

	<p>Will an alternative construction method or material be used on this project?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If "Yes", submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.</p>												
	<p>Is this application for "temporary certificate of occupancy" (Phased Approval)?</p> <p>A building code official may issue a temporary certificate of occupancy (Phased Approval) for a portion or portions of the building or structure before the completion of the entire work covered by the permit if the portion or portions may be occupied safely. The building code official shall set a time during which the temporary certificate of occupancy is valid.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If "Yes", submit a letter signed by the design professional and owner acknowledging that the request for phased construction. For Phased Approval applicant shall indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan. Inspection fees shall be based on a cost per phase. Plan review fees may, depending on level of submittal, cover entire project or each phase only per judgment of plans examiner.</p>												
	<p>Construction Phase Requiring Certificate of Use & Occupancy</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Which Phases?</p>												
<p>Deferred Submissions (Check all that apply) (All deferred submissions will need to be submitted within 30 days of project approval unless other arrangements have been discussed)</p>	<p>Are you requesting deferred approval? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Provide a written request on the construction disciplines to be deferred.</p> <p>Please check disciplines you wish to defer:</p> <table border="0"> <tr> <td><input type="checkbox"/> Architectural</td> <td><input type="checkbox"/> Plumbing</td> <td><input type="checkbox"/> Structural</td> </tr> <tr> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Mechanical</td> <td><input type="checkbox"/> Fire Protection Systems</td> </tr> <tr> <td><input type="checkbox"/> Accessibility</td> <td><input type="checkbox"/> Energy/Insulation</td> <td><input type="checkbox"/> Underslab Plumbing</td> </tr> <tr> <td><input type="checkbox"/> Underslab Electrical</td> <td><input type="checkbox"/> Underslab Mechanical</td> <td><input type="checkbox"/> _____</td> </tr> </table> <p>Provide two (2) sets of signed and sealed drawings for all those disciplines you wish to construct.</p>			<input type="checkbox"/> Architectural	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Structural	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Fire Protection Systems	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Energy/Insulation	<input type="checkbox"/> Underslab Plumbing	<input type="checkbox"/> Underslab Electrical	<input type="checkbox"/> Underslab Mechanical	<input type="checkbox"/> _____
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<p>Project Data (Commercial Projects only)</p> <p>Square Footage and cost of construction is required for all commercial projects.</p>	<p>Type(s) of construction per Chapter 6 of the <i>International Building Code</i> (check all that apply): <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>Square Footage of project: _____</p> <p>Cost of Construction: _____</p> <p>Fire suppression: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>If application applies to an existing building that is "legally occupied," indicate permits held:</p> <p>Fire and Panic Occupancy Permit <input type="checkbox"/> Fire Number: _____</p> <p>Municipal Occupancy Permit <input type="checkbox"/> Permit Number: _____</p> <p>Municipality Name: _____</p> <p>L&I UCC Certificate of Occupancy <input type="checkbox"/> File Number: _____</p> <p>If "legally occupied," you must select which code requirements the building will comply with (choose only one):</p> <p><input type="checkbox"/> <i>International Existing Building Code</i> <input type="checkbox"/> <i>International Residential Building Code</i></p>														

<p>Design Professional in Responsible Charge</p> <p><i>Seal must be in space to right of name and address.</i></p>	<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>PA License #: _____</p> <p>E-Mail: _____</p> <p>Phone: _____</p> <p>Fax: _____</p>
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<p>Property Owner Information</p>	<p>Property Owner Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone Number: _____ E-mail: _____</p>
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Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:
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 local municipality. 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. Any changes to the approved documents will be filed with Associated Building Inspections LLC and the local municipality.
When required, up to 20% of the total cost of any work performed on any area of primary function in an existing building will be expended to provide an accessible route to the area of primary function. 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 of the Pennsylvania Uniform Construction Code.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Applicant E-mail: _____

Billing Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Applicant is responsible for the payment of ABI fees unless otherwise noted.