Instructions for Obtaining a Building Permit, Electrical Permit, or Mechanical Permit

- **NOTE:** A Zoning Permit is required for all proposed improvements to a property. Complete the Zoning Permit Application for the Township of Aleppo on the next page.

- Complete the applicable one-page Building Permit, Electrical Permit, and/or Mechanical Permit Application for the Township of Aleppo on the pages that follow.

- Go to the Code-Sys portal at https://code-sys.com/
  - Choose "New Project Submittal"
    - Fill in the online form, Upload all completed applications and the required documents* in PDF format, and click "Submit"
  - Contact Brandy at Code-Sys at 412-821-0337 x13 with any questions about the portal.

*Submittals on the portal should consist of an **entire** set of plans [including a basic site plan showing the location of the proposed project] in the form of a running PDF.

The application, descriptives, cut sheets, etc. should be submitted on the portal as separate files and separate from the drawings.

ZONING PERMIT APPLICATION

Township of Aleppo
100 North Drive, Sewickley, PA 15143
Phone: 412-741-6555 / Fax: 412-741-7062
www.aleppotownship.com

APPLICANT/PROJECT NAME: _____

ADDRESS / LOCATION: _____

NUMBER OF LOTS: _____ ZONING DISTRICT: _____ LOT/BLOCK: _____

PROJECT DESCRIPTION: _____

_____

_____

NAME OF LANDOWNER: _____

ADDRESS: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

NAME OF DEVELOPER OR CONTRACTOR: _____

ADDRESS: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

NAME OF ENGINEER OR SURVEYOR: _____

ADDRESS: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

WILL A BUILDING PERMIT APPLICATION BE FILED? ☐ Yes ☐ No

I hereby certify that all the above information is true and correct to the best of my knowledge.

_____ _____

Signature of Applicant **Date**

If requested use or improvement will be partially or wholly on any property owned by persons or entities other than the Applicant (including Homeowner's Association-owned property) all landowner signatures are required:

_____ _____

Signature of Co-Applicant **Date**

ZONING PERMIT FEE: $60.00

*** Application must include an entire set of plans including a basic site plan showing the location of the proposed project ***

- - - -

CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED: _____

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

SUBDIVISION: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: ( ) _____

BUILDING PERMIT

☐ One Family Dwelling ☐ Two Family Dwelling ☐ Commercial Use _____

☐ New Construction ☐ Alteration ☐ Repair ☐ Demolition

DESCRIPTION OF CONSTRUCTION: _____

_____

TOTAL SQ. FT. OF CONSTRUCTION: _____ ESTIMATED COST OF CONSTRUCTION: _____

☐ Plan Review Required ARCHITECT/ENGINEER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: ( ) _____ FAX: ( ) _____

BUILDER NAME: _____ (REG #) _____

DBA: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: ( ) _____ FAX: ( ) _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT All APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

_____ _____ _____

APPLICANT/AGENT SIGNATURE PRINT NAME DATE

*** * * * FOR DEPARTMENT USE ONLY * * * ***

BUILDING PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY: _____

DATE: _____

PERMIT NO. _____

BUILDING PERMIT FEE	$ _____
PLAN REVIEW FEE	$ _____
MUNICIPAL FEE	$ _____
TRAINING FEE	$ 4.00
TOTAL PERMIT FEE	$ _____

REASON(S) FOR DENIAL: _____

_____

OVER FOR SUBCODES PERMIT

TOWNSHIP OF ALEPPO

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

ELECTRICAL PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR: _____ (REG #)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

TYPE OF ELECTRICAL WORK ☐ New ☐ Additional ☐ Repair/Alterations

UTILITY COMPANY: _____

WORK ORDER NUMBER: _____

DESCRIPTION OF WORK: _____

_____

ESTIMATED COST OF ELECTRICAL WORK

NO:	EQUIPMENT	NO:	SIZE	EQUIPMENT	NO:	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	Amp Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	AMP Sub-Panels	_____	_____	KW Oven/Surface Unit
_____	Switches	_____	_____	AMP Sub-Panels	_____	_____	KW Electric Water Heater
_____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP/KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garbage Disposal	_____	_____	KW Electric Dryer Receptacle
_____	Spa /Hot Tub	_____	_____	KW Central A/C Unit	_____	_____	KW Baseboard Heat

_____ Swimming Pool ☐ Above Ground ☐ In Ground

_____ Other _____

_____ Other _____

_____ Other _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

_____ _____ _____

APPLICANT/AGENT SIGNATURE PRINT NAME DATE

*** * * * FOR DEPARTMENT USE ONLY * * * ***

ELECTRICAL PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY: _____ DATE: _____

PERMIT NO. _____

ELECTRICAL PERMIT FEE $ _____

MUNICIPAL FEE $ _____

TRAINING FEE $ 4.00

TOTAL PERMIT FEE $ _____

TOWNSHIP OF ALEPPO

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

MECHANICAL PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR: _____ (REG #) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

HEATING SYSTEM ☐ New ☐ Replacement

FUEL ☐ Gas ☐ Oil ☐ Electric ☐ Solar

TYPE ☐ Hydronic ☐ Forced Air

DESCRIPTION OF WORK: _____

_____

ESTIMATED COST OF MECHANICAL WORK: $ _____

NO:	EQUIPMENT	NO:	EQUIPMENT	NO:	EQUIPMENT
_____	Water Heater	_____	Fuel Oil Piping	_____	Gas Piping
_____	Steam Boiler	_____	Hot Water Boiler	_____	Hot Air Furnace
_____	Oil Tank	_____	LPG Tank	_____	Fireplace
_____	Other	_____			

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

_____ _____ _____

APPLICANT/AGENT SIGNATURE PRINT NAME DATE

*** * * * FOR DEPARTMENT USE ONLY * * * ***

MECHANICAL PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY: _____ DATE: _____

PERMIT NO. _____

MECHANICAL PERMIT FEE $ _____

MUNICIPAL FEE $ _____

TRAINING FEE $ 4.00

TOTAL PERMIT FEE $ _____