

# BOROUGH OF WILKINSBURG

## PERMIT APPLICATION PACKAGE

PAID by  Credit  Check  
Check # \_\_\_\_\_ Rcvd By \_\_\_\_\_  
Date \_\_\_\_\_

**NO CASH ACCEPTED**

### CODE ENFORCEMENT DEPARTMENT

605 ROSS AVENUE ROOM 304  
WILKINSBURG PENNSYLVANIA 15221  
(P) 412-244-2923 (F) 412-244-2922

### APPLICATION NUMBER

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_  
Mo Day Yr Seq.

## OWNER INFORMATION

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_ Fax# \_\_\_\_\_  
City: \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## APPLICANT INFORMATION check if same as OWNER

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_ Fax# \_\_\_\_\_  
City: \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Check if:  THIS IS AN ANNUAL APPLICATON FOR UTILITY COMPANIES AND AUTHORITIES**

## TYPE OF PERMIT(S) REQUESTED

Check all that apply

- Zoning  Residential Building  Commercial Building  Electrical  Mechanical  Occupancy  
 Road Opening  Dumpster  Demolition  Day Care  Grading  Fire Alarm/Sprinkler

## TYPE OF WORK OR IMPROVEMENT(S)

Check all that apply

- New Home  New Building  Addition  Alteration  Pool  Deck  Porch  Shed/Accessory Bldg.  
 Demolition  Fence  Change of Use  Roof/Re-roof  New Wiring  New Sub Panel  Gas Line  
 New Service  Site Lighting  Elect Repairs  Sign Lighting  Sign  Home Occupation  Furnace/Boiler  
 Hood System  Pre-Occupancy Inspection  HVAC  Waterline  Gas Line  Sewer Line  
 Plumbing- ACHD Permit Required  Commercial-Tenant Space Build-Out  Other: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Construction Cost \$** \_\_\_\_\_

## LOCATION INFORMATION

Business Name \_\_\_\_\_ (if applicable)  
Site Address \_\_\_\_\_ Lot & Block # \_\_\_\_\_  
Cross Streets \_\_\_\_\_ and \_\_\_\_\_  
Zoning District \_\_\_\_\_ Lot size (sq.ft.) \_\_\_\_\_ Conforming  Yes  No  
PA One Call Serial # \_\_\_\_\_

## CONTRACTOR INFORMATION OWNER APPLICANT

Business Name: \_\_\_\_\_ State Cont. Reg. # \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_ Fax# \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## BUILDING INFORMATION

Building Code Use Group: \_\_\_\_\_ Specific Use: \_\_\_\_\_  
Change in Use:  YES  NO - If yes, what was former use? \_\_\_\_\_  
Existing Building (sq. ft.): \_\_\_\_\_ Proposed Bldg. Area (sq. ft.): \_\_\_\_\_  
Total Bldg. Area (sq. ft.): \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
Height of structure above grade (ft): \_\_\_\_\_ Set back from street right-of-way (ft): \_\_\_\_\_  
Distance from structure to rear property line (ft): \_\_\_\_\_ Side yards structure to line (ft): Left \_\_\_\_\_ Right \_\_\_\_\_  
Max. Occupant Load (Com. App. Only) \_\_\_\_\_ Max. Live Load (Com. App. Only) \_\_\_\_\_  
Is building equipped with automatic sprinkler sys?  YES  NO  
Is building equipped with automatic fire alarm sys?  YES  NO  
Is building sub-divided into tenant/dwelling spaces?  YES If so, how many \_\_\_\_\_  NO

Property is:  Owner Occupied  Owner Occupied with Rental Units  Rental Only

**NOTE: Properties with more than TWO (2) dwelling units and which are not a Townhouse require a  
COMMERCIAL APPLICATION**

**ELECTRICAL INFORMATION**     Check if *NOT* Applicable

New Service       New Sub Panel       New Wiring     Site Lighting       Sign Lighting

