fee is based on the total gross area to be constructed.

Fire Protection Systems:

Each of these systems shall be identified as required (or not), existing, or proposed (to be added). The extent of system shall be noted; throughout shall mean throughout the building. Sprinkler standards shall be NFPA 13D, 13R or 13. Standpipe Class are I, II, or III. Fire alarm types are Manual or Automatic.

Exits:

Identify the existing/proposed number of exits per story and associated fire-rating.

Special Inspections:

It is the responsibility of the Design Professional in Responsible Charge to provide a statement of Special Inspection compliance, please see IBC Section 1704 and our Special Inspections form for additional information.

Energy Code Compliance:

The compliance path for energy code compliance shall be identified and the supporting documents showing compliance shall be included with the permit application.

Accessibility:

Please note under the UCC only Labor & Industry's Accessibility Advisory Board has the authority to modify, issue variances, or determine technical infeasibility as it relates to accessibility provisions.

The permit application shall include a site plan identifying the public arrival point and accessible route from this point to the accessible entrance(s). The Construction Documents shall identify accessible route and accessible features to verify compliance with the UCC.

If PA Labor & Industry's Accessibility Advisory Board has approved a variance, a copy of their approval letter shall be enclosed with the permit application.

The drawings shall note any applicable accessibility exceptions.

If the accessible route is being improved, City of Pittsburgh's "Improved Accessible Route Cost Verification" form shall be completed and sealed by the Design Professional.

The drawings shall note dwelling/sleeping unit type (Accessible, Type A, or Type B) as applicable. For Type B, the applicable toilet and bathing facility option selected shall be noted.

The date of the design contract is required to determine the applicable Accessibility codes. If signed prior to December 31, 2012 a copy shall be provided for our records.

The Responsible Design Professional in Charge shall sign and seal where indicated at the end of this section.

D. PERMIT RELATED INFORMATION

If the contractor has been selected, this section shall be completed and signed by the contractor, or an authorized agent. For renovations, the cost of work is the basis for the primary portion of the permit fee. It should include only general trade work. The cost of work associated with MEP/FP work is assessed under those permits.

E. APPLICANT'S AFFIDAVIT

The applicant shall sign the affidavit and provide contact information, if an authorized agent (not the Owner). If this section is unsigned, the permit application will not be accepted into the BBI Plan Review Queue.