



Borough of Wilkinsburg Code Enforcement

Municipal Building
605 Ross Avenue

Wilkinsburg, PA 15221

Phone: (412) 244-2923 • Fax: (412) 244-2922

FIRE ALARM PERMIT APPLICATION

APPLICATION DATE: _____ PERMIT # _____

Contractor Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ E-mail _____

Project Name _____

Fax Number _____

PA ONE CALL SERIAL # _____ Lot & Block _____ Subdivision _____

CONSTRUCTION COSTS \$ _____

(If Owner differs from Applicant)

Property Owner's Name _____ Phone # _____

Property Owner Address _____ E-mail _____

If Applicant differs from Property Owner, Please provide Property Owner authorization:

Owner Signature (Authorization)

- Application Type:** New Installation
 System Extension or Alteration
 Repairs
 New Devices

- Use/Occupancy** A-1 A-2 A-3 A-4 A-5 B E
 F-1 F-2 H-1 H-2 H-3 H-4 H-5
 I-1 I-2 I-3 I-4 M R-1 R-2
 R-3 R-4 S-1 S-2 U

Type of work to be done (check all that apply)

- New Construction Repair Existing Equipment Replacement
- Alteration and or extension of system

Documentation Required

- 3 complete sets of signed and stamped construction drawings.
- Stamped architectural or engineered drawings for suppression system.
- Fire protection shop drawings stamped by engineer indicating the location of all devices and equipment.
- Insurance certificates of contractors, if chosen, must be filed with this application
- Equipment cut sheets
- 1 set of specifications
- Note: Shop drawings prepared by contractor must be reviewed and approved by an Engineer and must bear a shop drawing stamp from the Engineer.**

Construction Details

- Number of Single dwelling units _____
- Number of devices _____
- Electrical system is located in a Hazardous location as defined by the International Building Code or National Electric Code.
- Installation requires a explosion proof devices
- Installation requires a dry system
- Installation requires an accelerator
- System is for a Commercial Cooking Hood

Description of work

Please print clearly. Illegible and incomplete forms will not be accepted. Please remit payment with this application. For Corporations, a form of identification of an authorized officer of the company, or copy of a written agreement of the corporation's registered agent is required.

Documentation Required

Signed and dated Contract of design professional and/or contractor. If a design or construction contract for the proposed work was signed prior to October 1, 2018, the 2009 International Codes and Chapter 11 and Appendix E of the 2015 International Building Code and the accessibility provisions of the 2015 International Existing Building Code are applicable and shall be complied with. The codes applicable to work for which a construction permit is sought on or after October 1, 2018, are the 2015 International Codes issued by the International Code Council (ICC), and the provisions amended by the UCC Review & Advisory Council (RAC).

Fees

Fire Alarm Permit	\$100.00
UCC fee	\$4.50
Plans review	\$10.00
3 rd Party Fee (\$200 for < 10,000 square feet; \$.02 per sq. ft. > 10,000 (to be calculated))	TBC

WORKERS' COMPENSATION ADDENDUM

(Required to be attached to all building permit applications)

Part 1

The Applicant for the permit, in compliance with Act 44 of 1993, hereby submits, *(check one)*:

- Certificate of Insurance OR Certificate of Self-Insurance Listing the Borough of Wilkinsburg and our Third (Must Attach)
- Affidavit of Exemption

Part 2

Basis and Affidavit of Exemption

- 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 Worker's Compensation Act.
- All of the Contractor/Applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Worker's Compensation Act.
- Other: Please explain: _____

My signature on behalf of or as the Contractor/Applicant for this permit constitutes my varication that the statements contained herein are true, and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Applicant Signature

Print Name: _____

Signature: _____ Date: _____

For Office Use Only

Permit Number _____

Fee Paid \$ _____

Approved By: _____ Date: _____

Title: _____