

Hilltown Township

Bucks County

P.O. Box 260, 13 West Creamery Road
Hilltown, Pa. 18927

Commercial Building Application

NOTE: All electrical plans require plans should be submitted with 3rd party plan review approval.

Application Type	<input type="checkbox"/> New Building	<input type="checkbox"/> Plan Revision or Partial Occupancy Request				
	<input type="checkbox"/> Alteration or Renovation	<input type="checkbox"/> Fit-out of Existing Space				
	<input type="checkbox"/> Addition	<input type="checkbox"/> Creation of New or Subdivision of Space				
	<input type="checkbox"/> Uncertified Building	<input type="checkbox"/> Phased Approval				
	<input type="checkbox"/> Change Of Occupancy	<input type="checkbox"/> Other _____				
Use/Occupancy Classification: Check box to the left of applicable group.	<input type="checkbox"/> A-1	<input type="checkbox"/> B	<input type="checkbox"/> H-1	<input type="checkbox"/> I-1	<input type="checkbox"/> R-1	<input type="checkbox"/> S-1
	<input type="checkbox"/> A-2	<input type="checkbox"/> E	<input type="checkbox"/> H-2	<input type="checkbox"/> I-2	<input type="checkbox"/> R-2	<input type="checkbox"/> S-2
	<input type="checkbox"/> A-3	<input type="checkbox"/> F-1	<input type="checkbox"/> H-3	<input type="checkbox"/> I-3	<input type="checkbox"/> R-3	<input type="checkbox"/> U
	<input type="checkbox"/> A-4	<input type="checkbox"/> F-2	<input type="checkbox"/> H-4	<input type="checkbox"/> I-4	<input type="checkbox"/> R-3 (Adult Care)	
	<input type="checkbox"/> A-5		<input type="checkbox"/> H-5	<input type="checkbox"/> M	<input type="checkbox"/> R-4	
Site Information	Project Name: _____					
	Street Address: _____					
	TMP #: _____			Suite #: _____		
Special Requirements & Documentation	Check each block below indicating that all of the following <u>will be</u> submitted with this application:					
	<input type="checkbox"/> Two (2) site plans		<input type="checkbox"/> Two (2) complete sets of construction drawings			
	<input type="checkbox"/> One (1) completed copy of the Pa. L&I form UCC-2 UCC PLAN REVIEW CHECKLIST					
	<input type="checkbox"/> One (1) set of specifications (required for <u>New Building</u> , <u>Addition</u> , <u>Alteration</u> , or <u>Fit-out</u>)					
	Does this construction involve modular units built in a factory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes ", submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all the requirements of the UCC.			
	Is this const. regulated by the Health Care Facilities Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes " submit 1 copy of approval letter from the Pa. Dept. of Health.			
	Is the construction exempt from energy code requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " YES " submit 1 copy of approval letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, Sec. 2.3(B). If " No ", submit 1 copy of the COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PERSCRIPTIVE COMPLIANCE REPORT			
	Is project in a flooded hazard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes " submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the <i>International Building Code</i> .			
	Are any of the <i>International Building Code</i> (Chapter 17) Special Inspection or Structural Observations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes ", submit 1 copy of the UCC-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.			
Will an alternative construction method or material be used on this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes ", submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code, Sec. 403.44				
Is this application for "phased approval"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If " Yes ", submit a letter signed by a design professional and owner acknowledging that the issuance of a permit for phased construction provides no assurance that the Code Official will grant approval of any UCC permits needed to complete the construction, and that the design professional and owner will ensure that the building/structure fully complies with all UCC requirements before occupancy.				

Project Data:	Sq.Ft. of conditioned space: _____
	Sq. Ft. of unconditioned space: _____
	Number of stories above grade _____
	Does it have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Total floor area (sq. ft.) _____
	Floor area of new construction (sq. ft.) _____
	Floor area of addition (sq. ft.) _____
	Floor area renovated (sq. ft.) _____
	# of multi-family dwelling units _____
	# of accessible dwelling units _____
	Construction Type: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB
	Fire Suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None
	If application applies to an existing building that is " legally occupied ", indicate permits held: Fire and Panic Occupancy Permit: _____ File Number: _____ Municipal Occupancy Permit: _____ (permit must have 2005 or later date #)
	Controlling design code: <input type="checkbox"/> 2009 International Building Code <input type="checkbox"/> 2009 International Existing Building Code <input type="checkbox"/> 2009 International Building Code, Chapter 34

Design Professional In Responsible Charge	Name: _____	SEAL
	Address _____ _____	
	Phone # _____	
	E-Mail _____	

Seal must be in space to right of name & address.

Owner Information	Owner Name _____
	Street Address _____
	City _____ State _____ Zip Code _____
	Phone Number _____

List total sq. ft. of floor area: _____

List estimated construction cost _____

Applicant's Certification:

As the owner or authorized agent of the project for which this application is filed, I certify that:

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Hilltown Township, Bucks County.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
4. Any changes to the approved documents will be filed with Hilltown Township.
5. If the licensed architect or professional engineer in responsible charge of this construction should change, written notice of the change will be provided to Hilltown Township.
6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function.
7. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.

Applicant Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail _____

Applicant Signature _____ Date _____

PLEASE NOTE: Third Party Electrical Approval must cite version of NEC that the plan was reviewed to, the reviewer's Pa. certification number, and the reviewer's original ink signature.