

COMMERCIAL PLAN REVIEW REQUIREMENTS

Building Plan Review Requirements

1. Plan(s) showing to scale the size and location of all new construction and all existing structures on the site. Distances from lot lines, established street grades and the proposed finished grades. Site plan shall be drawn in accordance with an accurate boundary line survey.
2. *One copy of report signed and sealed by a reporting engineer or registered design professional.*

Geo-technical report or soil investigation with any recommendation.
3. *Three (3) sets of plans and specifications signed and sealed by a registered design professional licensed in the state where the construction is to be performed.*
 - Front, rear and side elevations
 - Type(s) construction
 - Use group(s) and use of each area or room
 - Occupant load of each area or room
 - Means of egress plan
 - Rated assembly details with design numbers
 - Window, door and finish schedule
 - Design loads and design calculations
 - Shop and prefabricated component drawings
 - Wall, floor, roof & foundation sections
 - Details, connections and material designation

Plumbing Plan Review Requirements

1. SITE PLAN

Plan(s) showing to scale the size and location of all new construction and all existing structures on the site. Distances from lot lines, established street grades and the proposed finished grades. Site plan shall be drawn in accordance with an accurate boundary line survey.

Three (3) sets of plans and specifications signed and sealed by a registered design professional licensed in the state where the construction is to be performed.

- Isometric diagram of potable water supply system with fixtures, locations and WSFU values.
- Isometric diagram of DWV system with fixtures, location and DFU values.
- Hangers and supports.
- Indirect waste piping.
- Details of special devices: backflow, grease trap, sewer pump, oil separator, and steam boiler.
- Specifications for all fixtures, appliances, piping material and connections for all plumbing systems.
- Design basis for sizing of potable water supply system.
- Storm drainage calculations.
- Material designation.

Mechanical Plan Review Requirements

1. SITE PLAN

Plan(s) showing to scale the size and location of all new construction and all existing structures on the site. Distances from lot lines, established street grades and the proposed finished grades. Site plan shall be drawn in accordance with an accurate boundary line survey

Three (3) sets of plans and specifications signed and sealed by a registered design professional licensed in the state where the construction is to performed.

- Location and size of equipment.
- Air distribution and return air system.
- Ventilation and exhaust schedule(s).
- Duct detection system.
- Combustion air.
- Gas piping diagram.
- Oil piping diagram.
- Hydronic piping diagram.
- Chimney system.
- Vent system.
- Design calculations.
- Floor plan(s) of systems and piping.
- Material designation.

Electrical Plan Review Requirements

1. SITE PLAN

Plan(s) showing to scale the size and location of all new construction and all existing structures on the site. Distances from lot lines, established street grades and the proposed finished grades. Site plan shall be drawn in accordance with an accurate boundary line survey

Three (3) sets of plans and specifications signed and sealed by a registered design professional licensed in the state where the construction is to be performed.

- Location of electrical devices: lighting, receptacles, switches, equipment, appliances, transformers, panels and subpanels.
- Size, type and number of conductors in conduit and raceway.
- Size and type of conduit and raceway.
- Panel and subpanel schedule with load calculations.
- Single line diagram
- Load calculations for service equipment.
- Size, locations and type of connection for ground wires and connectors
- Emergency lighting and exit signs
- Location of GFCI receptacles.
- Size and demand of electrical appliances, equipment and devices
- Grounding and overcurrent protection systems

Fire Alarm/Detection System **Plan Review Requirements**

Three (3) sets of plans and specifications signed and sealed by a registered design professional licensed in the state where the construction is to be performed.

- Types of systems or services.
- System signals and functions.
- Monitoring.
- Location of alarm initiating devices.
- Types of alarm initiating circuits.
- Primary and secondary power sources.
- Wiring types and methods.
- Manufacturers' specifications.
- Manufacturers' installation instructions.

Extinguishing System Plan Review Requirements

Three (3) sets of plans and specifications signed and sealed by a registered design professional licensed in the state where the construction is to be performed.

