



Borough of West Homestead

456 West Eighth Avenue
West Homestead, Pennsylvania 15120

Building Permit Application: Commercial

Type of Application: **New Construction** _____ **Alteration** _____ **Addition** _____

Property & Owner Information

Name of Business: _____ Property Address: _____

Parcel ID: _____ - _____ - _____

Owners Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Structure Description

Height of main structure Existing- Stories ___ Feet _____ Proposed- Stories ___ Feet _____

Height of proposed addition/extension Proposed- Stories ___ Feet _____

Height of accessory structure Existing- Stories ___ Feet _____ Proposed- Stories ___ Feet _____

Is building currently occupied? _____ Date: _____

Lot Area: _____ square feet

Permits Required: Building _____ Electrical _____ Mechanical _____ Fire _____

Plumbing _____ Energy _____ Accessibility _____

Description of Project:

Applicant Information (Architect or Engineer)

Name of Applicant : _____
Contact Person : _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

Contractor Information

Contractor's Name : _____
License # _____ Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

Certificate of Insurance including Workman's Compensation Policy must be attached

Please describe all work being performed:

All work must be done in accordance with the ordinances of West Homestead Borough. The applicant must perform a Pennsylvania One Call (811) for utility locate prior to performing any excavation work.

Date of Application: _____ Applicant name (print) _____
Applicant signature: _____

Borough Use only

Date Received: _____

Application accepted: _____

Date: _____

Floodplain: Yes / No

Airport Overlay District: Yes / No

Permit Type. _____

Permit cost. _____

Permit No. _____

Invoice No. _____

Check No. _____

Permit Issued by: _____

Date: _____

Building Code Official/Zoning Officer

PERMIT APPLICATION

BUILDING PERMIT

ELECTRICAL PERMIT

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____

Rear Yard _____ Ft. (Rear of building to property line) _____

Side Yard _____ Ft. Side Yard _____ FT. _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT
 Contractor _____
 (if owner, put same name above)
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fed Employee No. _____
 (Certificate of Insurance for Workers Compensation needed or signed exemption form)
 Estimate of total costs for all work _____
 Total square feet: _____ Use Group _____ Type Construction _____
 No. of Stories: _____ Height of Structure _____
 Description of work: _____

Type of work:
 Alterations/Additions of: _____ Square Ft. _____
 () Roofing - Total square feet _____
 () Fencing, supply height if it exceeds 6 foot _____
 () Sign - Total Square feet _____
 () Pool - Total Square feet _____
 () Decks - Total Square feet _____
 () Demolition - Total Square feet _____
 () Accessibility _____
 Other: _____

 I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

 Signature: _____
 Owner () Contractor () Owner Representative ()

ELECTRICAL PERMIT
 Contractor _____
 (if owner, put same name above)
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fed Employee No. _____
 (Certificate of Insurance for Workers Compensation needed or signed exemption form)
 Estimate of total costs for all work _____
Technical Site

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units _____
_____		Signs _____
_____		Survey Fee _____

 Others: _____

 Signature: _____
 Owner () Contractor () Owner Representative ()

BUILDING CODE OFFICIAL USE ONLY
 Plans Approved _____ Plans Approved with Comments _____
 UCC Building Fee: _____
 Plan Review Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____

ELECTRICAL CODE OFFICIAL USE ONLY
 Plans Approved _____ Plans Approved with Comments _____
 UCC Electrical Fee: _____
 Plan Review Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____

