



TOWNSHIP OF

Hampton

COMMERCIAL BUILDING PERMIT APPLICATION

– NEW Commercial Buildings and Additions –

APPLICATION PROCESS

Step 1:

Prior to submitting this application to Hampton Township, the associated plans **MUST** be submitted to Hampton's third-party building inspection and review agency, Code.sys Code Consulting, for review.

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

Step 2:

After the plans have been approved, Code.sys will contact the applicant to report the approval and the amount due for the plan review service. Once they have received payment (or proof of payment to Hampton Township), Code.sys will email a copy of the *stamped/approved* plans to the applicant. Print out two *full sized* copies of the *stamped/approved* plans.

Step 3:

Complete the permit application and submit it with the following attached documents:

- Two *full sized* copies of the *stamped/approved* plans
- Property survey, which must show:
 - The location of the building or addition
 - The location of any stormwater controls
 - The setbacks from the new construction to the property lines and any rights-of-way
 - The location and type of an erosion and sedimentation (E & S) controls
 - All easements or rights-of-way on the property
- HVAC/Mechanical Application (page 15) (if applicable). **A separate fee for the mechanical permit is due at the time the permit is issued.**
- Proof of compliance with energy requirements. One of the following three methods may be used:
 - The REScheck program – available at www.energycodes.gov
 - PA's Alternative Residential Energy Provisions
 - Requirements specified in the ICC (International Energy Conservation Code)
- Copy of Worker's Compensation Insurance certificate(s) or notarized exemption – see page 10 for details
- As applicable to your project, please include the following information:
 - HVAC duct work and vents – size and length
 - Gas lines – size and length (as applicable)
 - All BTU's of appliances that will be installed

PERMIT APPLICATION FEES

**Payment is due upon issuance of the permit. Please bring payment when you pick up the permit.
The permit will not be released until payment has been received.**

| | |
|--------------------------|----------------------------------------------------------------------------------------------------------|
| Commercial Permit | \$0.50 Per square foot of GFA <i>(Assembly, Institutional)</i> |
| | \$0.40 Per square foot of GFA <i>(R-1 & R-2 Use Groups)</i> |
| | \$0.35 per square foot of GFA <i>(Mercantile, High Hazard, Educational, Factory, Business)</i> |
| | \$0.30 per square foot of GFA <i>(Storage, Warehouse, Utility)</i> |

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 |
| + | |
| PA State Administration Fee | \$4.50 |

MECHANICAL FEE – PLEASE SUBMIT SEPARATE CHECK

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

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

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.

Electrical inspection(s) and permit: The building inspector will calculate the fee for the electrical permit, which will be due prior to the issuance of the permit.

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 13 for more information regarding obtaining an Occupancy Permit.



PROCEDURE FOR SCHEDULING INSPECTIONS

- The Township of Hampton currently employs the third-party plan review agency Code.sys Code Consulting for all UCC plan review and inspections.
- The Township's primary Building Inspector through Code.sys is currently Kevin Karman. *If the primary Building Inspector is unavailable*, Rob Pijanowski is the Township's alternate inspector.
- There may 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.
- Please contact the appropriate inspector directly to schedule an inspection.
 - **We advise a minimum of 48 hours advance notice when scheduling an inspection.**
 - ***PLEASE* have the following information ready before calling for an inspection:**
 - ✓ Permit Number
 - ✓ Site Address
 - ✓ Name and phone number of property owner/contractor
 - ✓ Type of inspection needed
 - ✓ Type of construction

Without the above information, an inspection CANNOT be scheduled

Kevin Karman: 412-491-6868

Rob Pijanowski (alternate inspector): 412-821-0337 x14

- For **electrical inspections**, please contact **Jim Russell with Code.sys**
 - **Jim Russell: 412-821-0337 x 12**

- For **final zoning approval** and/or **sump/stormwater control inspections**, please contact the Hampton Permitting Office
 - 412-486-0400 x 1304 or permitting@hampton-pa.org
 - *For sump inspections, please schedule the 1st inspection once the pit has been dug & the framework installed but BEFORE the hole has been filled in.*



For Township Use Only:

Permit #: _____

Approved Yes ___ No ___

Date _____

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*)

New Commercial Building Addition Other: _____

DESCRIPTION OF NON-RESIDENTIAL 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, 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

Proposed building area: _____sq. ft.
Existing square footage (additions only): _____sq. ft.
Total square footage (additions only): _____sq. ft.
Total Impervious Area: _____ sq. ft.
Height of Structure Above Grade: _____ ft.
Number of Stories: _____

| | |
|----------------------------------------|---------------------|
| <u>List total GFA for each:</u> | |
| Basement | _____Sq. Ft. |
| 1st Floor | _____ Sq. Ft. |
| 2nd Floor | _____Sq. Ft. |
| Attic | _____Sq. Ft. |
| Other inside | _____Sq. Ft. |
| Other outside | _____Sq. Ft. |
| Total GFA: | _____Sq. Ft. |

Setbacks: This section must be filled out completely.