Electrical systems:

Number of services \_\_\_\_\_ Size of service \_\_\_\_\_ Feeder size \_\_\_\_\_ Number of LF of underground  
conductors or feeders \_\_\_\_\_ Number of receptacles and lighting outlets \_\_\_\_\_ Number of Sub-panels \_\_\_\_\_

Number of transformers \_\_\_\_\_ Number of motors \_\_\_\_\_ Number of single dwelling units \_\_\_\_\_

Electrical system is located in a hazardous location       Explosion-proof devices required

Low voltage wiring/systems being installed       Includes smoke/CO detectors

Which side of structure & distance to property lines: (outdoor equipment only)

Front \_\_\_\_\_ Rear \_\_\_\_\_ Right side \_\_\_\_\_ Left side \_\_\_\_\_

**ELECTRICAL CONTRACTOR INFORMATION**     Check if *NOT* Applicable

Business Name: \_\_\_\_\_ State Cont. Reg. # \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Fax# \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Construction Cost \$** \_\_\_\_\_

**MECHANICAL INFORMATION**     Check if *NOT* Applicable

- New Furnace/Boiler             Flue Repair/Replace             Air Handler             Chiller
- Duct Layout                     Energy Recovery Unit             Commercial Kitchen    Repairs
- Hood System                     Extension of system             Alteration             Replacement

Mechanical Systems:

Central Furnace \_\_\_\_\_ Boiler \_\_\_\_\_ Air Conditioner \_\_\_\_\_ Exhaust Vents \_\_\_\_\_ Roof Top Units \_\_\_\_\_

VAV's \_\_\_\_\_ Chiller \_\_\_\_\_ Refrigerant Piping LF \_\_\_\_\_ Gas Piping \_\_\_\_\_ Air Handler \_\_\_\_\_

Number of single dwelling units \_\_\_\_\_

- Exhaust system is part of a hazardous system             Requires fire dampers             Requires economizer

- Duct smoke detectors             Commercial kitchen hood system

Which side of structure & distance to property lines: (outdoor equipment only)

Front \_\_\_\_\_ Rear \_\_\_\_\_ Right side \_\_\_\_\_ Left side \_\_\_\_\_

**MECHANICAL CONTRACTOR INFORMATION**     Check if *NOT* Applicable

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

State Cont. Reg. # \_\_\_\_\_

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

Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Fax# \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Construction Cost \$** \_\_\_\_\_

**PLUMBING INFORMATION**    **ACHD Inspecting Authority**     Check if *NOT* Applicable

Number of kitchens \_\_\_\_\_ Number of full baths \_\_\_\_\_ Number of half baths \_\_\_\_\_

Pool/Spa \_\_\_\_\_ Laundry facility \_\_\_\_\_

**PLUMBING CONTRACTOR INFORMATION**     Check if *NOT* Applicable

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

State Cont. Reg. # \_\_\_\_\_

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

Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Fax# \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

ACHD Permit#: \_\_\_\_\_

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**A copy of the Allegheny County Health Department Plumbing Permit shall accompany this application and the above information shall be supplied.**

Description of work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Construction Cost** \$ \_\_\_\_\_

**GRADING INFORMATION**

Check if *NOT* Applicable

Request for permit to grade: \_\_\_\_\_

For the purpose of: \_\_\_\_\_

Quantity of Grading (Cubic Yards) \_\_\_\_\_

Source of fill material: \_\_\_\_\_

Destination of excess waste material: \_\_\_\_\_

**Allegheny County Conservation District approval is required; attach approval letter.**

**Attach Soil Erosion/Sedimentation Control Plan and Stormwater Management Plan**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All work must be performed in accordance with the Borough of Wilkinsburg Grading Ordinance.**

**Must comply with Conservation, E&S, and Storm Water Regulations**

**Estimated Construction Cost \$** \_\_\_\_\_

**FIRE ALARM/SPRINKLER**  Check if *NOT* Applicable

Type of Application (check all that apply):

