



**1. PROPERTY INFORMATION**

Property Address: \_\_\_\_\_ Owner Name: \_\_\_\_\_

**2. SCOPE OF PROPOSED WORK**

|  |  |  |
|--|--|--|
| Structure Type: Commercial – All other uses  |  |  |
| Type of Work   | Type of Work   | Type of Work   |
| <input type="checkbox"/> New Construction  | <input type="checkbox"/> Addition / Alteration       | <input type="checkbox"/> <b>Minor Alteration **</b>          |
| Work Scope   | Work Scope   | Work Scope   |
| <input type="checkbox"/> Accessory Structure   | <input type="checkbox"/> Accessory Structure – type: | <input type="checkbox"/> Interior Non-Structural Demolition  |
| <input type="checkbox"/> New Building Complete   | <input type="checkbox"/> Addition                    | <input type="checkbox"/> Level 1 Alterations Only - Exterior |
| <input type="checkbox"/> New Building Phased Construction  | <input type="checkbox"/> Alterations - Exterior      | <input type="checkbox"/> Level 1 Alterations Only - Interior |
| <input type="checkbox"/> Site Work   | <input type="checkbox"/> Alterations - Interior      |  |
|  | <input type="checkbox"/> Site Work                   |  |
| Other Intended Work  |  |  |
| <input type="checkbox"/> Mechanical – including fuel gas   | <input type="checkbox"/> Electrical                  | <input type="checkbox"/> Plumbing                            |
| <input type="checkbox"/> Suppression System  | <input type="checkbox"/> Fire Alarm                  |  |
| Location of Work (within structure/site):  |  |  |
| Description of Work:   |  |  |
| Proposed Use (NOT applicable for Minor Alterations):   |  |  |
| Related Zoning Development Review Application #:   |  |  |
| <b>**Construction drawings are required unless the proposed work is limited to Minor Alteration work type - see “Standard Permit Application Requirements” bulletin on this webpage: <a href="http://pittsburghpa.gov/pli/pli-bulletins">http://pittsburghpa.gov/pli/pli-bulletins</a></b> |  |  |

**3. TRADE LICENSE INFORMATION** – If selected, not required until permit issuance

License Name: \_\_\_\_\_ City License No. (BL/GC): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Cost of Work: \$ \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

**4. APPLICANT’S AFFIDAVIT**

I am the Owner of the property, or an agent of the Owner, for which this application is filed. If an agent, I certify that I have been authorized by the Owner to complete this application on their behalf. As the applicant, I certify that the information provided as part of this application is correct.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_  
 Estimated Cost of Work: \$ \_\_\_\_\_

**5. CODE INFORMATION** – NOT required for Minor Alterations, to be completed by Design Professional

|  |   |  |
|--|---|--|
| <b>Is the project regulated by Health Care Facilities Act?</b>   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Compliance path for existing buildings (Choose One):</b>  |   |  |
| <input type="checkbox"/> Prescriptive - 2015 IEBC Chapter 4  | <input type="checkbox"/> Work Area - 2015 IEBC Chapter 5-13 |  |
| <input type="checkbox"/> Performance - 2015 IEBC Chapter 14  |   |  |
| NOTE: PLI requires Special Inspections for this compliance path to verify compliance with approved scoring.  |   |  |
| <b>Life Safety Systems Present:</b>  |   |  |
| <input type="checkbox"/> Sprinkler – NFPA Standard:  | Coverage within entire building:                            |  |
| <input type="checkbox"/> Fire Alarm – Type (Manual/Auto):  | Coverage within entire building:                            |  |
| <input type="checkbox"/> Standpipe – Operation (Manual/Auto):  | Type (Wet/Dry):   |  |
| <b>Compliance with current PA UCC accessibility provisions (Choose One):</b>   |   |  |
| <input type="checkbox"/> Building’s accessible route is fully compliant including: route from site arrival to entrance, entrances, elevator/lift, interior circulation, toilet rooms and drinking fountains.   |   |  |
| <input type="checkbox"/> Work area (area being renovated) and accessible route to it (including toilet rooms and drinking fountains) are fully compliant.  |   |  |
| <input type="checkbox"/> PA Labor & Industry's Accessibility Advisory Board has approved a variance (including determination of technical infeasibility). Copy of L&I decision shall be included with permit submission.   |   |  |
| <b>Accessible Route Exceptions – Existing Buildings (Choose ONE, if applicable):</b>   |   |  |
| <input type="checkbox"/> Accessible route is being improved to a minimum cost of 20% of the remaining cost of work (including MEP). Please provide “Accessible Route Cost Verification Form” - <a href="http://pittsburghpa.gov/pli/other-apps-forms">http://pittsburghpa.gov/pli/other-apps-forms</a> . |   |  |
| <input type="checkbox"/> Alterations are limited solely to the following: windows, hardware, operating controls, electrical outlets and signs, Mechanical, electrical, fire protection systems, and/or abatement of hazardous materials.   |   |  |
| <input type="checkbox"/> Primary purpose of alterations is solely to increase the accessibility.   |   |  |
| <input type="checkbox"/> Renovation is to an area that <b>does not</b> contain a primary function and/or work that does not affect accessibility to primary function.  |   |  |

As responsible Design Profession in Charge, I certify that the above provided code information is correct.

Name: \_\_\_\_\_ PA License #: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Email/Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Alternate Point of Contact: \_\_\_\_\_

Email/Fax: \_\_\_\_\_ Phone: \_\_\_\_\_