



# BENSALEM TOWNSHIP

Building and Planning Department  
 2400 Byberry Road • Bensalem, PA 19020  
 Office 215-633-3644 • Fax 215-633-3753

## Uniform Construction Code (UCC) Application For Commercial Building Permits

<b>TAX PARCEL #</b>
<b>02-</b>
Permit # _____
Date _____

### PART I BUILDING PERMIT

Project Name: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Street Name & No.: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_  
 Project Description: \_\_\_\_\_

### PART II PROJECT DATA

<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration or Renovation <input type="checkbox"/> New Structure/Facility	<b>ESTIMATED TOTAL COST OF ENTIRE PROJECT:</b> \$ _____
<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <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-4 <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-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U <input type="checkbox"/> R-3 Adult Care	
<b>Types of construction per Chapter 5 of the International Building Code (check all that apply):</b> <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	
<b>Fire Suppression:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<b>Existing Use:</b> _____ <b>Proposed Use:</b> _____	
Lot Number: _____ Block Number: _____ Suite Number: _____	
<b>Minimum setbacks required by municipal zoning ordinance (in feet):</b> Front: _____ Rear: _____ Right Side: _____ Left Side: _____	
Sq.ft. Conditional Space _____ Number of Stories Above Grade _____ Overall Height of Structure _____ Does it have a Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sq. ft. Unconditioned Space _____ Below Grade: _____ <b>Total Sq.Ft:</b> _____ <b>Total Sq.Ft:</b> _____ <b>Total Sq.Ft:</b> _____
<b>NEW Construction (sq.ft./floor)</b> _____ <b>Addition (sq.ft./floor)</b> _____ <b>Renovated (sq.ft./floor)</b> _____ # Multi-Family Dwelling Units _____	# Accessible Dwelling Units _____
Check each block below indicating that all of the following will be submitted with this application <input type="checkbox"/> Four (4) site plans <input type="checkbox"/> Three (3) complete sets of construction drawings (signed & sealed) <input type="checkbox"/> One (1) completed copy of the UCC-2 PLAN REVIEW CHECKLIST	

### PART III ALTERATION OF LAND PERMIT

**Purpose for Altering** \_\_\_\_\_

**How Will Drainage be Affected?** \_\_\_\_\_

Is this Application Part of an Approved Land Development or Stormwater Management Plan?     YES     NO

**Copy of Site Plan Drawn to Scale Showing the Following Must be Attached Hereto:**

1. Property Boundaries with Dimensions	5. Existing Sewer & Water Laterals
2. Abutting Street(s), address & Tax Parcel No.	6. Proposed Sewer & Water Laterals
3. Existing Site Improvements & Grades	7. Proposed Erosion & Sedimentation Controls
4. Proposed Site Improvements & Grades	

**For Non-Residential Properties:**

1. Bensalem Township Council Decision: \_\_\_\_\_ Date: \_\_\_\_\_  
 2. Bucks County Conservation District Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Cont. Alteration of Land Permit</b>	<b>Township Engineer's Recommendation:</b> _____		
<b>Special Requirements &amp; Documentation</b>	Does this construction involve modular units built in a factory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>"Yes,"</b> submit 1 copy of a letter from 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 <b>"Yes,"</b> 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 <b>"Yes,"</b> submit 1 copy of letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per <i>ASHRAE 90.1, §2.3(B)</i> . If <b>"No,"</b> submit 1 copy of the COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
	Is the project in flood hazard area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>"Yes,"</b> 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 <b>"Yes,"</b> submit 1 copy of the UCC-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 <b>"Yes,"</b> submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.
	Is this application for "phased approval"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>"Yes,"</b> submit a letter signed by the design professional and owner acknowledging that the issuance of a permit for phased construction provides no assurance that the Department will grant approval of any UCC permits needed to complete the construction, and that the design professional and owner will ensure that the building/structure fully complies with all UCC requirements before occupancy.

<b>PART IV PLUMBING PERMIT</b>	<b>Fixture</b>	<b>Qty</b>	<b>Fixture</b>	<b>Qty</b>	<b>Drainage</b>	
	Bathtub		Backflow Device		Material	Size
	Water Heater		Garbage Disposal			
	Dishwasher		Grease Trap		<b>Building Sewer</b>	
	Hose Bibb		Indirect Connection		Material	Size
	Lavatory/Sink		Interceptor			
	Shower/Floor Drain		Reduced Pressure		<b>Water Service</b>	
	Washing Machine		Solar System		Material	Size
	Water Closet/Bidet Urinal		Vent Stack			
	Sewage Ejector		Other		<b>Venting</b>	
	Sewer Utility Connection		Other		Material	Size
	Water Utility Connection		Other			

**TOTAL NUMBER OF FIXTURES:**

<b>PART V HVAC PERMIT</b>	<input type="checkbox"/> Water Heater	<input type="checkbox"/> A/C Unit	<input type="checkbox"/> Water Heater Electric
	<input type="checkbox"/> Domestic Boiler/Furnace	<input type="checkbox"/> Solar System	<input type="checkbox"/> Heating Electric
	<input type="checkbox"/> Steam Boiler	<input type="checkbox"/> Hydronic Baseboard	<input type="checkbox"/> HVAC Equipment

**HEATER**

Name of Heater: \_\_\_\_\_ Type: \_\_\_\_\_  
 Model Number: \_\_\_\_\_ Ignition Type: \_\_\_\_\_  
 Motor Size: \_\_\_\_\_ BTU Input/Output: \_\_\_\_\_