- New construction     Replacement of heads     Fire pump     System extension/alteration  
 Repairs     Relocation of heads     ANSUL Sys.     New devices

**Type of Work to Be Done:**

- Standpipe     NFPA13     NFPA13F     ANSUL     FOAM     CO2     HALON  
 Clean Agent     WET     Dry     Other \_\_\_\_\_

**Documentation Required:**

- Fire protection shop drawings stamped by an engineer indicating all devices and locations and equipment.  
 Equipment Cut Sheets  
 Battery Calculations and voltage drops  
 Hydraulic Calculations

**Construction Details :**

Number of single dwellings units \_\_\_\_\_    Number of heads \_\_\_\_\_    Number of devices \_\_\_\_\_

- Requires a fire pump     Dry system required     Commercial cooking hood     Alternate system required

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Construction Cost \$** \_\_\_\_\_



## REScheck-Web™

REScheck-Web simplifies residential energy code compliance by automating the trade-off calculations for the International Energy Conservation Code (IECC) and a number of state-specific codes.

It performs just like [REScheck](#), the desktop version, but you don't need to download or install any software on your computer.

<https://energycode.pnl.gov/REScheckWeb/>



## COMcheck-Web™

COMcheck-Web simplifies commercial and high-rise residential energy code compliance.

It performs just like [COMcheck](#), the desktop version, but you don't need to download or install any software on your computer.



COMcheck-Web has been updated!

[Learn what's new.](#) (October 2011)

<http://www.energycodes.gov/comcheck/>

**Reference the above web sites for the required discipline for your project for the energy compliance requirements.**



**DIMENSIONS OF WALL SIGN**

Height of Sign \_\_\_\_\_ Width of sign \_\_\_\_\_ Area of sign \_\_\_\_\_ (sq.ft.)

Clearance between sidewalk and bottom of sign \_\_\_\_\_ Distance of sign from the wall \_\_\_\_\_

Projecting beyond building line to face of letters \_\_\_\_\_

**FREE STANDING SIGN**

Height of Sign \_\_\_\_\_ Width of sign \_\_\_\_\_ Area of sign \_\_\_\_\_

Property frontage: \_\_\_\_\_ Allowable sign area: \_\_\_\_\_ (sq.ft.)

Clearance between front edge of sign & curb line: \_\_\_\_\_ Proposed sign area total: \_\_\_\_\_ (sq.ft.)

=====

**DATE SIGN TO BE ERECTED** \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

=====

**Said sign to be erected under the provisions of Ordinance #2033 and #2069.**

A person shall not erect, install, remove or replace any sign for which a permit is required under the provisions of this chapter until proof of liability insurance coverage in an amount not less than \$50,000 for injury to one person and \$100,000 for injury to two or more persons caused by or resulting from said sign has been filed. A person shall not maintain any sign for which a permit is required under the provisions of this chapter until there has been filed with coverage naming the Borough of Wilksburg as additional insured, in an amount of not less than \$100,000 for injury to two or more persons caused by or resulting from said sign.

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

Date Insurance certificate was received: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

**ALL SIGN APPLICATIONS SHALL BE REVIEWED IN ACCORDANCE WITH THE ZONING ORDINANCE AND REQUIRE A ZONING PERMIT.**

**Estimated Construction Cost \$** \_\_\_\_\_

**DAY CARE OCCUPANCY APPLICATION**  Check if *NOT* Applicable

Business Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Address (if other than site) \_\_\_\_\_

Square Feet of Day Care \_\_\_\_\_ Construction Cost (if applicable) \$ \_\_\_\_\_

Former Use \_\_\_\_\_

**Application Type**

- Within a single family residence
- Existing commercial bldg. - change of name only
- Existing commercial bldg.- change of occupancy
- Existing commercial bldg. - alterations to bldg.
- New construction

**Use and Occupancy**

- More than 5 children greater than 2 ½ years of age.
- More than 5, but no more than 100 children, less than 2 ½ years of age, wherein each room in which children are cared for has an exit door directly to the exterior.
- 12 or less children of any age, when cared for in a portion of a single-family dwelling.
- More than 5 children less than 2 ½ years of age.

