



TOWNSHIP OF
Hampton

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

(For commercial alterations)

- **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 ON THE PROPERTY SURVEY
- Application **MUST** include Energy Requirements (REScheck, 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



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 Fax: 724-864-9206
- ***Tri-State Safety Inspection Service***, Uniontown PA, contact: John Peton, 724-439-2601
tristatesafety200@yahoo.com
- ***Steel City Inspection Agency, Inc.***, Pittsburgh PA, contact: Carmen Delucia, 412-653-2110
sciapg@cs.com
- ***Codesys Code Consulting, Inc.***, Pittsburgh PA, contact: Peg Russell, 412-821-0337 x11
Wer4code@aol.com
- ***Commonwealth Code Inspection Service***, contact: Maurice Thompson, 412-486-7693
mar_gayle@verizon.net
- ***Middle Department Inspection Agency, Inc.***, Wexford PA, contact: Ron Duva 1-800-930-6342
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 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



For Township Use Only:

Permit #: _____

Approved Yes ___ No ___

Date _____

COMMERCIAL BUILDING PERMIT APPLICATION
(Commercial Alterations)

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: _____ PA# _____

E-Mail: _____

Architect: _____ Phone# _____ Fax# _____

Mailing Address: _____

E-Mail: _____

TYPE OF WORK OR IMPROVEMENT (*Check one*)

- Alteration Repair Renovations Tower/Antenna/Equipment
- 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 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: _____

FLOODPLAIN

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: \$_____

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 assumes the responsibility of locating all property lines, setback lines, easements, right of way, 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.

Site plans must be submitted for each commercial application and that application must comply with the requirements of Section 403.42 a of the Uniform Construction Code regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the *registered design professional* employed in connection with the proposed work.

Signature of Owner or Authorized Agent

(Please round up to the nearest thousand)

\$12.00 x \$1,000 (Building Costs) = \$ _____

OR

\$ 6.00 x \$1,000 (Antennas, Towers) = \$ _____

Base Cost of Commercial Building Permit: \$ 100.00

Cost of Business Occupancy Permit: \$ 100.00

PA State Administration fee: \$ 4.00

Total Amount Due:\$ _____

Completion by Township office:

Date: _____

Received by: _____

Amount Paid: _____

Check# _____ Cash _____

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> |
|--|

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.



TOWNSHIP OF
Hampton

Cost of Occupancy Permit: **\$100.00**
Check Number: _____
Cash Amount: _____
Date Received: _____

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 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: _____

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.): 1st floor joists _____ 2nd floor joists _____

Studs: _____

Roof trusses: Yes _____ No _____ Size _____ Pitch to roof _____

Sub-flooring: 1st floor _____ 2nd 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