



TOWNSHIP OF  
*Hampton*

## **ITEMS REQUIRED TO OBTAIN A NEW COMMERCIAL BUILDING PERMIT**

(For New Commercial Buildings and Additions Only)

- **TWO (2) SETS OF PLANS IN DETAIL**
- **TWO COPIES OF PLANS MUST BE SUBMITTED IN DIGITAL FORMAT**
  - PLANS **MUST** CONSIST OF FRONT, REAR, SIDES AND SECTIONAL ELEVATIONS
  - PLANS **MUST** SHOW AS APPLICABLE WATER RUN OFF AND EROSIONAL CONTROLS (SILT FENCE, STRAW BALES). THIS CAN BE SHOWN OF THE PROPERTY SURVEY
- Application **MUST** include Energy Requirements (REScheck, [www.energycodes.gov](http://www.energycodes.gov), **OR** "Pennsylvania's Alternative Residential Energy Provisions.") **OR** Requirements specified in the ICC (International Energy Conservation Code 2006) ***you must provide proof of compliance on which-ever method you choose.***
- HVAC DUCT WORK and VENTS – SIZE and LENGTH
- GAS LINES – SIZE and LENGTH
- ALL BTU'S OF APPLIANCES
- COPY OF WORKERS COMPENSATION INSURANCE CERTIFICATE (S)
- COPY OF SURVEY (Stamped)
- WE ACCEPT CHECK OR CASH
- PLEASE TURN IN A COMPLETED APPLICATION FILLED OUT IN BLUE OR BLACK INK

# NON-RESIDENTIAL PERMIT APPLICATION FEES

## ONE CHECK

### **Commercial Permit**

**\$0.35 Per square foot of GFA**

*(R-1, R-2, ex. Assembly, Business, Educational, Institutional)*

**\$0.30 per square foot of GFA**

*(Mercantile, High Hazard)*

**\$0.25 per square foot of GFA**

*(Storage, Warehouse)*

*(GFA: Gross floor area based on **TOTAL** square footage of all floors within the perimeter of the outside walls, including basements. Attached covered walkways, patios, decks, garages and attics with a ceiling height of 6'6 or more shall also be included in the calculation of the GFA.) Use groups as defined in the International Building Code.*

+

Base Cost of Building Permit                      \$100.00

+

Cost of Occupancy Permit                      \$100.00

+

PA State Administration Fee                      \$4.00

We accept check or cash.

All checks are made payable to: **“Township of Hampton”**



TOWNSHIP OF

*Hampton*

### **BUILDING PERMIT REQUIREMENTS**

The Township of Hampton provides all inspections as part of the building permit fees, with the **exception** of the following:

- **Plumbing**
- **Electrical**
- **Residential Electrical Plan Review**
- **Commercial Plan Review**
- **Energy (Insulation)**

You may use any inspector or inspection agency listed for each category. Inspections performed by Inspectors or Inspection Agencies not listed below will **NOT** be recognized.

**Plumbing** - Contact the Allegheny County Health Department (ACHD) 412-687-ACHD (2243)

#### **Electrical Only**

- ***Stewart's Electrical Inspections***, Irwin PA, contact: John Stewart, 724-864-9260  
[johnwstew@verizon.net](mailto:johnwstew@verizon.net) Fax: 724-864-9206
- ***Tri-State Safety Inspection Service***, Uniontown PA, contact: John Peton, 724-439-2601  
[tristatesafety200@yahoo.com](mailto:tristatesafety200@yahoo.com)
- ***Steel City Inspection Agency, Inc.***, Pittsburgh PA, contact: Carmen Delucia, 412-653-2110  
[sciapg@cs.com](mailto:sciapg@cs.com)
- ***Codesys Code Consulting, Inc.***, Pittsburgh PA, contact: Peg Russell, 412-821-0337 x11  
[Wer4code@aol.com](mailto:Wer4code@aol.com)
- ***Commonwealth Code Inspection Service***, contact: Maurice Thompson, 412-486-7693  
[mar\\_gayle@verizon.net](mailto:mar_gayle@verizon.net)
- ***Middle Department Inspection Agency, Inc.***, Wexford PA, contact: Ron Duva 1-800-930-6342  
[Wexford80@worldnet.att.net](mailto:Wexford80@worldnet.att.net)
- ***Allegheny Inspection Services, Inc.***, Karns City, PA, contact: Max Summerville 1-800-506-5432  
or 412-719-5784, John Croup 724-944-0508
- ***Atlantic Inland Inspections***, Pittsburgh, PA, Contact: Thom Ruff, 412-213-0200