Distance from structure to street right-of-way _____ft.
Distance from structure to REAR property line _____ft.
Right side of structure to RIGHT property line _____ft
Left side of structure to LEFT property line _____ft.

Please mark the setbacks on the survey as well.

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 _____ |
|----------------------------------------------------------------|

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

Total GFA x Use Group \$ _____ (rounded up to the nearest dollar)

(From Page 2)

+

Base Cost of Commercial Building Permit: \$ 100.00

+

PA State Administration fee: \$ 4.50

Total Amount Due: \$ _____

Completion by Township office:

Date: _____

Received by: _____

Amount Paid: _____

Check# _____ Cash _____

MECHANICAL FEE – PLEASE SUBMIT SEPARATE CHECK FOR AMOUNT DUE

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

This page must be signed and dated by the property owners.

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 627. Article 11, Section 11.600. Subsection 11.640 at
the above location, should it ever become necessary to remove same for maintenance
purposes. In addition, I/We recognize that the installation of any structure within an easement
or right-of-way (ROW) is restricted by section 11.600 of the Township’s Zoning Ordinance.
If any easements and/or right-of-ways exist that were not included on the submitted
survey/plan, I/We assume all responsibilities for compliance with Township Zoning
Ordinance restrictions regarding placement of any structure in these areas.

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

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

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.): 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

Date

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.



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 **SEWER TAP LOCATION MUST BE SHOWN ON THE SURVEY** that is submitted with this application

HVAC / MECHANICAL INSPECTION APPLICATION

Address of Construction

Site: _____

Tenant Name:

Owner:

Name: _____ Phone: _____

Address: _____

Email: _____

Contractor:

Name: _____ Phone: _____

Address: _____

Email: _____

Permit: _____

List all equipment and provide necessary data:

| | | | |
|-------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Commercial Cooling Hood | <input type="checkbox"/> Type I | <input type="checkbox"/> Type II | <input type="checkbox"/> Electric |
| Heating System | <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Solar |
| Fuel | <input type="checkbox"/> Gas | <input type="checkbox"/> Oil | |
| Type | <input type="checkbox"/> Hydronic | <input type="checkbox"/> Forced Air | |

Description of Work: _____

Estimate cost of mechanical work: \$ _____

| <u>No:</u> | <u>Equipment:</u> | <u>No:</u> | <u>Equipment:</u> | <u>No:</u> | <u>Equipment:</u> |
|------------|----------------------------|------------|-------------------|------------|-------------------|
| _____ | Water Heater | _____ | LPG Tank | _____ | Fireplace |
| _____ | Fireplaces | _____ | A/C Units | _____ | Heat Pump |
| _____ | Fan Units / Fan Coil Units | _____ | Gas Piping | | |
| _____ | Fuel Oil Piping | _____ | Hot Air Furnace | | |

Other Mechanical and Duct Systems (List Below)

Hampton Township Residential Electrical Permit Fee Application

Date: ___/___/___

Permit no. _____

Property Owner: _____

Address: _____

Electrical contractor: _____

- Single family Dwelling 200-amp service and less
- Two family dwelling unit 200-amp service and less
- Over 2 family Dwelling- number of units _____
- Townhouse units - number of units _____
- Alterations and additions (service and 25 outlets)
- Additional outlets (25 or a fraction there of)
- Single family Dwelling Over 200-amp service
- Subpanel
- Spa, hot tub, hydromassage tub, sauna, etc.
list. _____

- Electric appliances (stove/ovens, dryers, air conditioners, water heaters, etc.,
list. _____

- Electric heating units (decks) number of unit heaters _____
- Swimming pool
- Solar panels (Arrays) number of panels _____
- Solar panels (inverters) list type _____
number of _____
- Solar panels (disconnect)

Applicant's signature
