



**TOWNSHIP USE ONLY**

Permit Fee: \_\_\_\_\_ Occ. Permit Fee: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Residential **APPLICATION FOR A PERMIT FOR:**  Commercial

Building  Zoning  Signs  Swimming Pool  Deck  Demolition  Other \_\_\_\_\_

Type of Zoning Permit:  Business Occupancy  Deck under 30" above grade  Detached Accessory Structure under 1,000 sq.ft.

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

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

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

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

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

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

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

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

**CONSTRUCTION SPECIFICATIONS:**

Site Address: \_\_\_\_\_ Estimated Cost of Construction: \_\_\_\_\_

Description of Work/Proposed Use: \_\_\_\_\_

Width: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height (at highest point) \_\_\_\_\_ Total Square Feet \_\_\_\_\_

Energy Compliance Method (Please Check):  PA Alternative  ResCheck or ComCheck  IECC

Workers Compensation provided with this application:  Yes  No Applicant Exempt:  Yes  No

Allegheny County Tax: ID# \_\_\_\_\_ Lot No. \_\_\_\_\_ Plan \_\_\_\_\_

Remarks: \_\_\_\_\_

The applicant hereby agrees to comply with the provisions of all local laws and ordinances and the Pennsylvania Uniform Construction Code regulating building construction in the Township of South Fayette.

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

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Zoning District: \_\_\_\_\_ Zoning Use Classification: \_\_\_\_\_

Permit Issued under the \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Use of Building: \_\_\_\_\_

Other Reviews	Initial	Attachments
<input type="checkbox"/> Zoning Variance	_____	_____
<input type="checkbox"/> Approved Conditions	_____	_____
<input type="checkbox"/> Flood Plain	_____	_____
<input type="checkbox"/> Bonding	_____	_____
<input type="checkbox"/> _____	_____	_____

	Fees
Building	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____
Payment	\$ _____
	<input type="checkbox"/> Cash
<input type="checkbox"/> Check	Check # _____

Zoning Officer: \_\_\_\_\_ Building Code Official: \_\_\_\_\_