**A/C UNIT**

Name of A/C Unit: \_\_\_\_\_ Horsepower: \_\_\_\_\_  
 Model Number: \_\_\_\_\_

**TOTAL COST OF HVAC WORK: \$** \_\_\_\_\_



<b>FIRE HYDRANT &amp; UNDERGROUND MAIN</b>	<b>MANUFACTURER of HYDRANT:</b> Size of Water Main: _____ Total Length of Pipe: _____ Size of Piping to Hydrants: _____ No. of Hydrants: _____ Meter Pit: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STANDPIPE</b>	<b>TYPE OF SYSTEM:</b> <input type="checkbox"/> Wet <input type="checkbox"/> Dry No. of Outlets: _____ <b>CLASS OF SYSTEM:</b> _____ Outlet Size (in) _____ No. of Outlets Interconnecting to Other Systems: _____ No. of Risers: _____ Fire Department Connection Size: _____ Locking Knox Cap: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>FIRE PUMP</b>	<b>MANUFACTURER OF FIRE PUMP:</b> _____ <b>SIZE OF FIRE PUMP:</b> _____ <input type="checkbox"/> Diesel <input type="checkbox"/> Electrical Make: _____ Capacity of Pump: _____ Interconnected to Other Systems: <input type="checkbox"/> YES (explain) _____ <input type="checkbox"/> NO Model: _____ Rating of Pump: _____
<b>Check All That Apply</b>	<input type="checkbox"/> Existing Building <input type="checkbox"/> New Construction <input type="checkbox"/> Low Hazard <input type="checkbox"/> High Piled Storage <input type="checkbox"/> In Racks <input type="checkbox"/> Ordinary Hazard <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> ESFR <input type="checkbox"/> ELO <input type="checkbox"/> Extra Hazard <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2
<b>Building Information</b>	Building Size(sf) _____ Total No. Heads _____ Office Size (in.) _____ No. Stories _____ Density _____ gpm/sf "K" Factor _____ No. Risers _____ Design Area _____ sf Temp Rating _____ FDC Size _____ Building Use _____
<b>PART VII OWNER INFORMATION</b>	Owner Name: _____ Owner Address: _____ City: _____ State: _____ ZIP _____ Phone Number: _____ Email Address: _____
<b>DEFERRED SUBMISSIONS</b>	If you are not submitting plans and other documentation for any of the items listed below with this application, check the appropriate box below <b>and</b> indicate this on the first page of each building plan set. <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Truss Shop Drawings (Certified) <input type="checkbox"/> Sprinkler System

**APPLICANT'S CERTIFICATION:**

*As the owner or the authorized agent of the project for which this application is filed, I certify that:*

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. 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 issued by the Department of Building and Planning.
3. 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
4. Any changes to the approved documents will be filed with the Department of Building and Planning.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Department of Building and Planning.
6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expanded to provide an accessible route to the area of primary function.
7. 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

**Applicant's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **EmailAddress:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

<b>DESIGN PROFESSIONAL</b>	<b>Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>ZIP Code:</b> _____ <b>Phone No.</b> _____ <b>License No:</b> _____ <b>Fax</b> _____ <b>Email:</b> _____	SEAL
<b>In Responsible Charge</b>		
Seal <b>MUST</b> be placed to the right of name & address		

**CONTRACTOR LIST**

TYPE	NAME	ADDRESS	PHONE	License #
<b>General</b>				
<b>Electrical</b>				
<b>Plumbing</b>				
<b>HVAC</b>				
<b>Other</b>				

NOTIFY THIS OFFICE WHENEVER A CHANGE IN CONTRACTORS OCCURS

**APPROVALS**

ZONING	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Reviewed	_____	_____
					<i>Zoning Officer</i>	<i>Date</i>
LAND ALTERATION	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Reviewed	_____	_____
					<i>Township Engineer</i>	<i>Date</i>
BUILDING	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Reviewed	_____	_____
					<i>Building Inspector</i>	<i>Date</i>
PLUMBING	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Reviewed	_____	_____
					<i>Building Inspector</i>	<i>Date</i>
MECHANICAL	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Reviewed	_____	_____
					<i>Building Inspector</i>	<i>Date</i>
ELECTRICAL	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Reviewed	_____	_____
					<i>Electrical Inspector</i>	<i>Date</i>
FIRE MARSHAL	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Reviewed	_____	_____
					<i>Fire Marshal</i>	<i>Date</i>
ACCESSIBILITY	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Reviewed	_____	_____
					<i>Accessibility Inspector</i>	<i>Date</i>
REVIEWED BY OTHER: (if applicable)	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Reviewed	_____	_____
					<i>Title</i>	<i>Date</i>

**PERMIT FEES**

Alteration of Land _____	Fence _____	Signs _____
Application Fee _____	Fireplace _____	State Surcharge _____
Building _____	HVAC _____	Street Opening _____
Construction Tax _____	Township Surcharge _____	Street Permit _____
Curbs & Sidewalks _____	Patio _____	Zoning _____
Electric _____	Plumbing _____	FMO – Fire Alarm _____
Escrow _____	Recreation _____	FMO – Hydrant _____
Escrow Street Opening _____	Road Improvement _____	FMO - Sprinkler _____
Other _____	Other _____	FMO - Underground _____

**SUBTOTAL**

**SUBTOTAL**

**SUBTOTAL**

**TOTAL**