**Insurance Information for Daycare Operations**

Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp.Date \_\_\_\_\_ Coverage Amount: \$ \_\_\_\_\_

**A copy of all State permits and inspection reports shall accompany this application.**

**THIS APPLICATION IS SUBJECT TO ALL BOROUGH CODES AND REGULATIONS.**

**A ZONING REVIEW AND APPROVAL IS REQUIRED.**

**ROAD OPENING INFORMATION**  Check if **NOT** Applicable

**BOROUGH USE ONLY**

Application # \_\_\_\_\_ Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_ Permit Expiration \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Borough Road \_\_\_\_\_ Borough R-O-W \_\_\_\_\_

Backfill Inspection Date \_\_\_\_\_ Final Inspection Date \_\_\_\_\_ Inspected by: \_\_\_\_\_

Location of Street Opening \_\_\_\_\_ Date Filed \_\_\_\_\_

Applicant \_\_\_\_\_ Continued applicant W.P.J.W.A PNGO DUQ. Light

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Start date \_\_\_\_\_ Length of Time: \_\_\_\_\_ days PA One Call Serial# \_\_\_\_\_

Size of opening \_\_\_\_\_ FT X \_\_\_\_\_ FT Description of work to be done \_\_\_\_\_

Type of Pavement \_\_\_\_\_  Check if this is a part of an annual application

The above application is approved subject to the following conditions: Strict adherence to the Borough of Wilkinsburg construction standards, Street Openings Ordinance #226 and Work Zone Traffic Control (Penn DOT Pub.203). One lane traffic to be maintained at all times. Trench area paved portion of the road shall be backfilled with tamped slag. A temporary bituminous surface shall be installed immediately and maintained by Permittee until permanent surface can be made in conformance with S-104-A. Strict adherence to all State and Federal Safety in Construction and Excavation Regulations required. Permittee shall be fully responsible for the project area during the length of the project, including securing of unfinished work, storage of equipment and materials and public safety. Permittee shall notify Borough Code Enforcement Office twenty-four (24) hours prior to commencement of any construction and MUST ALSO ARRANGE FOR A BACKFILL AND FINAL INSPECTION OF THE PROJECT. All work must be completed on or before \_\_\_\_\_. Full compliance with Borough of Wilkinsburg Ordinance #226 and appropriate fee schedule hereto attached is mandatory. Upon signing the application, the Permittee also agrees that he/she will indemnify and save harmless the Borough of Wilkinsburg from any loss, damage, or expense whatsoever, in that such liability and indemnification of the Borough shall continue for a period of one (1) year after the date from the completion of the permanent resurfacing of such opening.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Calculations: **FEES ARE DETERMINED BY RESOLUTION SET BY BOROUGH COUNCIL**

Length \_\_\_\_\_ FT X Width \_\_\_\_\_ FT = AREA \_\_\_\_\_ Divide by 50 SQFT X's \$300.00 = \$ \_\_\_\_\_

Total Fees \$ \_\_\_\_\_

**All calculations must be completed upon submission of application.**

**Additional opening(s), if required, shall be reported to the Borough and the permit and fees shall be amended.**

Example: 75' Long X 1.5' Wide = 112.5 FT<sup>2</sup> /50 = 2.25 = 3 X \$300.00= \$900.00  
Total \$ 900.00

## Workers' Compensation Insurance & Insurance Coverage Information

I. The applicant for a permit, in compliance with Act 44 of 1993, hereby submits (Check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer \_\_\_\_\_  
Or Self-Insurer \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy No: \_\_\_\_\_ Coverage Period Ends \_\_\_\_\_

