



TOWNSHIP OF

*Hampton*

**COMMERCIAL BUILDING PERMIT APPLICATION**  
**Commercial Renovations**

**Application Procedure:**

1. ***Prior to submitting this application, the associated plans MUST be submitted to the Township's third-party plan review agency, Code.sys, for review (see below).***
  - Plans must show all applicable information as required by the current PA Uniform Construction Code, as amended.
  - Please contact Code.Sys directly for plan submission requirements.

**Code.Sys Code Consulting, LLC**  
**321 Grant Avenue**  
**Pittsburgh, PA 15209**  
**1-877-821-0337**

2. After the plans have been approved, Code.sys will email the approved plans and the Code.sys plan review approval letter to the contact person.
3. Then print out two (2) copies of the **approved plans and Code.sys plan review letter**, which must be submitted with the completed permit application to the Hampton Permitting Office at 3101 McCully Road, Allison Park, PA 15101.

Please submit the following items with your completed application:

- Application **MUST** include HVAC/Mechanical Application (if applicable) (Page 12). ***A separate fee is due for this at the time the permit is issued.***
- For Solar Panel Applications – a \$20 fee is added for the required photovoltaic sign.
- If necessary, application must include proof of compliance with energy requirements. One of the following three methods may be used:
  - The REScheck program. Available at: [www.energycodes.gov](http://www.energycodes.gov)
  - Pennsylvania's Alternative Residential Energy Provisions
  - Requirements specified in the ICC (International Energy Conservation Code 2006).
- 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)
- If you plan to have a dumpster on site, please submit a Temporary Use Permit application

## **COMMERCIAL PERMIT APPLICATION FEES**

The Building Permit fee and Mechanical fee are to be paid once the permit is issued.  
Please bring payment when you pick up the permit placards.

Commercial Permit \$15.00 per each \$1,000 of building cost

**OR**

Commercial towers, antennas & Eqpt. \$10.00 per each \$1,000 of building cost  
(Contact Land Use Administrator for specifics on towers & antennas @ 412-486-0400 x 327)

+

Base Cost of Building Permit \$100.00

+

PA State Administration Fee \$4.50

(\*\$20 will be added for Solar Panel applications for the required signage)

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### **MECHANICAL FEE – PLEASE SUBMIT SEPARATE CHECK**

We accept cash or check made payable to “*Township of Hampton*”

#### **PLEASE BE AWARE: The following fees are not covered by this Building Permit:**

Electrical inspection(s) and permit: When you are ready for an inspection, contact the electrical inspector directly and he will issue the permit and collect the fee on site.

Plan Review: The fee for the plan review will be determined by Code.sys and is dependent upon the IBC Occupancy classification of your building.

Fire Protection Systems Review and Permit: According to the Pennsylvania Uniform Construction Code, installation of an automatic sprinkler system, fire alarm system or related fire protection systems shall require separate submittals, review, approvals and permits. This reviewing process and all related fees shall be assessed by Code.sys.

Plumbing Inspection: The plumbing inspection is performed by Allegheny County Health Department. The associated fee for this inspection is collected by ACHD.

Occupancy Permit: Once the UCC final inspection has been approved, you may submit the application for the Occupancy Permit to the Township. A \$100 fee will be assessed at that time. See page 10 for more information regarding obtaining an Occupancy Permit.



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## **PROCEDURE FOR SCHEDULING INSPECTIONS**

We advise a minimum of 48 hours advance notice when scheduling an inspection

The Township of Hampton currently employs the third-party plan review agency Code.sys for all UCC plan review and inspections. The Township Building Inspector through Code.sys is Chris Jolliffe. Please contact him directly for all UCC Building Permit inspections.

**Kevin Karman: 412-491-6868**

For all electrical inspections please contact Jim Russell with Code.sys.

**Jim Russell: 412-821-0337**

**PLEASE have the following information ready before calling the Building Inspector:**

- ✓ Permit Number
- ✓ Site Address
- ✓ Contractor's name and phone number
- ✓ Home/business owner's name and phone number
- ✓ Type of inspection needed
- ✓ Type of construction

If you do not have the above information ready, an inspection **CANNOT** be scheduled.

