

McMillen Engineering, Inc.
 115 Wayland Smith Drive
 Uniontown, PA 15401
 724-439-8110 Phone
 724-439-4733 Fax

Job Number	For Office Use Only
	Received by: _____
	Date: _____
Permit Number	Amount Paid: _____
	Check # _____

**UNIFORM CONSTRUCTION CODE (UCC)
 BUILDING PERMIT APPLICATION - COMMERCIAL**

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Street Address	City	Zip Code	Municipality
Tax Map #	Subdivision	Lot Size	
Directions to property:			

OWNER INFORMATION

Last Name	First Name	Daytime Phone #	
Email: _____			
Mailing Address	City	State	Zip

IMPROVEMENT TYPE

<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Occupancy Permit	<input type="checkbox"/> Repair
<input type="checkbox"/> Current Use	_____	
<input type="checkbox"/> Vacant (specify use)	_____	

PROPOSED USE

FACTORY	INSTITUTIONAL	BUSINESS	STORAGE
<input type="checkbox"/> Low Hazard	<input type="checkbox"/> Group Home	<input type="checkbox"/> Banks	<input type="checkbox"/> Low Hazard
<input type="checkbox"/> Moderate Hazard	<input type="checkbox"/> Halfway House	<input type="checkbox"/> Barber/Beauty	<input type="checkbox"/> Moderate Hazard
<input type="checkbox"/> High Hazard	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Car wash	Specify specific use:
<input type="checkbox"/> Other Specific use: _____	<input type="checkbox"/> Convalescent	<input type="checkbox"/> Clinic-outpatient	_____
	<input type="checkbox"/> Drug Center	<input type="checkbox"/> Vehicle showroom	
	<input type="checkbox"/> Assisted living	<input type="checkbox"/> Post office	
	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Professional (architects, attorney, dentist, Dr. etc.)	
	<input type="checkbox"/> Mental hospital	<input type="checkbox"/> Educational Above grade 12	
	<input type="checkbox"/> Child care fac.	<input type="checkbox"/> Other specify _____	
	<input type="checkbox"/> Detox fac.	_____	
	<input type="checkbox"/> Hospital		
	<input type="checkbox"/> Other Specify _____		

ASSEMBLY

- _____ Theatre
- _____ Night Club
- _____ Restaurant
- _____ Church
- _____ Other Assembly
- _____ Museum
- _____ Tavern/bar
- _____ Banquet hall
- _____ Courtrooms
- _____ Bleachers
- _____ Stadiums
- _____ Other specify: _____

EDUCATIONAL

- _____ Grades K-12
- _____ Day Care Facility
- _____ Other specify: _____

Mercantile

- _____ Drugstore
- _____ Market
- _____ Sales Room
- _____ Retail/wholesale store
- _____ Motor fuel dispensing facility
- _____ Other specify: _____

RESIDENTIAL

- _____ Boarding (transient)
- _____ Hotels (transient)
- _____ Motels (transient)
- _____ Apartment house
- _____ Boarding house (non-transient)
- _____ Dormitories
- _____ Hotels (non-transient)
- _____ Motels (non-transient)
- _____ Live / work units
- _____ Vacation/time share
- _____ Adult Care (5 or less for less than 24 hours)
- _____ Child care (5 or less for less than 24 hours)
- _____ Other specify: _____

HIGH HAZARD

- _____ Explosives
- _____ Combustible dusts
- _____ Flammable gases
- _____ Water reactive
- _____ Class 3
- _____ Consumer fireworks
- _____ Flammable solids
- _____ Water reactive materials
- _____ Class 2
- _____ Corrosives
- _____ Toxic materials
- _____ Other specify: _____

MISCELLANEOUS GROUP

- _____ Fences (greater than 6 feet high)
- _____ Greenhouses
- _____ Private garages
- _____ Sheds
- _____ Tanks
- _____ Towers
- _____ Other specify: _____

Provide the following approvals along with this application and plans (as applicable)

- Copy of zoning permit obtained from:
 - North Union, German & Perry Townships- Fayette County Planning & Zoning 724-430-1210
 - Wharton Township & Coal Center- McMillen Engineering, Inc.
 - California Borough- California Borough
 - Rices Landing- Rices Landing Borough
 - Roscoe – Roscoe Borough
- Copy of issued sewage permit- obtained from Municipal Authority or Sewage Officer
- Copy of driveway permit (either issued by municipality or by PennDOT)
- Copy of approved stormwater plan, as per the adopted ordinance for municipality

These documents shall be submitted prior to review of the building permit application

If your municipality does not have any of the regulations above, please note those below:

ESTIMATED COST OF CONSTRUCTION \$ _____

CONTRACTOR INFORMATION

Architect/Engineer

Name Address Phone

General Contractor

Name Address Phone

Excavation

Name Address Phone

Concrete

Name Address Phone

Carpentry

Name Address Phone

Electrical

Name Address Phone

Plumbing

Name Address Phone

Sewer

Name Address Phone

Mechanical

Name Address Phone

Roofing

Name Address Phone

Masonry

Name Address Phone

Drywall

Name Address Phone

Sprinkler

Name Address Phone

Paving

Name Address Phone

Fire Alarm

Name Address Phone

BUILDING

STRUCTURAL FRAME

____ Steel ____ Concrete
____ Masonry ____ Wood
____ Other (identify) _____

EXTERIOR WALLS

____ Steel ____ Concrete
____ Masonry ____ Wood
____ Other (identify) _____

Are there any **structural assemblies** fabricated off-site? ____ yes ____ no

Building area ____ sq ft Stories ____ Lot Area ____ sq ft Parking Area ____ sq ft
Garages/Bays ____ number Garage Area sf ____ Full baths ____ number Partial baths ____ number
Living area ____ sq ft Basement area ____ sq ft Height above grade ____ Windows ____
Fireplaces ____ number Office/Sales ____ sq ft Enclosed parking ____ number
New residential units ____ Existing residential units ____ Manufacturing ____
Elevator/Escalators ____ number Outside parking ____ No. Accessible parking ____

