



City of St. Marys, PA
Code Enforcement Department

COMMERCIAL BUILDING PERMIT APPLICATION

Office Use Only:

Permit No: _____ Permit Fee: _____ Date Issued: _____
Plan Review Date: _____ Approved: _____ Not Approved: _____
Control Number: _____ Application Number: _____

COMPLETE ALL APPLICABLE INFORMATION:

Date: _____

Owner: _____ Phone: _____

Owner Address: _____ Fax: _____

Worksite Address: _____

Architect/Design Professional: _____

Architect/DP. Address: _____

Phone: _____ Fax: _____ Email: _____

BUILDING SECTION

Description Of Work: _____

- New Building Addition Alteration Roofing Pool
 Fence (Exceeds 6') Sign Accessory Structure Demolition Other

New Building Area All Floors _____ sq.ft. Estimated Building Cost: \$ _____

Building Contractor: _____ Phone: _____

Contractor Address: _____ Fax: _____

Fed. Emp. No. _____ License No. _____

I certify that as the owner or authorized agent of the project all work will be done according to the PA Uniform Construction Code and all approved plans or specifications. No error or omission in the drawings, whether approved or not, shall relieve me from constructing the work in any other manner.

Signature: _____ Date: _____

ELECTRICAL SECTION

Description Of Work: _____

New Service Service Upgrade New Wiring New Elec. Device/Appliance

Other _____ Estimated Electrical Cost: \$ _____

Electrical Contractor: _____ Phone: _____

Contractor Address: _____ Fax: _____

Fed. Emp. No. _____ License No. _____

Electrical Service

_____ AMP _____ Volt _____ Phase West Penn Power w.o.# _____

___ Overhead ___ Underground Service Entrance Conductor size ___ Copper ___ Aluminum

___ Permanent ___ Temporary Grounding Conductor size ___ Copper ___ Aluminum

Sub-Panels: _____ AMP _____ Volt _____ Phase Conductor sizes/types _____

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Signature: _____ Date: _____

MECHANICAL SECTION

Description Of Work: _____

Type of Fuel: Natural Gas LP Gas Electric Other _____

Installation of New Equipment (check all that apply): Size/BTU: _____

___ Forced Air Furnace ___ Boiler ___ Solid Fuel Appliance ___ Radiant Floor Heat

___ A/C Unit ___ Ductwork ___ Exhaust Fans ___ Kitchen Hood

___ Other _____ Estimated Mechanical Cost: \$ _____

Mechanical Contractor: _____ Phone: _____

Contractor Address: _____ Fax: _____

Fed. Emp. No. _____ License No. _____

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Signature: _____ Date: _____

PLUMBING SECTION

Description Of Work: _____

Installation of New Equipment/Fixtures (check all that apply): Water main size: _____ Sewer main size: _____

Water Closet Urinal Shower Sink Floor Drain

Hose Bibb Water Heater Grease trap Separator Interceptor

Backflow Preventer Dishwasher Sump Pump Stacks Water Service

Garbage Disposal Other _____ Estimated Plumbing Cost: \$ _____

Plumbing Contractor: _____ Phone: _____

Contractor Address: _____ Fax: _____

Fed. Emp. No. _____ License No. _____

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Signature: _____ Date: _____

FIRE PROTECTION SECTION

Description Of Work: _____

Fire Alarm Systems:

Detectors/Smoke Detectors/Heat Pull boxes Dampers

Audible Alarms Visual Alarms Other _____

Fire Suppression Systems:

Standpipes Sprinkler Heads Wet System Dry System

Chemical System Kitchen Hood Exhaust Other _____

Fire Separation:

Single Use Separated Uses Mixed Use Incidental Use

List Uses & Fire Separation/Hour (when applicable): _____

Fire Protection Contractor: _____ Phone: _____

Contractor Address: _____ Fax: _____

Fed. Emp. No. _____ License No. _____

Estimated Cost Of Fire Protection Work: _____

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Signature: _____ Date: _____

BUILDING INFORMATION & CODE DATA



USE GROUP: (Check all that apply)

- | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 | <input type="checkbox"/> B |
| <input type="checkbox"/> E | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 |
| <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 | <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 |
| <input type="checkbox"/> M | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 |
| <input type="checkbox"/> S-2 | <input type="checkbox"/> U | | | | |

TYPE OF CONSTRUCTION: (Check all that apply)

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

OCCUPANT LOAD: _____

CODE EDITIONS USED: (Check all that apply)

- | | | | |
|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 2018 IBC | <input type="checkbox"/> 2018 IPC | <input type="checkbox"/> 2018 IMC | <input type="checkbox"/> 2017 NEC |
| <input type="checkbox"/> 2018 IECC | <input type="checkbox"/> 2018 IEBC | <input type="checkbox"/> 2018 IFGC | <input type="checkbox"/> 2018 IFC |

PENNSYLVANIA UCC ACCESSIBILITY REQUIREMENTS

- | | |
|---|---|
| <input type="checkbox"/> 2021 IBC Chapter 11 & Appendix E | <input type="checkbox"/> 2017 ANSI A117.1 |
|---|---|

ALTERATIONS:

- International Existing Building Code Level 1 2 3