

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 # _____
	% Twp / Borough _____

**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
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**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)	_____	

**BUILDING DIMENSIONS**

New Building Construction	_____ sq ft	Other	_____ sq ft
Building Alteration	_____ sq ft	Attached Garage	_____ sq ft
Accessory Building	_____ sq ft		

**TOTAL Square Foot**

**\*\*SQFT of Building Area – Total Square Footage of all floors within the exterior perimeter, including basements and attics.  
 For commercial swimming pools- square footage includes pool & pool deck**

**PROPOSED USE**

<b>FACTORY</b>	<b>INSTITUTIONAL</b>	<b>BUSINESS</b>	<b>STORAGE</b>
<input type="checkbox"/> Low Hazard	<input type="checkbox"/> Convalescent	<input type="checkbox"/> Banks	<input type="checkbox"/> Low Hazard
<input type="checkbox"/> Moderate Hazard	<input type="checkbox"/> Drug Center	<input type="checkbox"/> Barber/Beauty	<input type="checkbox"/> Moderate Hazard
<input type="checkbox"/> High Hazard	<input type="checkbox"/> Assisted living	<input type="checkbox"/> Car wash	Specify specific use:
<input type="checkbox"/> Other Specific use: _____	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Clinic-outpatient	_____
	<input type="checkbox"/> Mental hospital	<input type="checkbox"/> Vehicle showroom	
<b>INSTITUTIONAL</b>	<input type="checkbox"/> Child care fac.	<input type="checkbox"/> Post office	
<input type="checkbox"/> Group Home	<input type="checkbox"/> Detox fac.	<input type="checkbox"/> Professional (architects, attorney, dentist, Dr. etc.)	
<input type="checkbox"/> Halfway House	<input type="checkbox"/> Hospital	<input type="checkbox"/> Educational Above grade 12	
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Other Specify: _____	<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:
  - Fayette County Planning & Zoning 724-430-1210* for Brownsville Borough, Brownsville Township, German Township & Perry Township.
  - McMillen Engineering, Inc for Henry Clay & Wharton Township.
  - California Borough- California Borough
  - Coal Center – Dennis Martinak 412-523-6760
  - Rices Landing- Rices Landing Borough
  - Roscoe – Roscoe Borough
  - Dunkard Township – no zoning permit required
- 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

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

**ESTIMATED COST OF CONSTRUCTION** \$

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**CONTRACTOR INFORMATION**

**Architect/Engineer**

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Name	Address	Phone
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**General Contractor**

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Name	Address	Phone
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**Excavation**

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Name	Address	Phone
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**Concrete**

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Name	Address	Phone
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**Carpentry**

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Name	Address	Phone
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**Electrical**

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Name	Address	Phone
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**Plumbing**

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Name	Address	Phone
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**Sewer**

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Name	Address	Phone
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**Mechanical**

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Name	Address	Phone
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**Roofing**

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

Estimated Cost of Plumbing Work: \$\_\_\_\_\_

**MECHANICAL**

Enter the number of new or replacements units:

Forced Air Furnace	___	Incinerator	_____	Air Handling Unit	___	Unit Heater	___
Boiler	___	Heat Pump	_____	Gas/oil conversion	___	Coil Unit	___
Air Cleaner	___	Space Heater	_____	Window A/C unit	___	A/C compressor	___
Gravity Furnace	___	Split System A/C	_____	Solid fuel appliance	___		
Electric Furnace	___	Hazardous Exhaust system	_____			Kitchen exhaust hood	___

Utility Service Revisions:

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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.

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Signature of Owner or Authorized Agent

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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.**