Estimated Cost of Building/Structural work: \$ _____
Will the construction sequence be phased? Yes _____ No _____ Estimated no. of phases _____

ELECTRICAL

Is there any electrical work to be performed? YES NO

If yes, Please provide the following:

Total service AMPS # Circuits 2 wire 3 wire 4 wire # Service outlets 110V 220V

Power Devices	No.	Output/Load	Power Devices	No.	Output/Load
1. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	4. _____	_____	_____
5. _____	_____	_____	6. _____	_____	_____

Total Number of Motors:

Utility Service Revisions:

Estimated Value of Electrical Work: \$ _____

PLUMBING

Enter the number of fixtures being installed, replaced or repaired:

Tub/showers <input type="checkbox"/>	Drinking Fountains <input type="checkbox"/>	Back flow preventers <input type="checkbox"/>	Shower stalls <input type="checkbox"/>
Floor Drains <input type="checkbox"/>	Water Pumps <input type="checkbox"/>	Lavatories <input type="checkbox"/>	Water heaters <input type="checkbox"/>
Roof Openings <input type="checkbox"/>	Toilets <input type="checkbox"/>	Water softeners <input type="checkbox"/>	Parking lot drains <input type="checkbox"/>
Urinals <input type="checkbox"/>	Sewage Ejectors <input type="checkbox"/>	Inside downspouts <input type="checkbox"/>	Sinks <input type="checkbox"/>
Sump Pumps <input type="checkbox"/>	Swimming Pools <input type="checkbox"/>	Laundry tubs <input type="checkbox"/>	Grease traps <input type="checkbox"/>
Standpipes <input type="checkbox"/>	Dishwashers <input type="checkbox"/>	Bidets <input type="checkbox"/>	Fire sprinkler (# of heads) <input type="checkbox"/>
Garbage Disposals <input type="checkbox"/>	Lawn sprinklers <input type="checkbox"/>	(# of heads) <input type="checkbox"/>	Total number of fixtures: <input type="checkbox"/>
Water Service: <input type="checkbox"/>	Public Water: <input type="checkbox"/>	Public Sewer: <input type="checkbox"/>	
Water Service Size: <input type="checkbox"/> In.	Water Meter size: <input type="checkbox"/> In.	Avg Daily Water Use: <input type="checkbox"/> GPD	

Estimated Cost of Plumbing Work: \$ _____

MECHANICAL

Enter the number of new or replacements units:

Forced Air Furnace <input type="checkbox"/>	Incinerator <input type="checkbox"/>	Air Handling Unit <input type="checkbox"/>	Unit Heater <input type="checkbox"/>
Boiler <input type="checkbox"/>	Heat Pump <input type="checkbox"/>	Gas/oil conversion <input type="checkbox"/>	Coil Unit <input type="checkbox"/>
Air Cleaner <input type="checkbox"/>	Space Heater <input type="checkbox"/>	Window A/C unit <input type="checkbox"/>	A/C compressor <input type="checkbox"/>
Gravity Furnace <input type="checkbox"/>	Split System A/C <input type="checkbox"/>	Solid fuel appliance <input type="checkbox"/>	
Electric Furnace <input type="checkbox"/>	Hazardous Exhaust system <input type="checkbox"/>	Kitchen exhaust hood <input type="checkbox"/>	

Utility Service Revisions:

Type of Heating Fuel:

Gas _____ Oil: _____ Electric: _____ Coal: _____ Wood _____ Other _____

Estimated Cost of Mechanical Work: \$_____

Please read the below statements prior to signing:

1. The Applicant certifies that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and PA ACT 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, right of way, and flood areas. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.
2. Application for a permit shall be made by the owner of the building or structure, or agent, or by the registered design professional employed in connection with the proposed work.
3. The authority of a third-party agency exists as a result of a contract approved by the governing body of the municipality, or as a result of an intermunicipal agreement under 53 Pa.C.S. Ch. 23 Subch. A entered into by the municipality.
An applicant may inform the governing body of the municipality of complaints about a third-party agency’s services, including reports of incompetence or gross negligence, a failure to abide by a time period specified under this act, rude or unprofessional behavior or discrimination based on personal bias against the applicant.
The Department certifies third-party agencies and investigates complaints about service, including complaints due to violations of this act, incompetence or gross negligence, fraud, deceit or acts of moral turpitude.
The Department has a publicly accessible internet website which includes the form for filing a complaint about service under subparagraph (iii)
4. **No work may be concealed from view until it has been approved by McMillen Engineering inspector.** I fully understand that it is my responsibility to call for the inspections and that, if inspections are not made according to this procedure, I may be in violation of the UCC and may be subject to prosecution. *I am aware that any work not inspected or not corrected will be noted on the Final Inspection Certificate and Occupancy Permit.*

5. **The Building Permit must remain on the construction site at all times.** If the Building Permit is unavailable for McMillen Engineering Inspector to sign off on at the time of an inspection, said inspection will need to be rescheduled and a re-inspection fee will apply.
6. I also understand that no one may occupy the structure (or portion thereof) until a *Certificate of Occupancy* has been issued.

Signature of Owner or Authorized Agent

Date

***PLEASE BE ADVISED THAT ALL INFORMATION ON THIS APPLICATION MUST BE FILLED OUT COMPLETELY. IF A SECTION DOES NOT APPLY TO YOUR CONSTRUCTION PROJECT, PLEASE MARK "N/A." INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**