

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Form Date: 4/2022

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Special Requirements & Documentation	Are <i>International Building Code</i> (Chapter 17) special inspections or structural observations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," submit 1 copy of the SPECIAL INSPECTIONS STATEMENT.
	Is this construction exempt from energy code requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," submit 1 copy of a letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per ASHRAE 90.1, §2.3(B) If "No," submit 1 copy of the energy compliance documentation.
	Is project in flood 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> .

Deferred Submissions	<p>If you are installing any of the items listed below but are not submitting shop drawings for them at the time that you are submitting this application, check the appropriate box(es) below.</p> <p><input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Wood Roof Trusses (Certified) <input type="checkbox"/> Sprinkler System</p>
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Project Data	<p>Number of stories above grade _____</p> <p>Does it have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Total Floor Area (sq. ft.) _____</p> <p>Floor area new construction (sq. ft.) _____</p> <p>Floor area of addition (sq. ft.) _____</p> <p>Floor area of renovation (sq. ft.) _____</p> <p>Estimated cost of construction \$ _____</p> <p>Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply)</p> <p><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</p> <p>Fire Suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>Which triennial code version must work comply with? <input type="checkbox"/> 2015 <input type="checkbox"/> 2018 <input type="checkbox"/> 2021</p> <p style="text-align: right;"><input type="checkbox"/> IBC <input type="checkbox"/> IEBC</p>
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Applicant/Agent Certification
<ol style="list-style-type: none"> 1. The Estimated construction cost and all other information provided as part of this application is filed. I certify that: 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 issued. 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. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Township. 5. 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. <p style="margin-left: 40px;">Applicant/Agent Name _____</p> <p style="margin-left: 40px;">Street Address _____</p> <p style="margin-left: 40px;">City _____ State _____ Zip _____</p> <p style="margin-left: 40px;">Phone (_____) _____ Cell (_____) _____</p> <p style="margin-left: 40px;">E-Mail _____</p> <p style="margin-left: 40px;">Applicant/Agent Signature _____ Date _____</p>

LACKAWAXEN TOWNSHIP BUILDING CODE OFFICE

169 URBAN ROAD • HAWLEY, PA 18428 • (570) 685-2990 (Phone) • (570) 685-2550 (Fax) • building@ptd.net (E-mail)

SPECIAL INSPECTIONS STATEMENT

Form Date: 9/2013

This statement must accompany permit applications for all construction for which special inspections and observations are required in Chapter 17 of the current/or applicable edition of the **International Building Code (IBC)**

Project Name: _____

Project Address: _____

Owner: _____ Telephone: _____

CHECK ALL THAT APPLY:

- | | |
|--|---|
| <input type="checkbox"/> Inspection of Steel Construction | <input type="checkbox"/> Inspection of Cast-in-Place Deep Foundations |
| <input type="checkbox"/> Inspection of Concrete Construction | <input type="checkbox"/> Inspection of Helical Pile Foundations |
| <input type="checkbox"/> Inspection of Masonry Construction | <input type="checkbox"/> Inspection of Vertical Masonry Foundation Elements |
| <input type="checkbox"/> Inspection of Wood Construction | <input type="checkbox"/> Inspection of Sprayed Fire-Resistant Materials |
| <input type="checkbox"/> Inspection of Soil Conditions | <input type="checkbox"/> Inspection of Mastic and Intumescent Fire-Resistant Coatings |
| <input type="checkbox"/> Inspection of Driven Deep Foundations | <input type="checkbox"/> Inspection of Exterior Insulation & Finish System (EIFS) |
| <input type="checkbox"/> Structural Observations | <input type="checkbox"/> Inspection of Smoke Control System |
| | <input type="checkbox"/> Inspection of Fabricators |

This is to certify that all the inspections and observations that I have checked are required for the project named above and will be performed by qualified individuals or firms. By signing this statement, I also acknowledge that:

- these inspections and observations must be performed by competent individuals in accordance with the requirements of the *IBC* Chapter 17 (as applicable) and that the construction work must comply with the Township approved plans and specifications and all applicable provisions of the Uniform Construction Code;
- records of all required special inspections and testing observations (including any discrepancies and methods of correction of these discrepancies) will be retained and made available to the Township and a copy of these reports shall be submitted to the Township inspector, at the time that the final inspection is performed and before a certificate of occupancy is issued.

Affix Seal Here

Name of Design Professional in Responsible Charge

Signature of Design Professional in Responsible Charge

PA License Number

____/____/____
Date Signed (Month/Day/Year)