UNIFORM CONSTRUCTION CODE (UCC) COMMERCIAL BUILDING PERMIT APPLICATION PACKET

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

1) **All commercial building permit applications must be submitted with four (4) 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.

2) **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.**

3) **Site plans for each project must also be submitted in quadruplicate.**

4) 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.

5) An Energy Conservation Code compliance certificate or equivalent must be submitted with all applications for new construction.

6) A copy of the approval letter for erosion and sedimentation control from the Lancaster County Conservation District should also be submitted, if applicable.

7) Be advised, UCC allows 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.

8) **BUILDING AND IMPERVIOUS COVERAGE CALCULATIONS**. There is a limit to how much impervious surface can be added to any property in the Township. Complete the Building and Impervious Coverage Calculation form (page 3) to calculate how much building and impervious coverage exists today, and how much will exist after the project is completed. Some of the information you'll need to complete this calculation – like the property size, house dimensions, and tax parcel number – can be found at lancasterpa.devnetwedge.com/.

9) **PERMIT FEE.** The permit fee must be paid at the time the application is submitted. Fees vary by project type. Visit ect.town to view the current Fee Schedule. Cash or check only (no cards). Checks payable to East Cocalico Township. Mail and/or drop off (M-F 7am-4:15pm) your permit with fee to: East Cocalico Township, 100 Hill Road, Denver, PA 17517. Permits received without the fee will be placed on hold until the fee is received.

10) **NO WORK SHALL BEGIN** UNTIL THE PERMIT HAS BEEN ISSUED.

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.

EAST COCALICO TOWNSHIP

100 Hill Road, Denver, PA 17517

717-336-1720 ♦ ect.town ♦ Mon-Fri 7am-4:30pm

UNIFORM CONSTRUCTION CODE (UCC) COMMERCIAL BUILDING PERMIT APPLICATION PACKET

ZONING APPROVED : _____ **PERMIT # :** _____

Approved by Date

LOCATION:

Zoning District: ☐ Agricultural ☐ Light Industrial ☐ Suburban Residential ☐ Conservation ☐ Rural Residentia ☐ General Commercial ☐ Other *(describe)*

County: Lancaster

Municipality: East Cocalico Township

Site Address: _____ Tax Parcel #: 080-_____-0-0000

Lot #: _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell # _____

E-Mail Address: _____

Principal Contractor: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell # _____

E-Mail Address: _____

Design Professional: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell # _____

E-Mail Address: _____

TYPE OF WORK OR IMPROVEMENT *(Check all that apply)*:

☐ New Building	☐ Addition	☐ Plumbing	☐ Demolition
☐ Foundation only	☐ Change of use	☐ Repair	☐ Electrical
☐ Sign	☐ Alteration	☐ Mechanical	

Describe 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:

Specific Use:

Use Group:

Business Name:

Change in Use: Yes ☐ No ☐ No If Yes indicate Former:

Maximum Occupancy Load:

DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING:

Fire Alarm System: Yes ☐ No ☐ Elevator/Escalators/Lifts/Moving walks: Yes ☐ No ☐ Auto Sprinkler System Yes ☐ No ☐

BUILDING DIMENSIONS:

Existing Building Area:	_____ sq. ft.	Number of Stories Existing:	_____
Proposed Building Area:	_____ sq	Number of Stories Proposed:	_____
Total Building Area:	_____ sq	Height of Structure Above Grade:	_____
Gross Area of Grade Level Floor:	_____ sq. ft.		

FLOODPLAIN:

Is the site located within an identified flood hazard area? ☐ Yes ☐ No

Will any portion of the flood hazard area be developed? ☐ 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 the applicant assume 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 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 (street, city, state, zip) Date

_____

Phone Number (area code)

Directions to Site:

LOT COVERAGE CALCULATIONS & STORMWATER REQUIREMENTS

APPLICANT: _____

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

Please complete the calculations below to determine the total existing and proposed lot coverages, and return this form with your permit application. This information is needed to issue a permit for your project. This form is also used to determine if stormwater management will be required for your project.

STEP 1: CALCULATE EXISTING LOT COVERAGE

A.	_____	sf	existing home / office / building
B.	_____	sf	existing garage
C.	_____	sf	existing shed
D.	_____	sf	existing driveways & walkways
E.	_____	sf	existing patio (do not include if constructed with pervious pavers)
F.	_____	sf	existing pool and coping
G.	_____	sf	existing covered deck
H.	_____	sf	existing other
I.	0.00	sf	total existing lot coverage *(add Lines A through H)*
J.	_____	sf	property size (to find your property size, visit lancasterpa.devnetwedge.com)
K.	0.00%	sf	existing % lot coverage *(Line I divided by Line J)*

STEP 2: CALCULATE PROPOSED LOT COVERAGE CHANGES

L.	_____	sf	for all proposed improvement(s): _____
M.	_____	sf	for all impervious area(s) to be removed: _____
N.	0.00	sf	proposed net change in impervious area *(Line L minus Line M)*

STEP 3: CALCULATE PROPOSED LOT COVERAGE

O.	_____	sf	for all proposed improvement(s): _____
P.	_____	sf	for all impervious area(s) to be removed: _____

STEP 4: DETERMINE STORMWATER MANAGEMENT REQUIREMENTS

Q.	0.00	sf	proposed net change in impervious area *(Line N)*
R.	_____	sf	impervious area added 8/6/2003 to present (not included in current stormwater mgmt.)
S.	0.00	sf	area requiring stormwater management *(add Line Q and Line R)*

If Line S is less than 1,000 sf, then the stormwater management is waived for now.

If Line S is between 1,000 and 1,999 sf, a simplified stormwater management plan ("small project") is required.

If Line S is 2,000 sf or greater, then a complete engineered stormwater management plan is required.

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.

_____

SEAL

NOTARY PUBLIC
My commission expires: _____

FOR CODE ADMINISTRATOR USE ONLY
ADDITIONAL PERMITS/APPROVALS REQUIRED

PERMIT # _____

☐	STREET CUT/DRIVEWAY	APPROVED _____
☐	PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
☐	DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
☐	EROSION AND SEDIMENT CONTROL PLAN	APPROVED _____
☐	SEWER CONNECTION	APPROVED _____
☐	ON-LOT SEPTIC	APPROVED _____
☐	ZONING	APPROVED _____
☐	PUBLIC WATER CONNECTION	APPROVED _____
☐	STORMWATER	APPROVED _____
☐	OTHER _____	APPROVED _____

APPROVALS

BUILDING PERMIT DENIED: Date _____ Date Returned: _____

BUILDING PERMIT APPROVED: Date _____

CODE ADMINISTRATOR _____

Date Issued: _____ Date Expires: _____

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: $ _____

ZONING INFORMATION

LOT SIZE: _____ ZONE: _____

Minimum Setback Front Yard (from right-of-way line) _____

Minimum Setback Rear Yard _____

Minimum Setback Side Yard – Each Side / Aggregate _____

BUILDING DIMENSIONS

Existing Building Area:	_____ sq. ft.	Number Of Stories:	_____
Proposed Building Area:	_____ sq. ft.	Height of Structure Above Grade:	_____ ft.
Total Building Area:	_____ sq. ft.	Area of the Largest Floor:	_____ sq. ft.

THIS PAGE FOR CODE ADMINISTRATOR USE ONLY