PERMIT APPLICATION

MECHANICAL PERMIT

PLUMBING PERMIT

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

<p>MECHANICAL PERMIT</p> <p>Contractor _____ (if owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Technical Site Data No.</td> <td style="width:75%;">Fixture/Equipment</td> </tr> <tr><td>_____</td><td>Water Heater</td></tr> <tr><td>_____</td><td>Fuel Oil Piping</td></tr> <tr><td>_____</td><td>Gas Piping</td></tr> <tr><td>_____</td><td>Steam Boiler</td></tr> <tr><td>_____</td><td>Hot Water Boiler</td></tr> <tr><td>_____</td><td>Hot Air Furnace</td></tr> <tr><td>_____</td><td>Oil Tank</td></tr> <tr><td>_____</td><td>LPG Tank</td></tr> <tr><td>_____</td><td>Fireplace</td></tr> <tr><td>_____</td><td>Hydronic Piping</td></tr> <tr><td>_____</td><td>Appliances</td></tr> <tr><td>_____</td><td>Solar</td></tr> <tr><td>_____</td><td>Heat Pump</td></tr> <tr><td>_____</td><td>Fire Dampers</td></tr> <tr><td>_____</td><td>Exhaust Hood Sys.</td></tr> <tr><td>_____</td><td>HVAC</td></tr> </table> <p>Others: _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	Technical Site Data No.	Fixture/Equipment	_____	Water Heater	_____	Fuel Oil Piping	_____	Gas Piping	_____	Steam Boiler	_____	Hot Water Boiler	_____	Hot Air Furnace	_____	Oil Tank	_____	LPG Tank	_____	Fireplace	_____	Hydronic Piping	_____	Appliances	_____	Solar	_____	Heat Pump	_____	Fire Dampers	_____	Exhaust Hood Sys.	_____	HVAC	<p>PLUMBING PERMIT</p> <p>Contractor _____ (if owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Technical Site Data No.</td> <td style="width:25%;">Items</td> <td style="width:25%;">Technical Site Data No.</td> <td style="width:25%;">Items</td> </tr> <tr><td>_____</td><td>Water Closet</td><td>_____</td><td>Interceptor/Separator</td></tr> <tr><td>_____</td><td>Urinal/Bidet</td><td>_____</td><td>Backflow preventer</td></tr> <tr><td>_____</td><td>Bath tub</td><td>_____</td><td>Grease trap</td></tr> <tr><td>_____</td><td>Lavatory</td><td>_____</td><td>Sewer Connection</td></tr> <tr><td>_____</td><td>Shower</td><td>_____</td><td>Sewer Pump</td></tr> <tr><td>_____</td><td>Floor drain</td><td>_____</td><td>Stacks</td></tr> <tr><td>_____</td><td>Sink</td><td>_____</td><td>Solar</td></tr> <tr><td>_____</td><td>Dishwasher</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Drinking fountain</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Washing Machine</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Hose Bibb</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Water Heater</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Fuel Oil Piping</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Gas Piping</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Steam Boiler</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Hot Water Boiler</td><td>_____</td><td></td></tr> <tr><td>_____</td><td>Water Service Connection</td><td>_____</td><td></td></tr> </table> <p>Others: _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	Technical Site Data No.	Items	Technical Site Data No.	Items	_____	Water Closet	_____	Interceptor/Separator	_____	Urinal/Bidet	_____	Backflow preventer	_____	Bath tub	_____	Grease trap	_____	Lavatory	_____	Sewer Connection	_____	Shower	_____	Sewer Pump	_____	Floor drain	_____	Stacks	_____	Sink	_____	Solar	_____	Dishwasher	_____		_____	Drinking fountain	_____		_____	Washing Machine	_____		_____	Hose Bibb	_____		_____	Water Heater	_____		_____	Fuel Oil Piping	_____		_____	Gas Piping	_____		_____	Steam Boiler	_____		_____	Hot Water Boiler	_____		_____	Water Service Connection	_____	
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FIRE PROTECTION PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

FIRE PROTECTION PERMIT

Contractor _____

(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Technical Site Data:

Water Supply Source _____

Method of Alarm/Supr. Sys Supervised _____

Storage Tanks:

Type - () Flammable Liquid () Combustible Liquid

() LPG () LNG Capacity _____ Fuel _____

Alarm Systems () 110V Interconnected

() System

No.

ITEM

_____ Alarm devices (smoke, heat, pulls, waterflow)

_____ Supervisory devices (tamper, low/high air)

_____ Signaling devices (horns/strobes, bells)

_____ Fire pump GPM Type

_____ Dry pipe/Alarm valves

_____ Sprinkler heads (dry & wet)

_____ Standpipes

_____ Wet chemical or Dry chemical

Circle one: CO2 suppression-Foam suppression-Halon suppression

Others: _____

Estimate of total costs for all work _____

Signature: _____

Owner () Contractor () Owner Representative ()

CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Fire Protection Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____