- Amount and type of agent in system.
- Size, length and arrangement of piping.
- Description and location of nozzles.
- Location and function of detection devices.
- Location and function of operating devices.
- Flow rates of nozzles.
- Type of fire extinguisher(s).
- Cleaning schedule.
- Material designation.

Dry Chemical Extinguishing System, NFPA 17
Wet Chemical Extinguishing System, NFPA 17A
Carbon Dioxide Extinguishing System, NFPA 12
Sprinkler Extinguishing System, NFPA 13

Sprinkler/Standpipe Plan Review Requirements

1. SITE PLAN

Plan(s) showing to scale the size and location of all new construction and all existing structures on the site. Distances from lot lines, established street grades and the proposed finished grades. Site plan shall be drawn in accordance with an accurate boundary line survey

Three(3) sets of plans and specifications signed and sealed by a registered design professional licensed in the state where the construction is to be performed.

- Water supply test results
- Make, type, location and orifice size of sprinkler heads
- Number of sprinkler heads on each riser per floor
- Total area protected by each system on each floor
- Total number of heads on each dry pipe, preaction, deluge or combination system
- Temperature rating and location of high-temperature sprinkler heads
- Make, type, model and size of alarm on dry-pipe valve
- Make, type, model and size of preaction or deluge valve
- Capacity of each dry-pipe system
- Type and location of alarm bells
- Type, location and methods of securing sprinkler system
- Control valves, check valves, drain pipes and test connections
- Pipe size, type and schedule

- Type of fittings and joints and locations of welds and bends
- Location and size of riser nipples
- Size and location of hose outlets and hose racks
- Supervision of valves and switches
- Signed and sealed calculations for hydraulically designed systems
- Full height cross section
- Location of fire walls
- Location of partitions
- Occupant load of each area or room
- Use of each area or room
- Areas or rooms that are not sprinklered
- Material designation
- Fire department connection
- Classification of system(s)
- Classification of occupancies

Commercial Cooking System

Plan Review Requirements

Three (3) sets of plans and specifications signed and sealed by a registered design professional licensed in the state where the construction is to be performed.

1. Hood

- Canopy or non-canopy.
- Material, gauge, joints welded, surface
- Exhaust CFM.
- Make-up air.
- Grease removal device, size, accessibility and angle.
- Clearances.

2. Duct Construction and Termination

- Each independent system.
- Material, gauge and connection to hood.
- Collection points.
- Air velocity.
- Cleanout location.
- Penetration protection.
- Clearances.
- Front lot line, air intake, above roof
- Above adjoining ground level.
- Weather protection, penetration protection.
- Clearances.

Commercial Plan Review Requirements

Accessibility Plan Review Requirements

Provide two site plans indicating van accessible parking spaces, car accessible parking spaces, access aisles, travel route and changes in elevation throughout accessible route. (ANSI 117.1, Section 502)

Provide title page indicating occupancy group, type of construction and International Building Code Version. (IBC 2006 or IEBC 2006)

If occupancy is designed under existing structures code, submit declaration that 20 % of cost of construction is provided for accessibility. (IBC 3409.7 or IEBC 506.2)

Provide site plan detailing accessible parking spaces, access aisles, route and signage. (UCC 403.42a(h)(5&6))

All built in furnishings must be ANSI compliant. Provide specifications. (ANSI 117.1, Section 901.1)

All patient examination areas are required to be accessible. (PA L&I interpretation)

Provide entry doors with a net clear opening of 32 inches (36" door) with door open 90 degrees in all public restrooms, examination rooms and offices. (ANSI 117.1, Section 404.2.2)

All bathrooms must be accessible. The only exception for this is private bathrooms accessible through a private office. (IBC 1109.2)

Provide latch side clearance on both push and pull sides of all doors. (ANSI 117.1, Section 404.2.3)

Provide specifications for break room including the following items:

- Counter height (ANSI 117.1, Section 902.3)
- Toe & knee clearance at sink (ANSI 117.1, Section 306)
- Frontal or parallel approach to sink (ANSI 117.1, Section 602.2)
- Bowl depth (ANSI 117.1, Section 606)

Provide specifications/details for accessible ramps. (ANSI 117.1, Section 405)

Tactile exit signage shall be provided adjacent to all egress stairways, exit passageways and exit discharges. (IBC 1011.3)

Identify accessible route on plans. (ANSI 117.1, Chapter 4)

Restroom grab bars are to be mounted at heights specified in ANSI 117.1, Section 609.4.