Name of Contractor / Policy Holder \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor/Policyholder's federal or state employer identification number (EIN)

\_\_\_\_\_

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor / policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor / policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:  
Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor / Applicant is a sole proprietorship without employees
- Contractor / Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

- The entire contractor / applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Other: Please explain:

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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

Applicant's Federal or State employer Identification Number (EIN) \_\_\_\_\_

Any subcontractors used on this project will be required to carry their own workers' compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Subscribed and sworn before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name (Printed)

Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Title

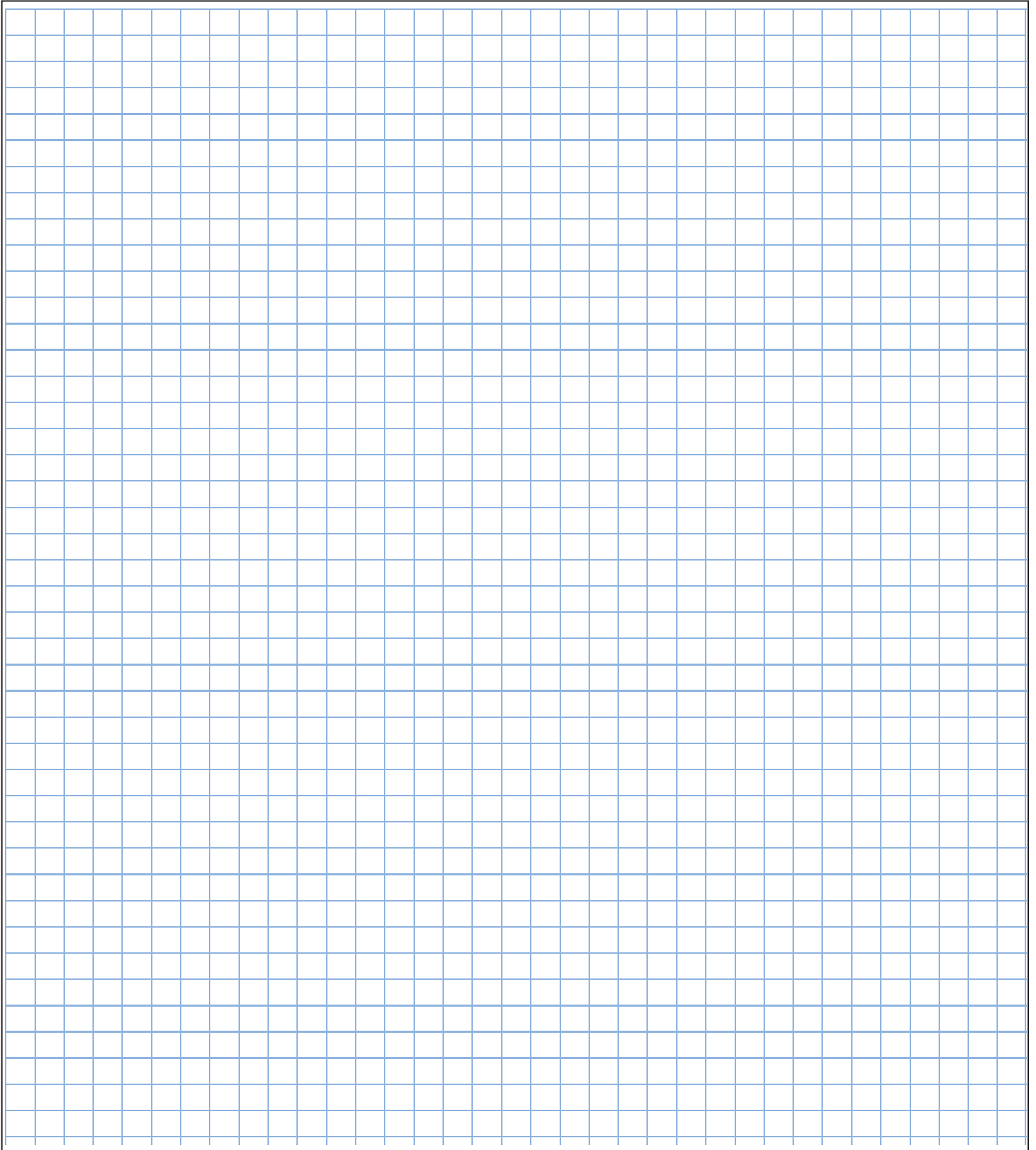
\_\_\_\_\_  
Name of Company

(Seal)

**Note: Applicant's copy to be attached to permit and posted. Municipality copy to be filed with its permit copy.**

**DRAW PLOT PLAN HERE OR ATTACH DRAWING**

Plot plan is a diagram of the lot with the foot prints of all buildings and structures in relation to property lines with measurements. Drawing should include any utility and other infrastructure, to the extent possible, and additional information.



**APPLICANT SIGNATURE AND AFFIRMATION**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT THE PROPOSED WORK AS OUTLINED WILL CONFORM TO THE STANDARDS OF THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE (PA ACT 45) AND ALL OTHER APPLICABLE BOROUGH CODES, ORDINANCES AND /OR REGULATIONS.

THE PROPERTY OWNER AND APPLICANT ASSUME THE RESPONSIBILITY OF LOCATING ALL PROPERTY LINES, SET BACK LINES, EASEMENTS, AND RIGHT OF WAY AREAS.

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 AND REGULATIONS.

FURTHERMORE, I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT.

