



# Borough of Wilkesburg Code Enforcement

Municipal Building  
605 Ross Avenue  
Wilkesburg, PA 15221

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

## FIRE SUPPRESSION 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  Replacement of Heads  Fire Pump

System Extension or Alteration

Repairs  Relocation of heads

Cooking Hood Suppression System (ANSUL)

**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 Adult Care  R-3  R-4  S-1  S-2  U

Modified 04/27/2017

Modified 10/10/2018

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

- New Construction    Repair Existing    Equipment Replacement
- Underground Service Line    Alteration and or extension of system    Standpipe 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
- Hydraulic Calculations
- 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 heads \_\_\_\_\_
- Alternate fire suppression system as defined by the International Building Code or International Fire Code
- Installation requires a fire pump
- Installation requires a dry system
- Installation requires an accelerator
- System is for a Commercial Cooking Hood

**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).

## Description of work

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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.

### Fees

Fire Suppression	\$100.00
UCC fee	\$4.50
Plans review	\$10.00
Third Party fee (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: \_\_\_\_\_