



APPLICATION FOR COMMERCIAL BUILDING PERMIT

City of Warren Building Code Department

318 West Third Avenue, Warren, PA 16365
Phone (814) 723-6300 - Fax (814) 723-3242
www.cityofwarrenpa.gov

PLEASE COMPLETE ALL REQUIRED INFORMATION.

(Incomplete applications cannot be processed)

Application Date: _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT:

SITE ADDRESS: _____

MUNICIPALITY: (Please check appropriate box)

- *City of Warren Brokenstraw Township *Clarendon Borough *Glade Town-
- *Mead Township *Pine Grove Town- *Pleasant Township Sheffield Township

* County/City Zoning Approval Required

TAX PARCEL NO.: _____
(MUST BE COMPLETED)

OWNER: _____ Phone: _____
(Note: The Building Permit and Certificate of Occupancy will be issued to the name listed above)

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

APPLICANT: _____ Phone: _____
(Owner or Authorized Agent)

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

- APPLICATION TYPE: (Please check all that apply)
- New Building Addition Alteration/Renovation Repair
 - Uncertified Existing Building Partial Occupancy Phased Approval Demolition* Other _____
 - Electrical * Mechanical * Plumbing * Sprinkler/Fire Suppression * Alarm * Swimming Pool *
 - (* Additional sub-permit application required) Change of Use (State previous uses) _____

DESCRIPTION OF PROPOSED WORK: _____

- USE / OCCUPANCY CLASSIFICATION: (Check all that apply)
- | | | | | | | | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 | <input type="checkbox"/> B | <input type="checkbox"/> E | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |
| <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | <input type="checkbox"/> M | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | Adult Care | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 | <input type="checkbox"/> U |

TYPE(S) OF CONSTRUCTION: (Check all that apply) IA IB IIA IIB IIIA IIIB IV VA VB

FIRE SUPPRESSION: Full Partial None

CONTACT INFORMATION In addition to the information requested below, all contractors covered by this permit are also required to submit proof of Workers' Compensation coverage or an affidavit stating an exemption from cov-

ARCHITECT/ENGINEER: _____ Phone: _____

Contact Name: _____ Fax: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

PA License #: _____

GENERAL CONTRACTOR: _____ Phone: _____

Contact Name: _____ Fax: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Improvement Contract Registration Number: _____

ELECTRICAL CONTRACTOR: _____ Phone: _____

Contact Name: _____ Fax: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

MECHANICAL CONTRACTOR: _____ Phone: _____

Contact Name: _____ Fax: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

PLUMBING CONTRACTOR: _____ Phone: _____

Contact Name: _____ Fax: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

FIRE SUPPRESSION CONTRACTOR: _____ Phone: _____

Contact Name: _____ Fax: _____

Mailing Address: _____ Cell: _____

City: _____ State: _____ Zip: _____ Email: _____

PROJECT DATA

Building Height: _____ ft. Stories above grade: _____ Is there a basement? Yes No

Floor area of **new** construction: _____ sq. ft. **Existing** building area: _____ sq. ft.

Floor area of **addition**: _____ sq. ft. Floor area of **alteration**: _____ sq. ft.

Is the project located in a flood plain? If “yes”, submit a copy of one of the flood hazard certifications mandated in section 1612.5 of the *International Building Code*.
 Yes No

Are International Building Code (Chapter 17) special inspections or structural observations required?
 Yes No If “yes”, a Special Inspections Observations Statement form must be submitted with this application.

Stormwater, if applicable, has the application been filed with the appropriate Municipality?
 Yes No

If this is for an existing building, does the building possess a valid Certificate of Occupancy issued by the PA Department of Labor and Industry or other Municipality or Third Party Agency?
 Yes No If “yes”, please attach a copy with this form)

If this is for an alteration, remodel or change of occupancy of a certified existing building, to which building code is the project designed?
 International Existing Building Code (IEBC) Chapter 34, *International Building Code (IBC)*

Existing buildings which are deemed “Uncertified” (lack prior certificate of occupancy) shall be subject to the Performance Compliance Methods of the IEBC as a minimum.

What is the fair market value or contract bid price of construction? (includes labor, materials and equipment costs for building, electrical, plumbing, mechanical, fire protection and energy)

Building \$ _____ Electrical \$ _____ Mechanical \$ _____
Plumbing \$ _____ Fire Suppression \$ _____ Other \$ _____

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 the City of Warren BCO.
 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.
 4. Any changes to the approved documents will be filed with the City of Warren Building Code Department.
 5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of change will be provided to the City of Warren Building Code Department.
 6. When required, up to 20% of the total cost of any work performed on 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 drawing and specification 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 Chapter 401-405.
 8. I certify that the Building Code Official or authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such a permit.



Signature of Owner or Authorized Agent

Date

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

A. Instructions (Please read carefully and complete all required information)

Is the building permit APPLICANT a contractor within the meaning of the Pennsylvania Workers' Compensation Law?

Yes No

If the answer is "yes", complete Sections B and C below as appropriate.

B. Insurance Information

Name of Contractor: _____

Federal or State Employer Identification No.: _____

Name of Workers' Compensation Insurer: _____

Policy No.: _____ Expiration Date: _____ **Copy of certificate required**

Contractor is a State approved self-insurer for workers' compensation. **Copy of certificate required**

C. Affidavit of Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned hereby swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated below:

- Contractor with no employees.** Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance.
- Contractor with employees who claim a religious exemption under Section 304.2 of the Workers' Compensation Law.** All employees of contractor are exempt from workers' compensation insurance provided that copies of their Certification of Religious Exception (LIBC-14C) forms for EACH EMPLOYEE that will be performing work at the project site, are submitted with this application.

The undersigned hereby swears or affirms that he/she has understands and will comply with the following:

- The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Workers' Compensation Law.
- Violation of the Workers' Compensation Law or the terms of this permit will subject the applicant to a stop work order and other fines and penalties provided by the law.

Applicant Information (Person covered by this form)

Name - Please print clearly

Street Address

City, State, Zip

Signature

**This form must be notarized
when claiming an exemption**

Subscribed and sworn before me this

____ day of _____, 20____

Signature of Notary Public

My Commission Expires: _____