Please note: There will be an additional charge for re-inspections that exceed two or more of the allotted number of inspections that are listed on the building permit. No Certificate of Occupancy will be issued until such time as the additional inspection fees are paid in full



***For Township Use Only:***

Permit #: \_\_\_\_\_  
Approved Yes \_\_\_ No \_\_\_  
Date \_\_\_\_\_

## COMMERCIAL RENOVATIONS 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: \_\_\_\_\_ 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 BUILDING USE**

Specific Use:\_\_\_\_\_

Change in Use:  YES  NO

Use Group:\_\_\_\_\_

If YES, Indicate Former:\_\_\_\_\_

Maximum Occupancy Load:\_\_\_\_\_

Maximum Live Load: \_\_\_\_\_

**BUILDING/SITE CHARACTERISTICS**

Mechanical: Indicate type of heating/ventilating/air conditioning (*i. e.*, electric, gas, oil, etc.)

\_\_\_\_\_

Water Service: (*Check one*)  Public  Private

What type of Sewer Service:  Public  Private  Holding Tank  Septic

Are the Roof Rafters Prefabricated? YES NO

**Does or will your building contain any of the following:**

Elevator/Escalators/Lifts/Moving walks: YES NO

Sprinkler System: YES NO

Pressure System: YES NO

Refrigeration Systems: YES NO

Is Chimney Prefabricated: YES NO

Fireplace(s): YES NO

Number\_\_\_\_\_Type of fuel\_\_\_\_\_Type of vent\_\_\_\_\_

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

Please provide a brief description of the proposed construction:

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

## 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: \_\_\_\_\_

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)*

\$15.00 x \$1,000 (Building Costs) = \$ \_\_\_\_\_

**OR**

\$ 10.00 x \$1,000 (Antennas, Towers) = \$ \_\_\_\_\_

+

(Solar Panel Applications only)

Photovoltaic Warning Sign \$ \_\_\_\_\_

\$20.00

+

Base Cost of Commercial Building Permit: \$ 100.00

±

PA State Administration fee: \$ 4.50

Total Amount Due: \$ \_\_\_\_\_

<b><i>Completion by Township office:</i></b>	
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



**Addendum to Building Permit**

PA Act 44 requires all contractors with employees to provide proof of current Workers Compensation Insurance. If you are a contractor with employees, please check the appropriate box in Section I, fill out the information in Section II and attach a copy of your Certificate of Insurance. If you are claiming an exemption to this law, please check the "Affidavit of Exemption" box in Section I, check the appropriate box in Section III, and have the form notarized in the box on page 10 of this application.

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.

Subscribed and sworn before me this day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_

*(Signature of Notary Public)*

Commission expires: \_\_\_\_\_

(Seal)

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Title

\_\_\_\_\_

Name of Company



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## **PROCEDURE FOR OBTAINING AN OCCUPANCY PERMIT**

The Occupancy Permit will be issued only once all UCC required inspections and zoning requirements have been completed and approved. Please note, final UCC approval will not be granted until the inspector has received proof of approved electrical, plumbing, mechanical, and accessibility inspections. Once you have obtained your UCC final inspection approval please verify that any and all “Conditions of Approval” issued with your permit have been completed. An Occupancy Permit will not be issued if there are outstanding Conditions of Approval.

Once you are ready, please bring your proof of an approved UCC final inspection to the Township permitting office at:

**3101 McCully Road  
Allison Park, PA 15101  
(412) 486-0400 x 304**

You will then complete the Occupancy Permit application and submit the associated \$100 fee. The Township will process the request and notify you once the Occupancy Permit is ready to pick up.

### **PLEASE BE AWARE:**

The Township Building Inspector is in the office on Mondays, Wednesdays, and Fridays. If, for example, your UCC final inspection occurs on a Monday afternoon, the Permitting Office will not receive the accompanying paperwork until Wednesday morning. For this reason it may not be possible to issue an Occupancy Permit on the spot. Please allow for this when scheduling the opening of your business.

**Occupancy Permits will only be issued to the property owner or tenant. Occupancy permits will not be issued to the contractor.**

Any questions or concerns regarding this process can be directed to the Permitting Office of  
Hampton Township at (412) 486-0400.

**GUTTERS AND DOWNSPOUTS:**

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**