



Borough of Sewickley  
601 Thorn Street  
Sewickley, PA 15143

Non-Residential / Commercial  
Building Permit Application

**PLANS MUST BE SUBMITTED TO A CERTIFIED UCC PLANS EXAMINER FOR  
REVIEW AND APPROVAL AT APPLICANT'S EXPENSE**

Applicant Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Site address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Municipality \_\_\_\_\_ Tax Parcel ID \_\_\_\_\_

Do you live in a Historic District?  Yes  No

If yes, have you submitted a Historic Review Application?  Yes  No

Will this work require any landscaping and/or tree removal?  Yes  No

Is this property in a flood plain zone?  Yes  No

General Contractor \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

New Structure     Alteration or Renovation     Addition     Phased Approval

Swimming Pool     Other \_\_\_\_\_

Number of Stories Above Grade \_\_\_\_\_  
Existing Gross Square Footage \_\_\_\_\_  
New Construction Square footage \_\_\_\_\_  
Total Gross Square Footage \_\_\_\_\_  
Estimated construction cost (Labor and Materials) \$ \_\_\_\_\_

Brief project narrative:

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

Owner Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

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

**A Certificate of Appropriateness must be issued by the Historic Review Commission and approved by Borough Council prior to the issuance of a Building Permit**

Municipal Permits including, but not limited to, zoning, driveway, land development, sewage and utility may be required prior to the issuance of a building permit. Please contact the Zoning and Building Code Officer with questions.

Joe Motznik  
Zoning & Building Code Officer  
412-741-4015

# PERMIT APPLICATION

## ELECTRICAL PERMIT

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ 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 \_\_\_\_\_ Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

<b>ELECTRICAL PERMIT</b>		
Contractor _____ <small>(If owner, put same name above)</small>		
Address _____		
City _____	State _____	Zip _____
Phone _____	Cell _____	
Fed Employee # _____ <small>(Certificate of Insurance for Workers Compensation needed or sign Exemption form)</small>		
Estimate of total costs for all work _____		
<b>Technical Site Data:</b>		
<b>No.</b>	<b>Size</b>	<b>ITEM</b>
_____		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: _____		
<small>Owner ( ) Contractor ( ) Owner Representative ( )</small>		

# PERMIT APPLICATION

## MECHANICAL PERMIT

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ 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 \_\_\_\_\_ Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

### MECHANICAL PERMIT

Contractor \_\_\_\_\_

(If owner, put same name above)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee # \_\_\_\_\_

(Certificate of Insurance for Workers Compensation needed or sign 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 ( )

# PERMIT APPLICATION

## PLUMBING PERMIT

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ 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 \_\_\_\_\_ Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

## 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)

Technical Site Data No.	Items	Technical Site Data No.	Items
	Water Closet		Water Service Connection
	Urinal Bidet		Interceptor/Separator
	Bath Tub		Backflow Preventer
	Lavatory		Grease Trap
	Shower		Sewer Connection
	Floor drain		Sewer Pump
	Sink		Stacks
	Dishwasher		Solar
	Drinking Fountain	Others: _____	
	Washing Machine	_____	
	Hose Bibb		
	Washing Machine		
	Hose Bibb		
	Water Heater	Signature: _____ Owner ( ) Contractor ( ) Owner Representative ( )	
	Fuel Oil Piping		
	Gas Piping		
	Steam Boiler		
	Hot Water Boiler		

# PERMIT APPLICATION

## FIRE PROTECTION PERMIT

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ 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 \_\_\_\_\_ Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

### FIRE PROTECTION PERMIT

Contractor \_\_\_\_\_

(If owner, put same name above)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee # \_\_\_\_\_

(Certificate of Insurance for Workers Compensation needed or sign Exemption form)

Estimate of total costs for all work \_\_\_\_\_

#### Technical Site Data:

Water Supply Source \_\_\_\_\_

Method of Alarm/Supr./Sys Supervised \_\_\_\_\_

#### Storage Tanks:

Type – ( ) Flammable Liquid ( ) Combustible Liquid

( ) LPG ( ) LNG Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

Alarm Systems ( ) 110 V Interconnected

( ) System

No.	ITEM
_____	Alarm devices (smoke, heat, pulls, waterflow)
_____	Supervisory devices (tamper, 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

Circle one: CO2 suppression – Foam suppression – Halon suppression

Others: \_\_\_\_\_

Estimate of total costs for all work \_\_\_\_\_

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

Owner ( ) Contractor ( ) Owner Representative ( )

