

## EAST COCALICO TOWNSHIP

### UCC COMMERCIAL BUILDING PERMIT APPLICATION INSTRUCTIONS

Technicon Enterprises, Inc., II is responsible for performing all Uniform Construction Code building plan review and related inspections. All building permit and inspection related questions should be directed to Technicon Enterprises, Inc., II at 610-286-1622. Scheduling of all inspections can be completed through Technicon's office by dialing 610-286-1622, ext. 0.

Listed below are some basic instructions for building permit application submission. These instructions are in addition to completion of the basic application that is attached to this cover sheet.

#### COMMERCIAL BUILDING PERMIT APPLICATIONS

- **All commercial building permit applications must be submitted with three (3) complete sets of building plans.** These plans should include all architectural and structural details, along with plumbing, mechanical, electrical, fire protection and accessibility details and specifications.
- **ALL BUILDING PLANS FOR COMMERCIAL PROJECTS MUST BE PREPARED, STAMPED AND SEALED BY EITHER A REGISTERED ARCHITECT OR A LICENSED PROFESSIONAL ENGINEER LICENSED IN THE COMMONWEALTH OF PENNSYLVANIA.**
- **Site plans for each project must also be submitted in triplicate.**
- Full engineering data and calculations must be submitted with all commercial building permit applications. These would include, but are not limited to: fire protection calculations, HVAC ventilation schedules, plumbing fixture unit calculations, fuel gas pipe sizing calculations, electrical service calculations, etc.
- An Energy Conservation Code compliance certificate or equivalent must be submitted with all applications for new construction.
- A copy of the approval letter for erosion and sedimentation control from the Lancaster County Conservation District should also be submitted, if applicable.
- Be advised, that the UCC permits a 30 business day review period for all commercial building permit applications. No work shall begin on any project until a building permit has been issued.
- A Certificate of Workman's Compensation Insurance must be submitted with the application.

Upon issuance of a building permit, a permit placard along with supporting documentation will be returned to the permit applicant upon payment of permit fees. The permit will detail all required inspections that are specific to the project for which the permit has been issued.

## PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

### A. The Applicant Is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law ☐ Yes ☐ No

If the answer is "Yes" complete Section B and C below as appropriate.

### B. Insurance Information

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

☐ **Applicant is a qualified self-insurer for workers' compensation**

*Attach insurance certificate*

☐ **Applicant carries workers' compensation coverage with an insurance company**

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Policy No.: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

*Attach insurance certificate*

### C. Exemption

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

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

☐ **Contractor with no employees.** Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

☐ **Religious exemption under the Workers' Compensation Law.**

### D. Signature

My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation Insurance as need and verifies that all statements made above are true. **I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act, I must sign this form in front of a notary public.**

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

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF LANCASTER

ON THIS, the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, and being authorized to do so, executed this instrument for the purposes contained herein.

IN WITNESS WHEREOF, I hereto set my hand and official seal.



NOTARY PUBLIC

My commission expires: \_\_\_\_\_

# EAST COCALICO TOWNSHIP UCC COMMERCIAL BUILDING PERMIT APPLICATION

Building Permit No.: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Total Lot Area (Dimensions in sq. ft.) \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT** (Check All That Apply)

- |  |   |                                     |                                     |                                     |                                     |
|--|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Building    | <input type="checkbox"/> Addition               | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair     | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Foundation only | <input type="checkbox"/> Change of use          | <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical |                                     |
| <input type="checkbox"/> Sign            | <input type="checkbox"/> Other – Describe below |                                     |                                     |                                     |                                     |

Describe the scope of work: \_\_\_\_\_

\_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION (To include time & Materials)** \$ \_\_\_\_\_

(Detailed estimates may be requested to verify underestimated values)

**CONSTRUCTION TYPE:** (IBC Chapter 6)**DESCRIPTION OF BUILDING USE** (Check One)

Specific Use: \_\_\_\_\_

Use Group: \_\_\_\_\_

Business Name: \_\_\_\_\_

Change in Use: ☐ Yes ☐ No

If YES, indicate Former: \_\_\_\_\_

Maximum Occupancy Load: \_\_\_\_\_

**DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING:**

- Fire Alarm System (Check) ☐ Yes ☐ No
- Elevator/Escalators/Lifts/Moving walks: (Check) ☐ Yes ☐ No
- Automatic Sprinkler System: ☐ Yes ☐ No

**BUILDING DIMENSIONS:**

Existing Building Area: \_\_\_\_\_ sq. ft.

Propose Building Area: \_\_\_\_\_ sq. ft.

Total Building Area: \_\_\_\_\_ sq. ft.

Gross Area of Grade Level Floor: \_\_\_\_\_ sq. ft.

No. of Stories Existing: \_\_\_\_\_

No. of Stories Proposed: \_\_\_\_\_

Height of Structure Above Grade: \_\_\_\_\_

## FLOODPLAIN

Is the site located within an identified flood hazard area? *(Check One)*

☐ YES

☐ NO

Will any portion of the flood hazard area be developed? *(Check One)*

☐ YES

☐ NO

☐ N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

**I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Directions to Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR CODE ADMINISTRATOR USE ONLY**

**ADDITIONAL PERMITS/APPROVALS REQUIRED**

<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> STORMWATER	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> PUBLIC WATER CONNECTION	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

**APPROVALS**

BUILDING PERMIT DENIED:	Date _____	Date Returned _____
BUILDING PERMIT APPROVED:	Date _____	Permit # _____
CODE ADMINISTRATOR _____		
Date Issued _____	Date Expires _____	Permit # _____
BUILDING PERMIT FEE	\$ _____	Receipt # _____
ZONING PERMIT FEE	\$ _____	Receipt# _____
PLUMBING PERMIT (if appl.)	\$ _____	Receipt # _____
MECHANICAL PERMIT (if appl.)	\$ _____	Receipt # _____
ELECTRICAL PERMIT (if appl.)	\$ _____	Receipt # _____
DRIVEWAY PERMIT (if appl.)	\$ _____	Receipt # _____
CURB AND SIDEWALK (if appl.)	\$ _____	Receipt # _____
CERTIFICATE OF OCCUPANCY: (Y OR N)	FEE: _____	
PLAN REVIEW: (Y OR N)	FEE: _____	