#### **Electrical & Insulation**

- ***Professional Code Services, Inc.***, Gibsonia, PA, contact: Scott Chermak, 724-449-2633 x 1  
[info@professionalcodeservices.com](mailto:info@professionalcodeservices.com) Fax: 724-449-2673
- ***International Code Consultants***, Cranberry Township, PA, Contact: David J. Buskirk, 724-772-2633  
or 412-596-3287

#### **Commercial Plan Review**

- ***Henry A. Hegerle***, Pittsburgh PA, 412-381-4989
- ***Codesys Code Consulting, Inc.***, Pittsburgh PA, contact: Peg Russell, 412-821-0337 x11
- ***Commonwealth Code Inspection Service***, Manheim PA, contact: David S. Abel, 800-732-0043
- ***Professional Code Services, Inc.***, Gibsonia, PA, contact: Scott Chermak, 724-449-2633 x 1



<p><b><i>For Township Use Only:</i></b></p> <p>Permit #: _____</p> <p>Approved Yes ___ No ___</p> <p>Date _____</p>
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## NEW COMMERCIAL BUILDING PERMIT APPLICATION

### **LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Complete Site Address: \_\_\_\_\_

Tax Parcel# \_\_\_\_\_ Lot# \_\_\_\_\_ Zoning: \_\_\_\_\_

Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ PA# \_\_\_\_\_

Architect: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **TYPE OF WORK OR IMPROVEMENT (*Check one*)**

Alteration       Repair       Renovations

Change of Use       Plumbing       Mechanical       Electrical       Other \_\_\_\_\_

**DESCRIPTION OF NON-RESIDENTIAL BUILDING USE**

NON-RESIDENTIAL

Specific Use: \_\_\_\_\_ Change in Use:  YES  NO  
Use Group: \_\_\_\_\_ If YES, Indicate Former: \_\_\_\_\_  
Maximum Occupancy Load: \_\_\_\_\_ Maximum Live Load: \_\_\_\_\_

**BUILDING/SITE CHARACTERISTICS**

Number of residential Dwelling Units: Existing \_\_\_\_\_ Proposed \_\_\_\_\_

Mechanical: Indicate type of Heating/Ventilating/Air Conditioning (*i. e.*, electric, gas, oil, ect.) \_\_\_\_\_  
\_\_\_\_\_

Water Service: (*Check one*)  Public  Private

Sewer Service: (*Check one*)  Public  Private (Septic Permit#) \_\_\_\_\_

Are the Roof Rafters Prefabricated? YES  NO

Does or will your building contain any of the following:

Fireplace(s): Number \_\_\_\_\_ Type of fuel \_\_\_\_\_ Type of vent \_\_\_\_\_

Is Chimney Prefabricated?  YES  NO

Elevator/Escalators/Lifts/Moving walks: (*Check one*)  YES  NO

Sprinkler System:  YES  NO

Pressure System:  YES  NO

Refrigeration Systems:  YES  NO

**BUILDING DIMENSIONS AND SETBACKS**

Existing Building area: \_\_\_\_\_sq. ft.

Proposed Building Area: \_\_\_\_\_sq. ft.

Height of Structure Above Grade:\_\_\_\_\_ft.

Set back from street right-of-way\_\_\_\_\_ft.

Distance from structure to rear property line\_\_\_\_\_ft.

**Sidelines:** Right side of structure to property line\_\_\_\_\_ft

Left side of structure to property line\_\_\_\_\_ft.

Total Impervious Area: \_\_\_\_\_ Sq. Ft.

Number of Stories: \_\_\_\_\_

**Total Gross Floor Area:**  
\_\_\_\_\_Sq. Ft.

**FLOODPLAIN**

**Is there a water-course or wetlands on the property? \_\_\_\_\_ If so, please show on survey.  
(Limited disturbance allowed, please refer to Ordinance No. 780, Section 4.5 for specifics)**

Is the site located within an identified flood hazard area? (Check one)  YES  NO

Will any portion of the flood hazard area be developed? (Check one)  YES  NO

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*

Lowest Floor Level: \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_**

Use groups as defined in the International Building Code \_\_\_\_\_



I/We being the owner and/or contractor and/or agent of the owner and/or agent of the contractor by the execution of this "Application for Commercial Building" do represent that I/we the undersigned SHALL BE PERSONALLY RESPONSIBLE AND DO HEREBY PERSONALLY ASSURE that the Building Inspector of the Township of Hampton or his designee shall be permitted access onto the premises under construction at all reasonable times as set forth in the Building Code of the Township of Hampton. I/We do further understand, acknowledge and intend that such foregoing representations are intended to induce the Township of Hampton to issue said commercial building permit.

