IX. INSPECTIONS - BOROUGH USE ONLY

DATE	INSPECTION	PASS	FAIL	DATE	INSPECTION	PASS	FAIL

X. PLAN REVIEW RECORD - BOROUGH USE ONLY

TYPE OF REVIEW

Preliminary Review * ☐
Building Plan Review * ☐ (with Accessibility)
Mechanical ☐
Electrical ☐
Plumbing ☐
Fire Protection ☐
IRC ☐
Energy ☐

* Includes all aspects of the building, electrical, mechanical, etc. codes

Change In Occupancy? NO: ☐ YES: ☐
If "YES", what was previous occupancy? _____

Are there any modifications to the PA UCC?
NO: ☐ YES: ☐ If "YES", attach form

Lot & Block #: _____
Zoning use: _____
S.I.C. #: _____
ConstructionType: _____
Building use classification: _____

BCAB #: _____
ZHB #: _____
UCC 1☐2☐3☐4☐Z☐
Code Type _____ Year _____
FLOODPLAIN: ☐ Yes ☐ No

NOTES:

CONDITIONS OF ISSUANCE:

Rev. 9-19

RESET ALL FIELDS

BOROUGH OF FRANKLIN PARK

RESET BOROUGH ONLY FIELDS

ALLEGHENY COUNTY
2344 West Ingomar Road • Pittsburgh, PA 15237 • (412) 364-4115

APPLICATION FOR BUILDING AND ZONING PERMIT

IMPORTANT - Applicant to complete all items in sections: *I, II, and III*

I. LOCATION OF BUILDING
AT (LOCATION) _____ (NO.) (STREET) ZONING DISTRICT _____
SUBDIVISION _____ LOT# _____ LOT/ BLOCK # _____

II. IDENTIFICATION - *To be completed by all applicants, all contractors must complete Section V, Letter M*

	Name	Mailing Address - *number, street, city, state & zip*	(Area) Phone
1. Owner			NO.
			FAX.
		email:	
2. Contractor			NO.
			FAX.
		email:	
3. Architect or Engineer			NO.
			FAX.
		email:	
4. Renter or Lessee			NO.
			FAX.
		email:	

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant (at time of permit pickup)	Print Name	Application Date

III. TYPE OF BUILDING - *All applicants complete Parts A - B* *(Check all that apply)*

A. 1. TYPE OF IMPROVEMENT
- ☐ New building or structure
- ☐ Addition
- ☐ Interior buildout
- ☐ Alteration
- ☐ Repair, replacement
- ☐ Wrecking
- ☐ New Occupant (No Improvement)
- ☐ Moving (Relocation)

2. PARTIAL IMPROVEMENT
- ☐ Footer only
- ☐ Foundation only
- ☐ Shell of Building only
- ☐ Finish

B. PROPOSED USE - *For "Wrecking" most recent use*

Residential - *Complete Section V except where noted*
- ☐ One family
- ☐ Two or more family, number of units _____
- ☐ Transient hotel, motel, or dormitory
- ☐ Fence - *Complete Section VII*
- ☐ Shed (size) _____
- ☐ Garage
- ☐ Above ground pool } *Complete Section VI*
- ☐ Inground pool } *Complete Section VI*
- ☐ Deck (size) _____
- ☐ Roof Over Deck
- ☐ Patio - Concrete (size) _____
- ☐ Stormwater
- ☐ Other - *specify* _____

Nonresidential - *Complete Sections V and VII*
- ☐ Amusement, recreational
- ☐ Church, other religious
- ☐ Industrial
- ☐ Parking garage
- ☐ Service station, repair garage
- ☐ Hospital, institutional
- ☐ Office, bank, professional
- ☐ Public utility
- ☐ School, library, other educational
- ☐ Stores, mercantile
- ☐ Fire Detection/Suppression - *Complete Section VIII*
- ☐ Sign - *Complete Section VIII*
- ☐ Other - *specify* _____

IV. VALIDATION - BOROUGH USE ONLY

Square Footage	Total:	Valuation $	
Finished Floors		Plan Review $	Permit Fee $
Basement		Rec. Fee $	$
Garage		Sewage Fee $	$
Porch/Deck		$	Total $
Other		Approved by	Date

File as Built Survey with this Department when wall is to grade. (Embossed Seal - Not a copy)

NO. STREET USE

V. SELECTED CHARACTERISTICS OF BUILDING - *For new buildings and additions, complete Parts C-M; for wrecking, complete only Part H.*

C. PRINCIPAL TYPE OF FRAME

- ☐ Masonry (wall bearing)
- ☐ Wood frame
- ☐ Structural steel
- ☐ Reinforced concrete
- ☐ Other - Specify _____

E. TYPE OF SEWAGE DISPOSAL

- ○ Public or private company
- ○ Private (septic tank, etc.)

