

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.

EAST COCALICO TOWNSHIP UCC COMMERCIAL BUILDING PERMIT APPLICATION

Received Date Stamp

LOCATION OF PROPOSED STRUCTURE:

Permit # _____

County: _____ Municipality: _____ Zoning District: _____

Site Address: _____ Tax Parcel # _____

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

Owner: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

Email Address: _____

Principal Contractor: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

Email Address: _____

Design Professional: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

Email Address: _____

TYPE OF WORK OR IMPROVEMENT (Check all that apply)

☐
☐
☐

New Building
Foundation only
Sign

☐
☐
☐

Addition
Change of use
Alteration

☐
☐
☐

Plumbing
Repair
Mechanical

☐
☐

Demolition
Electrical

Other – 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 (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
Yes
Yes

☐
☐
☐

No
No
No

Elevator/Escalators/Lifts/Moving walks (check)

Automatic Sprinkler System:

BUILDING DIMENSIONS:

Existing Building Area: _____ sq. ft.

Proposed Building Area: _____ sq. ft.

Total Building Area: _____ sq. ft.

Gross Area of Grade Level Floor: _____ sq. ft.

Number of Stories Existing: _____

Number 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

☐

NA

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 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: _____

EAST COCALICO TOWNSHIP

100 HILL ROAD, DENVER, PA 17517

APPLICANT: _____

ADDRESS: _____

SIGNATURE: _____

Please complete the below to calculate the total proposed and existing building and impervious surface coverages, and return this form with your permit application. This information is needed to issue a permit for your project. Please contact the Codes Department at (717) 336-1710 to obtain the gross lot area for your property, or if you require additional information, or visit <https://lanasterpa.devnetwedge.com/>. Please write "not applicable" if not needed.

CALCULATE BUILDING COVERAGE

Note... Building coverage includes any structure or improvement that is "under roof".

_____ sf proposed improvement(s) _____
_____ sf existing home/office/building _____
_____ sf existing garage _____
_____ sf existing shed _____
_____ sf existing other _____

_____ sf total proposed and existing building coverage (*add all above*)
_____ sf gross lot area

_____ % BUILDING COVERAGE PERCENT (= *total building coverage / gross lot area*)

CALCULATE IMPERVIOUS COVERAGE

Note... Impervious coverage includes any structure or improvement that does not allow water to infiltrate into the ground.

_____ sf proposed improvement(s) _____
_____ sf existing driveways & walkways _____
_____ sf existing patio _____
_____ sf existing pool and coping _____
_____ sf existing other _____
_____ sf total proposed and existing building coverage (*from above*)

_____ sf total proposed and existing impervious coverage (*add all above*)
_____ sf gross lot area

_____ % IMPERVIOUS COVERAGE PERCENT (= *total impervious coverage / gross lot area*)

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: _____

FOR CODE ADMINISTRATOR USE ONLY
ADDITIONAL PERMITS/APPROVALS REQUIRED

	ZONING	APPROVED	
	STREET CUT/DRIVEWAY	APPROVED	
	PENNDOT HIGHWAY OCCUPANCY	APPROVED	
	STORMWATER	APPROVED	
	DEP FLOODWAY OR FLOODPLAIN	APPROVED	
	SEWER CONNECTION	APPROVED	
	PUBLIC WATER CONNECTION	APPROVED	
	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 <i>(if appl.)</i>	_____	Receipt # _____	
MECHANICAL PERMIT <i>(if appl.)</i>	_____	Receipt # _____	
ELECTRICAL PERMIT <i>(if appl.)</i>	_____	Receipt # _____	
DRIVEWAY PERMIT <i>(if appl.)</i>	_____	Receipt # _____	
CURB AND SIDEWALK <i>(if appl.)</i>	_____	Receipt # _____	
CERTIFICATE OF OCCUPANCY	Y or N	FEE: \$	
PLAN REVIEW	Y or N	FEE: \$	