



1. Property Information:

Property Address: _____
 Parcel ID No: _____ Lot SQF: _____ Date: _____
 Owner Name: _____
 Owner Mailing Address: _____
 Owner Phone: _____ email: _____

Project is in a Flood Plain Overlay District: No Yes, Special Requirements Apply

2. Existing Information:

Current Use of Structure/Space: _____
 Gross Floor Area: _____ Net Floor Area: _____ Number of Employees: _____
 Number of Parking Spaces: _____ / _____ Accessible

3. Scope of Proposed Work (Check all that apply):

- Change in use with no work No change in use Electrical work
- Interior renovation Partial change in use HVAC work
- Exterior renovation (Portion of the structure changing use) Sprinkler work
- Addition, Gross Floor Area: _____; Height: _____
- Complete change in use Fire Alarm work
- New Building (Use of entire structure changing), Gross Floor Area: _____; Height: _____

If addition to existing building, new use, or new building provide following:

No. of Employees: _____ Number of Parking Spaces: _____ / _____ Accessible

Work description: _____

Location of work (within structure): _____

The City of Duquesne requires Fire alarms in structures greater than 3,000 Sq ft and Sprinkler systems for structures greater than 5,000 (Exception, existing Church Sanctuaries and Nave areas) and all daycare facilities of greater than 6 children

Construction Drawing Requirements

Construction drawings are required for all commercial projects unless work is of a limited to International Existing Building Code "Level one Alterations" Defined as: "the removal and replacement or the covering of existing materials, elements, equipment, or fixtures using new materials, elements, equipment, or fixtures that serve the same purpose." No new walls or wall openings, no removal of walls, no infill of wall openings under this exception. * Only page 1 of the application is required if your project qualifies*

4. General Contractor Information (If Selected)

Contractor Name: _____
 Contractor Address: _____
 Phone: _____
 Email/Fax: _____
 Signature: _____
 Cost of Work: \$ _____

5. Applicant's Affidavit:

I am the Owner of the property, or an agent of the Owner, for which this application is filed. If an agent, I certify that I have been authorized by the Owner to complete this application on their behalf. As the applicant, I certify that the information provided as part of this application is correct.

Signature: _____ Print: _____ Date: _____

A. CODE INFORMATION (To Be Completed By Design Professional):

1. Work requiring special documentation:

Project is regulated by Health Care Facilities Act: Yes No
 Are 3rd Party Special Inspections required: Yes No

2. Use Groups (Check all that apply):

A-1 A-2 A-3 A-4 A-5 B E F-1 F-2
 H-1 H-2 H-3 H-4 H-5 I-1 I-2 I-3
 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U

3. Construction Type (Choose One):

IA IB IIA IIB IIIA
 IIIB IV VA VB

4. Building Area & Height:

Gross area per floor: _____ Stories above Grade: _____
 Gross area to be renovated: _____ Stories below Grade: _____
 Addition/New Construction - total gross area to be constructed: _____
 Height of highest floor above lowest level of fire department vehicle access: _____

5. Life Safety Systems:

Sprinkler – Required N Existing N
 Fire Alarm – Required N Existing N
 Standpipe – Required N Existing N
 Number of Exits per Story: _____

6. Accessibility (Compliance with current PA UCC accessibility provisions (Choose One):

- Building is 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).

7. Responsible Design Professional in Charge Affidavit:

As responsible Design Profession in Charge, I certify that the above provided project data is correct.
 Name: _____ PA License #: _____
 Firm/Company: _____
 Email/Fax: _____ Phone: _____
 Signature: _____

TOWNSHIP USE ONLY

ZONING & APPROVAL

Zoning District: _____ Overlay District: () McKnight/Partnership () Rochester/Lowries () Conservation () Flood Plain
 Proposed Use: Occupancy _____ Structure _____ (Code: 1=New 2=Change 3=Enlargement 4=Continuation 5=Reinstatement)
 Use Reference Section No. _____

THIS OCCUPANCY IS FOR: _____

() **DISAPPROVED for Zoning** by: _____ Date: _____
 Variance _____ Special Exception _____ Review _____

This application is **authorized in whole or in part by:**

() ZHB Case #: _____ Approved () Denied () Date: _____

Planning Commission () Conditional Use #: _____ Approved () Denied () Date: _____
 () Subdivision #: _____ Approved () Denied () Date: _____
 () Site Plan #: _____ Approved () Denied () Date: _____

() **Board of Commissioners** _____ Approved () Denied () Date: _____

() Ordinance #: _____ Effective Date: _____

() Subject to the following conditions: _____

() **APPROVED for Zoning** by: _____ Date: _____

BUILDING FEES & APPROVAL

PLAN REVIEW DATE: _____ REVIEWER: 3rd Party Township BCO/Reviewer
 THIRD PARTY REVIEW AGENCY SIGNATURE: _____ DATE: _____
 ESTIMATED COST OF WORK: \$ _____ TOTAL SQF OF FLOOR SPACE: _____

Fee Amt.

Com. Occupancy \$ _____
 Com. Bldg. \$ _____
 Acc. Insp. \$ _____
 Energy Insp. \$ _____
 Plan Fee \$ _____
 Scanning \$ _____
 Doc. Storage \$ _____
 PA UCC \$ _____
 PENALTY \$ _____
 TOTAL FEES \$ _____

PERMIT NO.: _____

INVOICE NO.: _____

CHECK NO.: _____

APPROVED BY TWNSHP BCO: _____ DATE: _____