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
TOWNSHIP OF HAMPTON

\_\_\_\_\_  
CONTRACTOR

\_\_\_\_\_  
AGENT FOR OWNER

\_\_\_\_\_  
AGENT FOR CONTRACTOR



3101 McCully Road, Allison Park, Pennsylvania 15101 ♦ Area Code 412-486-0400  
412-443-7585  
Fax: 412-486-5019

TOWNSHIP OF HAMPTON  
RELEASE FORM

I / We, \_\_\_\_\_,  
Being the owner or owners of the property listed below, located at

\_\_\_\_\_

Agree to **HOLD HARMLESS** the Township of Hampton of any and all legal responsibilities in the removal of fence, hedge, post, mailbox, sign, wall, tree or shrub, which has been placed over the road right-of-way easement for utilities, as per Ordinance 398. Article 11, Section 11.600. Subsection 11.640 at the above location, should it ever become necessary to remove same for maintenance purposes.

Further, this **RELEASE FORM** is to be made a part of, and recorded with the building permit issued on the above property.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Attest

\_\_\_\_\_  
Date

Section 11.640: Any fence, hedge, post, mailbox, sign, wall, tree or shrub located in a public right-of-way or other recorded easement is placed at the owner's risk and may be ordered removed by the Township or other public utility or authority for expansion or maintenance of public services.

**Addendum to Building Permit**

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer \_\_\_\_\_  
Or Self-Insurer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy No. \_\_\_\_\_ Coverage Period Ends \_\_\_\_\_

Name of Contractor / Policy Holder \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor / Policyholder's federal or state employer identification number (EIN)

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Long shore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor / policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor / policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property
  
- Contractor / Applicant is a sole proprietorship without employees

- Contractor / Applicant is a corporation, and the only employees working on the project have and are qualified as “Executive Employees” under Section 104 of the Workers’ Compensation Act. Please explain:

\_\_\_\_\_

\_\_\_\_\_

- The entire contractor / applicant’s employees on the project are exempt on religious grounds under Section 304.2 of the Workers’ Compensation Act. Please explain:

\_\_\_\_\_

\_\_\_\_\_

- Other, Please explain:

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant’s federal or state employer identification number (EIN) \_\_\_\_\_

Any subcontractors used on this project will be required to carry their own workers’ compensation coverage. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. Violation of the Worker’s Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

<p>Subscribed and sworn before me this day of _____ 20_____.</p> <p>_____</p> <p><i>(Signature of Notary Public)</i></p> <p>Commission expires: _____</p> <p>(Seal)</p>
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\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Title

\_\_\_\_\_

Name of Company

Note: Applicant’s Copy to be attached to permit and posted.  
Municipality’s Copy to be filed with its permit copy.

**GUTTERS AND DOWNSPOTS:**

Gutters: Material \_\_\_\_\_

Downspouts: Material \_\_\_\_\_

Downspouts connected to: Storm sewer \_\_\_\_\_ Dry-well \_\_\_\_\_

**FOUNDATIONS:**

Footings: Concrete mix \_\_\_\_\_ Reinforcing \_\_\_\_\_

Foundation wall: Material \_\_\_\_\_ Size \_\_\_\_\_ No. Of courses high \_\_\_\_\_

Columns: Material and size \_\_\_\_\_ Piers: Material and reinforcing \_\_\_\_\_

Girders: Material and size \_\_\_\_\_

Basement entrance areaway \_\_\_\_\_ Window areaways \_\_\_\_\_

**FRAMING LUMBER:**

Type of frame lumber: \_\_\_\_\_ Specific grade \_\_\_\_\_

Type of grade of wall sheathing: \_\_\_\_\_

Type of siding: \_\_\_\_\_

Size framing (all 16" O.C.): 1<sup>st</sup> floor joists \_\_\_\_\_ 2<sup>nd</sup> floor joists \_\_\_\_\_