# PERMIT APPLICATION

## FIRE ALARM PERMIT

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ 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 \_\_\_\_\_ Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

### FIRE ALARM PERMIT

Contractor \_\_\_\_\_

(If owner, put same name above)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee # \_\_\_\_\_

(Certificate of Insurance for Workers Compensation needed or sign Exemption form)

Estimate of total costs for all work \_\_\_\_\_

#### Technical Site Data:

Water Supply Source \_\_\_\_\_

Method of Alarm/Supr./Sys Supervised \_\_\_\_\_

#### Storage Tanks:

Type – ( ) Flammable Liquid ( ) Combustible Liquid

( ) LPG ( ) LNG Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

Alarm Systems ( ) 110 V Interconnected

( ) System

**No. ITEM**

\_\_\_\_\_ Alarm devices (smoke, heat, pulls, waterflow)

\_\_\_\_\_ Supervisory devices (tamper, 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

Circle one: CO2 suppression – Foam suppression – Halon suppression

Others: \_\_\_\_\_

Estimate of total costs for all work \_\_\_\_\_

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

Owner ( ) Contractor ( ) Owner Representative ( )

# Sewickley Borough

601 Thorn Street  
Sewickley, PA 15143  
Phone: 724-741-4015

### Office Use Only

Date: \_\_\_\_\_  
Rcd By: \_\_\_\_\_  
Fee Rcd: \_\_\_\_\_  
Check #: \_\_\_\_\_

## ZONING PERMIT APPLICATION

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SITE LOCATION: \_\_\_\_\_

TAX PARCEL ID: \_\_\_\_\_

ZONING DISTRICT: R-1 R-1A R-2 C-1 C-2 OMU I Inst. OS  
IS THE PARCEL SITUATED IN THE HISTORIC DISTRICT: Yes No

### CURRENT USE OF PROPERTY:

\_\_\_\_ Residential      \_\_\_\_ Single Family      \_\_\_\_ Duplex      \_\_\_\_ Multi-Family  
\_\_\_\_ Commercial / Industrial - Please specify \_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_

PROPOSED USE OF PROPERTY: \_\_\_\_\_

*(Attach 4 copies of proposed site plan)*

SETBACKS PROVIDED: Front (\_\_\_\_)ft Rear (\_\_\_\_)ft Left (\_\_\_\_)ft Right (\_\_\_\_)ft  
MAXIMUM HEIGHT OF STRUCTURE PROPOSED : (\_\_\_\_)ft

### PLEASE CHECK ONE:

\_\_\_\_ PERMITTED USE      \_\_\_\_ CONDITIONAL USE  
\_\_\_\_ SPECIAL EXCEPTION      \_\_\_\_ OTHER (*describe*): \_\_\_\_\_

ARE ANY VARIANCES REQUIRED/REQUESTED: \_\_\_\_ NO \_\_\_\_ YES (*please attach approvals*)

PLAN APPROVALS (as applicable): Planning Commission Date: \_\_\_\_\_  
Borough Council Date: \_\_\_\_\_

*I hereby make application for a zoning permit only for the location and the work described herein and certify to the accuracy of that information. I further certify I am the property owner, or a duly authorized representative on behalf of the owner(s) of said property, and I have read and understand all of the conditions of this permit and will construct the project in compliance with those conditions and all applicable Borough Ordinances and requirements.*

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

### FOR OFFICE USE ONLY

Complete Application Date Received: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Total Fee Paid: \$ \_\_\_\_\_ Plan Approved: \_\_\_\_\_  
Approved/Denied (reason): \_\_\_\_\_  
Zoning Officer Signature: \_\_\_\_\_



**THE BOROUGH OF SEWICKLEY**  
**ADDENDUM TO BUILDING AND ZONING PERMIT**

For completion by municipal official:

Municipality: \_\_\_\_\_

Date Issued: \_\_\_\_\_

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

I. The applicant for the building 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 of Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: \_\_\_\_\_

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

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

Policy #: \_\_\_\_\_ Coverage Period Ends: \_\_\_\_\_

Name of Contractor/Policyholder: \_\_\_\_\_

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

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

Contractor/Policyholder's Federal or State Employer Identification # (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:

- All of the 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Federal or State Employer Identification # (EIN): \_\_\_\_\_

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' 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. S4909 relating to unsworn falsifications to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