Applicant Name (print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OFFICIAL USE ONLY**

Permit Numbers associated with this application: General Application Number \_\_\_\_\_

Zoning \_\_\_\_\_ Building \_\_\_\_\_ Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ Occupancy \_\_\_\_\_

Road Opening \_\_\_\_\_ Dumpster \_\_\_\_\_ Grading \_\_\_\_\_

Day Care \_\_\_\_\_ Fire Alarm/Spklr \_\_\_\_\_ Sign \_\_\_\_\_

APPROVAL OF APPLICATION AND ASSIGNED PERMITS AS ISSUED ABOVE.

\_\_\_\_\_  
Borough of Wilkinsburg Official      Date

## PERMIT APPLICATION CHECK LIST

APPLICANT: PLEASE FURNISH THE FOLLOWING INFORMATION AND/OR DOCUMENTS WHERE APPLICABLE.

**Notice: 1. Review Time**           - **Fifteen (15) Business days for Residential**  
   - **Thirty (30) Business Days for Commercial**

**2. Permit becomes invalid if construction has not begun within 180 days of permit issuance or construction is suspended or abandoned for 180 days after work has commenced.**

- 1. Is the application filled out completely and signed? (Applications that are not filled out **completely** will be rejected and returned)
- 2. Is there a plot plan that shows all setback dimensions, lot lines, existing structures, and the legal right-of-way? (Plot plan can be sketch form showing dimensions or can be to scale.)
- 3. Are there three (3) sets of working plans or blue prints?
- 4. If this is a new structure, do you have a highway occupancy permit?
- 5. If plumbing is involved, did you get a plumbing permit from Allegheny County?
- 6. All commercial applications require stamped drawings from a PA licensed design professional.
- 7. A copy of the RES check or COM check for energy compliance.
- 8. PA One Call serial number for any excavation involving power equipment for the excavation.
- 9. Applications that are accepted without all required documents will suspend the timing of the review.
- 10. If additional information is not submitted in a timely fashion, the application may be rejected.
- 11. All permit placards must be displayed in a manner as to be viewed from the street.
- 12. If a restaurant or food service, a copy of the Allegheny County Health Department Food Services permit shall accompany this application.