



ABI #: _____
 Permit #: _____
 Date: _____
 Form ABI-3 REV 7-2016

1248 W. Main St., Suite 23, Ephrata, PA 17522
 Phone: (717) 733-1654; FAX (717) 721-4224
www.weknowcodes.com

Uniform Construction Code (UCC)

APPLICATION FOR BUILDING PERMIT

Application Type (Check all that apply)	<input type="checkbox"/> Accessibility Only Review <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> New Structure or Facility <input type="checkbox"/> Plan Revision or Partial Occupancy Request <input type="checkbox"/> Unapproved Existing Building <input type="checkbox"/> New Building	<input type="checkbox"/> Addition <input type="checkbox"/> Phased Approval <input type="checkbox"/> If Phased Approval 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.									
Use/Occupancy Classification: Check box to left of applicable group. (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										
Site Information (Political Subdivision & County names are required.)	Project Name _____ Street Name and # _____ City _____ State _____ Zip Code _____ Political Subdivision _____ County _____										
Special Requirements and Documentation	Check each block below indicating that all of the following will be submitted with this application: <input type="checkbox"/> Three (3) site plans <input type="checkbox"/> Three (3) complete sets of construction drawings <input type="checkbox"/> One (1) completed copy of the ABI-2 UCC PLAN REVIEW CHECKLIST <input type="checkbox"/> One (1) set of specifications (only if Addition, Alteration, New Building or New Structure/Facility) <input type="checkbox"/> PDF files of design drawings <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Does this construction involve modular units built in a factory</td> <td style="width:20%; text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width:40%;">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 requirements of the UCC.</td> </tr> <tr> <td>Is this construction regulated by the Health Care Facilities Act?</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If "Yes", submit 1 copy of approval letter from the Pennsylvania Department of Health.</td> </tr> <tr> <td>Is this construction exempt from energy code requirements?</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If "Yes", submit 1 copy of 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 COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.</td> </tr> </table>		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 requirements of the UCC.	Is this construction 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 Pennsylvania Department of Health.	Is this construction exempt from energy code requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", submit 1 copy of 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 COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
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	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> .
	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 ABI-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 §403.44.
	Is this application for "temporary certificate of occupancy"(Phased Approval)? 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 period during which the temporary certificate of occupancy is valid.	<input type="checkbox"/> Yes <input type="checkbox"/> No	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.
	Construction Phase Requiring Certificate of Use & Occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which Phases?

Project Data	Does the project have zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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 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 <input type="checkbox"/> Fire Number: _____ Municipal Occupancy Permit <input type="checkbox"/> Permit Number: _____ Municipality Name: _____ L&I UCC Certificate of Occupancy <input type="checkbox"/> File Number: _____ If "legally occupied," you must select which code requirements the building will comply with (choose only one): <input type="checkbox"/> <i>International Existing Building Code</i> <input type="checkbox"/> Chap. 34, <i>International Building Code</i> Which triennial codes must this work comply with? <input type="checkbox"/> 2009 <input type="checkbox"/> 2012 <input type="checkbox"/> 2015

Design Professional In Responsible Charge Seal must be in space to right of name and address.	Name: _____
	Address: _____ _____
	PA License #: _____
	E-Mail: _____
	Phone: _____
	Fax: _____

Owner Information	Owner Name: _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
	Phone Number: _____ E-mail: _____

Deferred Submissions (Check all that apply)	Are you requesting deferred approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide a written request on the construction disciplines to be deferred.
	Please check disciplines you wish to defer:
	<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"/> _____
	Provide three sets of signed and sealed drawings for all those disciplines you wish to construct.

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, Inc. 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: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Applicant Signature: _____ Date: _____

Applicant E-mail: _____

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