

Professional Code Services, Inc.
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Gibsonia, PA 15044
www.pcs-codes.com

Non Residential Construction Document
Review Application
Ph # 724- 449-2633
Fax 724 449-2673

Section I General Information

(Please Print clearly)

Location of Structure: _____

*Applicant Name: _____

Address: _____

Ph: _____

Fax: _____

E-Mail: _____

*Applicant will be billed unless otherwise noted

Model Code: _____ (PA-2021 IBC)

Municipality: _____

Architect: _____

Address: _____

Ph: _____

Fax: _____

E-mail: _____

Section II Structure Information

Use Group Classification: _____ If Mixed Use, describe each use by floor or by square footage of space: _____

Proposed Work: _____

Construction Type: _____ Height: _____ Stories: _____

Total square footage (building footprint): _____

Occupant Load per floor: _____

Occupant Load per Assembly Room(s): _____

Section III Hazardous Materials

Are any hazardous materials stored or used in a production process within this structure: Yes No

If you answered NO, skip to Section IV.

If you answered Yes, list chemical makeup and the amount: _____

* Material Safety Data Sheets (MSDS) shall be submitted with the construction documents. The amount of each material and the location of the room or space in which the material is to be used or stored must be clearly indicated.

Section IV Fire Protection

Yes No Is this structure protected throughout with an automatic sprinkler system? If yes, signed and sealed sprinkler drawings (1 set) shall be submitted with the application.

Yes No Is this structure protected throughout with a Fire Alarm system? If yes, signed and sealed Alarm drawings (1set) shall be submitted with the application.

The information contained in this application is true and accurate to the extent of my knowledge. The attached document review instructions have been read and are understood.

Signature: _____ Print Name: _____ Date: _____

PCS Construction Document Review
Submittal Instructions

***** All documents shall be sealed by a PA registered design professional *****

One complete set of construction documents shall be submitted digitally with this application and a City of Butler building permit application to: officebuscommdev@cityofbutler.org.

➤ All Drawings must indicate: Design Codes, Type of Construction, Use Group, Occupant Load, Fire Protection, and Structural Design Criteria per section 1603.1, and complete address of property

- One (1) copy of Site Plan
- One (1) copy of construction drawings, including MEP (if applicable)
- One (1) copy of detailed accessibility drawings
- One (1) copy of Structural Calculations
- One (1) copy of Specifications
- One (1) copy of Soils Report (when required)
- One (1) copy of ComCheck or energy worksheet
- One (1) copy of Sprinkler drawings (if applicable) in accordance with NFPA 13
- One (1) copy of Fire Alarm drawings (if applicable) in accordance with NFPA 72
- One (1) copy of Sign (business ID) drawings in accordance with 2021 IBC, Chapter 16
- The application has been completed and signed.
- The instructions page (this sheet) has been read and signed.

General Instructions

Upon receipt of a completed application and the required construction drawings, a code review in accordance with the adopted model Building Code will be performed by a Certified Plans Examiner. Reviews are conducted in the order they are received. A detailed list of comments (if applicable) will be forwarded to the applicant. The submitted construction drawings will be retained by PCS. **One (1) set** of revised construction documents (if required) as well as a corresponding response to the comments shall be submitted for a re-review. The construction drawings will only be stamped “Approved” when all code violations are corrected.

Note: The review fee includes an initial review and (1) re-review of the revised drawings. A fee in the amount of 50% of the original fee will be charged if a Third review is required. The “Approved” construction documents will not be released for permitting until all invoices are paid in full.

Signature: _____ Print Name: _____ Date _____