



Date Rec'd \_\_\_\_\_

# TOWNSHIP OF FINDLAY

Permit # \_\_\_\_\_

## APPLICATION FOR NON-RESIDENTIAL BUILDING PERMIT

Date Issued \_\_\_\_\_

Please Print or Type. Incomplete information may cause a delay in the processing of this application.

**Permit is for: (Check all that apply)**

New Bldg. \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair/Replacement \_\_\_\_\_ Demolition \_\_\_\_\_ Foundation Only \_\_\_\_\_  
Change of Use \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ Electrical \_\_\_\_\_ Utility/Miscellaneous Use Structure \_\_\_\_\_  
Other \_\_\_\_\_

**BUILDING LOCATION:** Plan Name \_\_\_\_\_ Lot # \_\_\_\_\_

Address: \_\_\_\_\_ Suite # \_\_\_\_\_ Floor # \_\_\_\_\_

County Tax ID # \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_ Jobsite contact name: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Ph. # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Ph. # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Architect/Engineer Address \_\_\_\_\_

Name of Lessee/Tenant: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Owner's Address: \_\_\_\_\_

**DESCRIPTION OF PROPOSED CONSTRUCTION:**

**DESIGN CODE USED** \_\_\_\_\_ **TOTAL SQUARE FOOTAGE OF PROPOSED CONSTRUCTION** \_\_\_\_\_

CONST. TYPE(S): \_\_\_\_\_ USE GROUP(s) \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_

CHANGE OF USE? YES \_\_\_\_\_ NO \_\_\_\_\_ (From) Use Group \_\_\_\_\_ (To) Use Group \_\_\_\_\_

MAXIMUM HEIGHT ABOVE GRADE \_\_\_\_\_

MIXED OCCUPANCIES? YES \_\_\_\_\_ NO \_\_\_\_\_ (SEPARATED \_\_\_\_\_ OR NON-SEPARATED \_\_\_\_\_)

# OF RESIDENTIAL DWELLING UNITS: R-1 \_\_\_\_\_ R-2 \_\_\_\_\_ R-3 \_\_\_\_\_ R-4 \_\_\_\_\_ Total # units \_\_\_\_\_

**FIRE PROTECTION FEATURES:**

**Sprinklers?** YES \_\_\_\_\_ NO \_\_\_\_\_ Complete \_\_\_\_\_ Partial \_\_\_\_\_ NFPA Standard # \_\_\_\_\_

**Standpipes?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Fire alarm?** YES \_\_\_\_\_ NO \_\_\_\_\_

**SPECIFIC DESCRIPTION OF BUILDING USE (ACTIVITIES AND/OR PROCESSES):**

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

**ACCESSIBILITY:**

Compliance with current PA UCC accessibility provisions (choose one)

\_\_\_\_\_ Building's accessible route (including entrance, elevator/lift, circulation spaces, toilet rooms and drinking fountains) are fully compliant.

\_\_\_\_\_ Work area and route to it (including toilet rooms and drinking fountains) are fully compliant.

\_\_\_\_\_ PA Labor & Industry's Accessibility Advisory Board has approved a variance (including determination of technical infeasibility). Copy of L&I AAB decision to be included with paperwork.

**BUILDING LOCATION:** Address: \_\_\_\_\_

Accessible route exceptions (choose one)

\_\_\_\_ Accessible route is being improved to a minimum cost of 20% of the remaining cost of work (including MEP).

Please provide "Accessible Route Cost Verification Form"

\_\_\_\_ Alterations are limited solely to the following: windows, hardware, operating controls, electrical outlets and signs, mechanical/electrical/fire protection systems, and/or abatement of hazardous materials.

\_\_\_\_ Primary purpose of alterations is solely to increase the accessibility.

\_\_\_\_ Renovation is to an area that **does not** contain a primary function and/or work that does not affect accessibility to primary function.

**(COMPLETE THIS SECTION ONLY IF PROPOSED CONSTRUCTION IS AN ADDITION TO AN EXISTING BUILDING)**

**DESCRIPTION OF EXISTING BUILDING:**

**EXISTING BUILDING** (total square footage) \_\_\_\_\_ **CONST. TYPE(S):** \_\_\_\_\_

**USE GROUP(s)** \_\_\_\_\_ **NUMBER OF STORIES** \_\_\_\_\_ **MAXIMUM HEIGHT ABOVE GRADE** \_\_\_\_\_

**MIXED OCCUPANCIES?** YES \_\_\_ NO \_\_\_ **SEPARATED OR NON-SEPARATED?** \_\_\_\_\_

**# OF RESIDENTIAL DWELLING UNITS:** R-1 \_\_\_ R-2 \_\_\_ R-3 \_\_\_ R-4 \_\_\_ **Total # units** \_\_\_\_\_

**FIRE PROTECTION FEATURES:**

**Sprinklers?** YES \_\_\_ NO \_\_\_ **Complete** \_\_\_ **Partial** \_\_\_ **NFPA Standard #** \_\_\_\_\_

**Standpipes?** YES \_\_\_ NO \_\_\_

**Fire alarm?** YES \_\_\_ NO \_\_\_

All Building Permits shall commence within six (6) months from the date of issuance. A separate Plumbing Permit is also required. Please contact the Plumbing Inspector at (724)-695-0500 prior to performing any plumbing work. A Highway Occupancy Permit from the PA Department of Transportation is required when applicable.

**NOTE:** If a Food Facility is to be constructed, remodeled or altered, or whenever an existing structure is being converted to a Food Facility, plans & specifications must be submitted to the Allegheny County Health Department, Food Protection Division, 3901 Penn Avenue / Pittsburgh, PA 15224-1344, 412-578-8044

*The applicant hereby agrees to comply with the provisions of all laws and ordinances regulating building construction in the Township of Findlay.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

**OFFICIAL USE ONLY:**

**ZONING APPROVED** \_\_\_ YES \_\_\_ NO

**PLOT PLAN SUBMITTED:** \_\_\_ YES \_\_\_ NO

**OCCUPANCY APPLICATION FILED** \_\_\_ YES \_\_\_ NO

**SEWAGE FEE PAID \$** \_\_\_\_\_ **CH. #** \_\_\_\_\_

**WATER FEES PAID \$** \_\_\_\_\_ **CH. #** \_\_\_\_\_

**PAID FEES: BUILDING PERMIT** \_\_\_\_\_

**ZONING** \_\_\_\_\_

**OCCUPANCY** \_\_\_\_\_

**UCC FEE** **\$4.50**

**TOTAL: \$** \_\_\_\_\_

\_\_\_\_\_  
**Check #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TOWNSHIP APPROVAL**