F. TYPE OF WATER SUPPLY

- ○ Public or private company
- ○ Private (well, cistern)

H. DIMENSIONS

Number of stories .....

Total square feet of floor area, all floors, based on exterior dimensions .....

Height .....

I. DECKS

Specify type of siding material on wall where it will be attached.

Specify maximum height of deck surface from grade.

D. ELECTRICAL & PLUMBING

New electrical or alteration to system? ○ YES ○ NO

New plumbing or alteration to system? ○ YES ○ NO

G. TYPE OF MECHANICAL

New HVAC or alteration to system? YES ○ NO ○

Will there be an elevator? YES ○ NO ○

J. RESIDENTIAL BUILDINGS ONLY

Number of bedrooms .....

Number of bathrooms: Full ..... Partial .....

K. COST

Total cost of improvement or construction? $_____

L. PROPOSED ENERGY PACKAGE

PHRC Alternative _____

IRC Chapter 11 _____

COM-check or RES-check (must be submitted) _____

Other (specify) _____

M. SLOPES (Residential buildings only)

Ascending slopes 3 to 1 or greater within 15 ft. of proposed exterior wall? YES ○ NO ○

If so, what is the height of the ascending slope? _____ Feet

Descending slopes 3 to 1 or greater within 40 ft. from edge of footers? YES ○ NO ○

If so, what is the depth of the descending slope? _____ Feet

What is the distance from the edge of the footer to the slope? _____ Feet

N. FIRE DETECTION/SUPPRESSION

Description of Work _____ COST $_____

- ☐ Fire Alarm Notification System
- ☐ Suppression System
- ☐ Kitchen Hood Suppression System
- ☐ Smoke/Heat/Pull Detection System

Is this installation for a new system? YES ○ NO ○ Is it an alteration to an existing system? YES ○ NO ○

VI. SWIMMING POOLS - FOR POOLS COMPLETE THIS SECTION

A. TYPE OF POOL

- ○ Above Ground ○ Inground
- ○ Non-residential ○ Indoor
- ○ Spa/Hot Tub ○ Other/Specify _____

B. POOL LIGHTING YES ○ NO ○

C. COST Cost of Improvements $_____

D. FENCE YES ○ NO ○ If yes, Complete VII

E. DOOR ALARMS YES ○ NO ○

VII. FENCE - FOR FENCES COMPLETE THIS SECTION

A. HEIGHT		**B. LENGTH**			
Forward front building line		Front		Right side	
Behind front building line		Rear		Left side	
C. COST Cost of improvement	$	**D. PERCENT OPEN** Fence surface front	%	Fence surface rear	%

E. TYPE FENCE IN FRONT YARD

F. TYPE FENCE IN REAR YARD

VIII. SIGNS - FOR SIGNS COMPLETE THIS SECTION

Type of Sign: _____

Lighting (If Any): YES ○ NO ○ Building Frontage Length _____ ft.

How will sign be supported? _____

Size of Signs: _____ sq. ft. Dimension: _____ x _____

Cost of Signs: $_____

- A rendition of the sign must be submitted.
- A plot plan showing placement of sign on the lot is required for free standing signs.

IX. ZONING - PROPOSED USE INFORMATION - COMPLETE FOR ALL USES OTHER THAN RESIDENTIAL

BUSINESS NAME		GROSS SQUARE FOOTAGE OF TENANT SPACE	
BUSINESS MAIN OFFICE ADDRESS		NO. OF EMPLOYEES	
DAYS OF BUSINESS		BUSINESS HOURS	

USE NARRATIVE - Provide a detailed narrative of the proposed use including but not limited to the exact nature of business, materials/products/supplies/ in conjunction with the business any hazardous materials used.