Provide specifications indicating ANSI compliance for the following:

- Grab bars (Section 604.5)
- Toilet paper dispensers (Section 604.7)
- Water closet (Section 604)
- Lavatory (Section 606)

Provide accessible dressing room. (ANSI 117.1, Section 803)

Provide maneuvering clearance at all manual swinging doors. (ANSI 117.1, Figure 404.2.3.2)

Provide all light switches, receptacles, telephone outlets and controls within accessible reach ranges. (ANSI 117.1, Section 308)

Provide accessible van parking space(s), signage and travel route. (IBC 1106.1 & ANSI 117.1, Section 502)

Doors and sidelights containing glazing panels shall have at least one panel 43 inches maximum above floor or ground. (ANSI 117.1, Section 404.2.10)

Provide vertical grab bar 18 inches in length mounted per ANSI 604.5.1.

Provide a smooth surface on the push side of all door surfaces within 10 inches of the floor vertically. (ANSI 404.2.9)

Provide a curb or barrier that prevents the passage of a 4 inch diameter sphere where any portion of the sphere is within 4 inches of the floor. (ANSI 405.9.2)

Provide visible notification of smoke detection and building fire alarm activation in all type A & B dwelling units. Visible notification appliances shall comply with Section 702. (ANSI 1005.4)

Provide a minimum of one operable window in each living, dining and sleeping area of type A & B dwelling units. The operable part of each window shall be within the reach ranges outlined in section 1002.9. (ANSI 1002.13)

Provide ANSI compliant bathrooms through type A & B dwelling units as per 1003.11.1. All bathrooms must be accessible except bathrooms that occur on a level not required to be accessible. (ANSI 1002.11)

Provide that the leading 2 inches (nosing) of all stairway treads have visual contrast of dark-on-light or light-on-dark from the remainder of the tread. (ANSI 504.5)

PERMIT APPLICATION

Page 1 of _____

BUILDING PERMIT

ELECTRICAL PERMIT

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____

Rear Yard _____ Ft. (Rear of building to property line) _____

Side Yard _____ Ft. Side Yard _____ FT. _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Total square feet: _____ Use Group _____ Type Construction _____

No. of Stories: _____ Height of Structure _____

Description of work: _____

Type of work:

Alterations/Additions of: _____ Square Ft. _____

() Roofing - Total square feet _____

() Fencing, supply height if it exceeds 6 foot _____

() Sign - Total Square feet _____

() Pool - Total Square feet _____

() Decks - Total Square feet _____

() Demolition - Total Square feet _____

() Accessibility _____

Other: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
Owner () Contractor () Owner Representative ()

ELECTRICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Building Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

ELECTRICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Electrical Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

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PERMIT APPLICATION

Page 1 of _____

MECHANICAL PERMIT

PLUMBING PERMIT

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

MECHANICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.

Fixture/Equipment

_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC

Others: _____

Signature: _____

Owner () Contractor () Owner Representative ()

PLUMBING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.

