

COMMERCIAL BUILDING PERMIT APPLICATION

PLEASE VIEW THE FOLLOWING INFORMATION PRIOR TO TURNING IN AN APPLICATION

THE PURPOSE

The following information will serve as a guide to make understanding and completing the *COMMERCIAL* building permit application easier. This information is intended only for the *COMMERCIAL* building permit application. Please refer to the *RESIDENTIAL* building permit application for residential building information. Please visit <https://codes.iccsafe.org/codes/pennsylvania> to view codes related to the building permit application.

THE APPLICATION

The following commercial building permit application must be completed in its entirety to be considered.

Any application that is not fully completed with all required accompanying documents will not be reviewed and a new application and accompanying documents will need to be resubmitted.

Electronic submissions are preferred, but not required. If you are turning in this application electronically, only PDF submissions will be considered. Electronic submissions can be emailed to the Code Enforcement Department.

All plans must be signed and sealed by a registered architect or engineer. If you elect to submit a physical application rather than digitally, please include **3 signed and sealed copies.**

Please complete the **SITE INFORMATION SECTION** in its entirety. It is important for us to have this information to make the review process go smoothly.

Next, provide all the required information in the **CONTRACTOR INFORMATION SECTION**. If the contractor for the job will be the same as the property owner, just write "SAME AS ABOVE" on the Contractor line in the Contractor Information Section. It is extremely important that the PA Registration Number for the Contractor is provided. Additionally, we require a copy of the **CONTRACTOR'S INSURANCE FOR WORKERS COMPENSATION OR A SIGNED EXEMPTION FORM**.

The **TYPE OF WORK SECTION** and **DESCRIPTION OF WORK SECTION** is where we learn more about the proposed project. Please include all the required information so we can review the application more efficiently. Be sure that the project description is as detailed as possible. If the description cannot fit into the provided section, feel free to attach an additional paper with the description to the application.

REVIEW, FEE, AND PICK-UP

Often, the review process for commercial building permits gets held up when not enough information is presented, or the application is incomplete. To speed up the review process, please ensure all necessary information is detailed and all necessary documents are provided. **NO PAYMENT IS REQUIRED UNTIL THE PERMIT IS ISSUED**. When the application is approved and ready for pick-up, someone from our office will call you and inform you of the fee at that time. Note that fees vary based on the project type and scope.

Please keep a copy of all submitted documents for your records.

NO WORK IS TO BEGIN PRIOR TO THE PAYMENT AND PICK-UP OF THE PERMIT. IF ANY WORK IS STARTED PRIOR TO THE PAYMENT AND PICK-UP, YOU ARE IN VIOLATION AND SUBJECT TO FINES AND OTHER LEGAL ACTIONS.

COMMERCIAL BUILDING APPLICATION CHECKLIST

_____ Completed and Signed Commercial Building Certificate Application Including:

_____ Signed and sealed plans (3 copies if physical submittal)

_____ Completed contact information

_____ Detailed description of proposed work

_____ Estimated total cost of proposed work

_____ Signed acknowledgement

_____ Contractor's Certificate of Insurance/Exemption Form

_____ Detailed Copy of Plans and Materials to be Used

_____ Zoning Certificate Application

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COMMERCIAL BUILDING PERMIT APPLICATION

Site Information

Construction Site Address:
Owner/Tenant Name:
Owner/Tenant Address:
Owner/Tenant Phone Number:
Owner/Tenant Email:
State Classification: ___New Commercial ___Other Commercial Is the Construction Site in a Flood Plain? ___Yes ___No
Does any of the work involve structural repairs, alterations, or addition? ___Yes ___No

Contractor Information

Contractor:
Address:
Cell Phone Number:
PA Registration Number:
Email:
(IF OWNER, PUT SAME NAME ABOVE)

Type of Work

___ Accessory Structure Type:
___ Accessibility Type:
___ Alteration Type:
___ Cellular Upgrades Type:
___ Fencing Height:
___ Other* (Explain in DESCRIPTION OF WORK SECTION):
___ Insulation Type:
___ Mechanical Type:
___ New Structure Type:
___ Retaining Wall Height:
___ Sign Type:

Description of Work

*If doing multiple projects, include information for each. Attach additional sheet if necessary**

Total Square Footage:
Number of Stories:
Dimensions of Structure:
Description of Work:
Estimate of Total Costs for all Work (Labor & Material): \$

Contact Person: Phone Number: Email:

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND COMPLETED THIS APPLICATION AND STATE THE ABOVE IS CORRECT AND ACKNOWLEDGE THE PROJECT(S) WILL COMPLY WITH ALL MUNICIPAL ORDINANCES AND STATE LAWS REGARDING CONSTRUCTION.

Print Name: Signature:
Owner Contractor Owner Representative

BUILDING CODE OFFICIAL USE ONLY

UCC Building Fee:
Plan Review Fee:
Zoning Fee:
State Fee:
Other Fees:
Total Costs:

Parcel ID:
Plans Approved: Plans Denied:
Code Official:
State Certification #:
Date Issued:
Notes:

Zoning Certificate #:
Building Certificate #:

DESIGNATED MUNICIPALITY & WORKSHEET NO.

AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- _____ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

- _____ Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.

- _____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

Signature of Applicant

County of _____

Municipality of _____

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