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

**THE BOROUGH OF SEWICKLEY  
BUILDING AND ZONING PERMIT AGREEMENT**

\*\*This form must be signed by the owner of record and the applicant\*\*

In consideration of the issuance by the Borough of Sewickley of a Building or Zoning Permit to the undersigned Applicant, the Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in inspecting work of the Applicant, employees of the Borough are only performing their duties to require compliance with the minimum requirements of the applicable ordinances of the Borough pursuant to the police power of the Borough, and are not warranting to the Applicant or to any third party, the quality or adequacy of the design, engineering or work of the Applicant. The Applicant further acknowledges that it will not be possible for the Borough to review every aspect of the Applicant's design and engineering, or to inspect every aspect of the Applicant's work. Accordingly, neither the Borough nor any of its elected or appointed officials or employees shall have any liability to the applicant for defects or shortcomings which should have been discovered during the Borough's review or inspections.

The Applicant agrees to defend, hold harmless, and indemnify the Borough, its elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or relating to the Borough's review or inspection of the Applicant's design, engineering or work, or issuance of a permit or permits, or arising out of or relating to the design, engineering or work done by the Applicant pursuant to such permit or permits. All references in this agreement are applicable to the Applicant's employees, agents, independent contractors, subcontractors or any other persons or entities performing work pursuant to the issuance of the Building or Zoning Permit by the Borough.

Furthermore, the Applicant is hereby informed that any violation(s) of the Building Code and/or the Zoning Code for the Borough of Sewickley is subject to fines and penalties as stated in the applicable ordinance(s).

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROPERTY OWNER(S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROPERTY OWNER(S) SIGNATURE

\_\_\_\_\_  
DATE

(Must be notarized if the property owner is not the applicant)

\_\_\_\_\_  
PERMIT #

\_\_\_\_\_  
DATE ISSUED

**THE BOROUGH OF SEWICKLEY  
HISTORIC REVIEW COMMISSION APPLICATION  
FOR EXTERIOR WORK IN A HISTORIC DISTRICT**



Date: \_\_\_\_\_  
Address of Property: \_\_\_\_\_  
Applicant name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Property owner name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Property owner address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Block/lot #: \_\_\_\_\_ Zoning district: \_\_\_\_\_

**\*\*A Certificate of Appropriateness must be recommended by the Historic Review Commission and approved by Borough Council prior to issuance of a Building Permit.**

**REQUIREMENTS**

Dependent upon the scope of the project, the building inspector will determine which of the requirements are necessary in each case to accompany the application in order for the commission to make an informed decision.

1. **Photographs:** 3" x 5" (or larger) photographs, in color if possible, showing the existing structure from all four (4) sides, its relationship with other structures on site or on adjacent property and its relationship on its block.
2. **Site Plan:** Scale 1 inch = 20.0 feet, identifying all property lines, metes and bounds, all structures, paved areas, acreage noted and adjacent properties with owners name noted.
3. **Floor Plan or Plans:** Showing detail for any affected area ¼ inch = 1.0 feet, detail and note affected area.
4. **Elevations:** Showing detail for any affected areas ¼ inch = 1.0 feet.
5. **Prospective and/or other renderings:** If necessary to enhance the presentation.
6. **General product specifications/cuts:** Noting products to be used, i.e., doors, windows, walls porches, light fixtures, etc.
7. **Samples:** Finish materials as may be necessary to enhance the presentations, i.e.; Bricks, siding, shingles.
8. **Historic Information:** Any available documentation of the history of the site and the structure and its architectural style would be useful to the commission in its deliberations.
9. **Sections:**

# THE BOROUGH OF SEWICKLEY HISTORIC REVIEW COMMISSION APPLICATION FOR EXTERIOR WORK IN A HISTORIC DISTRICT

SUBMITTED MATERIALS	PROVIDED	ACCEPTED	DATE
A. PHOTOGRAPHS			
B. SITE PLAN			
C. FLOOR PLAN OR PLANS			
D. ELEVATIONS			
E. PERSPECTIVE/RENDERINGS			
F. GENERAL PRODUCT SPECS.			
G. SAMPLES			
H. HISTORIC INFORMATION			
I. SECTIONS			

**Signatures:**

Owner (mandatory): \_\_\_\_\_

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

Owners Representative: \_\_\_\_\_

Date of Historic Review Committee Meeting: \_\_\_\_\_

Recommendation: \_\_\_\_\_

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

\_\_\_\_\_  
 Secretary

Sewickley Borough Council at its regular meeting on \_\_\_\_\_, approved/denied this application. (DATE)

\_\_\_\_\_  
 PRESIDENT of COUNCIL