Items

_____	Water Closet
_____	Urinal/Bidet
_____	Bath tub
_____	Lavatory
_____	Shower
_____	Floor drain
_____	Sink
_____	Dishwasher
_____	Drinking fountain
_____	Washing Machine
_____	Hose Bibb
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Water Service Connection

Others: _____

Signature: _____

Owner () Contractor () Owner Representative ()

MECHANICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Mechanical Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

PLUMBING BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Plumbing Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

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PERMIT APPLICATION

Page 1 of _____

FIRE PROTECTION PERMIT

Municipality _____ County _____ Tax Parcel _____
 Construction Site Location _____ Date Received _____
 Owner _____ Tenant _____
 Address _____ Address _____
 State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____
 Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <h3 style="margin: 0;">FIRE PROTECTION PERMIT</h3> </div> <div style="margin-bottom: 10px;"> <p>Contractor _____ <small>(if owner, put same name above)</small></p> <p>Address _____ City _____ State _____ Zip _____ Phone _____ Cell _____ Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small></p> <p>Estimate of total costs for all work _____</p> </div> <div style="margin-bottom: 10px;"> <p>Technical Site Data: Water Supply Source _____ Method of Alarm/Supr. Sys Supervised _____</p> <p>Storage Tanks: Type - <input type="checkbox"/> Flammable Liquid <input type="checkbox"/> Combustible Liquid <input type="checkbox"/> LPG <input type="checkbox"/> LNG Capacity _____ Fuel _____ Alarm Systems <input type="checkbox"/> 110V Interconnected <input type="checkbox"/> System</p> </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; text-align: left;">No.</th> <th style="width: 90%; text-align: left;">ITEM</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Alarm devices (smoke, heat, pulls, waterflow)</td></tr> <tr><td>_____</td><td>Supervisory devices (tamperers, low/high air)</td></tr> <tr><td>_____</td><td>Signaling devices (horns/strobes, bells)</td></tr> <tr><td>_____</td><td>Fire pump GPM Type</td></tr> <tr><td>_____</td><td>Dry pipe/Alarm valves</td></tr> <tr><td>_____</td><td>Sprinkler heads (dry & wet)</td></tr> <tr><td>_____</td><td>Standpipes</td></tr> <tr><td>_____</td><td>Wet chemical or Dry chemical</td></tr> </tbody> </table> <p>Circle one: CO2 suppression-Foam suppression-Halon suppression Others: _____</p> <p>Estimate of total costs for all work _____</p> <p>Signature: _____ <small>Owner () Contractor () Owner Representative ()</small></p>	No.	ITEM	_____	Alarm devices (smoke, heat, pulls, waterflow)	_____	Supervisory devices (tamperers, low/high air)	_____	Signaling devices (horns/strobes, bells)	_____	Fire pump GPM Type	_____	Dry pipe/Alarm valves	_____	Sprinkler heads (dry & wet)	_____	Standpipes	_____	Wet chemical or Dry chemical	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <h3 style="margin: 0;">CODE OFFICIAL USE ONLY</h3> </div> <div> <p>Plans Approved _____ Plans Approved with Comments _____ UCC Fire Protection Fee: _____ Plan Review Fee: _____ Admin. Fee: _____ State Fee: _____ Total Cost: _____ Code Official: _____ State Cert.# _____ Date Issued: _____</p> <p style="text-align: right; font-weight: bold;">COPYRIGHTED</p> </div>
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Building Inspection Underwriters of PA, Inc

570.344.9681 Fax 570.969.9700

REQUEST FOR INSPECTION

Date Received _____ Time Received _____

Township _____ County _____

Permit Number _____ (MUST have to schedule inspection)

Job Name _____

Lot _____ Section _____ Street _____

Town _____

Development _____

TYPE INSPECTION

☐ FOOTINGS (BEFORE POUR)

☐ FOOTINGS

☐ BASEMENT/FOUNDATION WALLS

☐ SLAB (PRE-POUR)

☐ DAMPROOFING/INSULATION

☐ PERIMETER DRAINS

☐ ELECTRIC SERVICE

(Service Request # _____)

☐ ROUGH ELECTRIC

☐ ROUGH PLUMBING

☐ ROUGH MECHANICAL

☐ ROUGH FRAMING

☐ FINAL FRAMING (after ALL mechanicals)

☐ INSULATION

☐ DRYWALL

☐ ACCESSIBILITY

☐ FINAL (NEED MINIMUM 48 HOURS NOTICE)

.....
READY WHEN _____ (DATE & TIME)

REQUESTED BY _____ PHONE # _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____