Studs: \_\_\_\_\_

Roof trusses: Yes \_\_\_\_\_ No \_\_\_\_\_ Size \_\_\_\_\_ Pitch to roof \_\_\_\_\_

Sub-flooring: 1<sup>st</sup> floor \_\_\_\_\_ 2<sup>nd</sup> floor \_\_\_\_\_

Overhang sizes: Roof \_\_\_\_\_ Front \_\_\_\_\_ Back \_\_\_\_\_ Materials \_\_\_\_\_

Soffit: Front \_\_\_\_\_ Back \_\_\_\_\_ Size \_\_\_\_\_ Material \_\_\_\_\_ Gable trim \_\_\_\_\_

Facia board \_\_\_\_\_

Exterior trim material \_\_\_\_\_

**ROOFING:**

Sheathing: Grade \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_

Roofing: \_\_\_\_\_ Grade \_\_\_\_\_ Weight of thickness \_\_\_\_\_ Underlay \_\_\_\_\_

Flashing: Material \_\_\_\_\_

**ELECTRIC WIRING:**

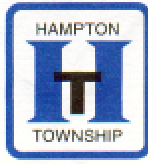
Service: Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Size of Service \_\_\_\_\_

**PATIOS/DECKS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Owners initial**

\_\_\_\_\_  
**BCO initial**



**TOWNSHIP OF HAMPTON OCCUPANCY PERMIT APPLICATION**

**FOR COMMERCIAL BUILDINGS**

All applicants must comply with the provisions contained in Article 18, in particular Section 18.330, and all other applicable requirements of Township Zoning Ordinance No. 627.

Date: \_\_\_\_\_ Permit# \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Construction Address: \_\_\_\_\_

Proposed Use that is covered by the Occupancy Permit: \_\_\_\_\_

Special Stipulations or conditions relating to this building permit: \_\_\_\_\_

**Do you have an automatic sprinkler system:**            **YES**            **NO**               

Code Edition: \_\_\_\_\_

***The issuance of this certificate of Occupancy provides proof that the above mentioned has been inspected and is in compliance with the Pennsylvania Uniform Construction Code.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Code Official: \_\_\_\_\_ Date: \_\_\_\_\_

Cost of Occupancy Permit: <b>\$100.00</b>
Check Number: _____
Cash Amount: _____
Date: _____



# APPLICATION FOR PERMIT FOR SANITARY SEWER SERVICE CONNECTION

Please complete the information below:

Check One    RESIDENTIAL \_\_\_\_\_    NON-RESIDENTIAL \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

COMPANY NAME (if applicable) \_\_\_\_\_

ADDRESS (location of new sewer tap) \_\_\_\_\_

fees are as follows for each EDU (Equivalent Dwelling Unit):

The "Sewer Capacity and Collection Fee" is **\$2719.50** "Sewer Connection Fee" is **\$145.50** for a total of **\$2,865.00**.

**THIS \$2,865.00 FEE IS DUE AT THE TIME OF ISSUANCE OF A BUILDING PERMIT. TWO SEPARATE CHECKS ARE NEEDED FOR THE ABOVE-MENTIONED AMOUNTS. CHECKS ARE TO BE MADE PAYABLE TO: THE TOWNSHIP OF HAMPTON.**

The undersigned hereby makes application for a permit to construct a sewer lateral to and connect the herein designated property with the Sanitary Sewer System of the Township of Hampton.

In consideration of the granting of this application, the undersigned agrees:

1. To accept and abide by all provisions of Ordinance No. 70 of the Township of Hampton, as amended, as well as the provisions of the Plumbing Code of Allegheny County and the Rules and Regulations of Hampton Township applicable to service connections with the Sanitary Sewer System.
2. To maintain the sewer lateral situate on the applicant's property at no expense to the Township.
3. To notify the Township when the sewer lateral is ready for inspection and final connection to the public sewer. Such notification is to be made FORTY-EIGHT (48) HOURS before any portion of the work is covered or the connection is made.

APPLICANT SIGNATURE \_\_\_\_\_

PERMIT NO.	_____
DATE ISSUED	_____
AMOUNT PAID	_____

NOTE: The proposed <b>SEWER TAP LOCATION MUST BE SHOWN ON THE SURVEY</b> that is submitted with this application
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