

BUILDING CODE PERMIT APPLICATION

A. LOCATION OF PROPOSED WORK OR IMPROVEMENT

Site Address: _____ Tax Parcel #: _____
 Lot No.: _____ Sub-Division: _____ Phase: _____ Section: _____
 Owner: _____ Phone #: _____ Fax #: _____
 Mailing Address: _____ E-Mail: _____
 Contractor: _____ Phone #: _____ Fax #: _____
 Mailing Address: _____ E-Mail: _____
 Contractor Registration Number: _____
 Architect: _____ Phone #: _____ Fax #: _____
 Mailing Address: _____ E-Mail: _____

B. TYPE OF WORK OR IMPROVEMENT (Check One)

- New Construction Addition Alteration Repair
 Demolition Relocation Foundation Only
 Plumbing Electrical Mechanical

Describe proposed work: _____

C. DESCRIPTION OF BUILDING USE

RESIDENTIAL

- One-Family Dwelling Two-Family Dwelling Townhouse
 Accessory Structure Carport Deck
 Other – Specify: _____

NON-RESIDENTIAL

Specific Use: _____ Use Group: _____
 Change in Use: Yes No If yes, indicate former use.: _____
 Maximum Occupancy Load: _____ Maximum Live Load: _____

D. ESTIMATED COST OF CONSTRUCTION (reasonable fair market value):

Building: \$ _____
 HVAC: \$ _____
 Plumbing: \$ _____
 Electrical: \$ _____
 TOTAL: \$ _____

E. BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft. Number of Stories: _____
 Proposed Building Area: _____ sq. ft. Height of Structure Above Grade: _____ ft.
 Total Building Area: _____ sq. ft. Area of Largest Floor: _____ sq. ft.

F. BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
 Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e. electric, gas, oil, etc.): _____
 Water Service (Check one): Public Private
 Sewer Service (Check one): Public Private (Septic Permit # _____)
 Distance from Project: To Well To Septic Tank To Drain Field
 Fireplace(s): Quantity _____ Type of Fuel _____ Type of Vent _____
 Elevators/Escalators/Lifts/Moving walks (Check one): Yes No
 Sprinkler System: Yes No
 Pressure Vessels (e.g. water heater): Yes No
 Refrigeration Systems (e.g. air conditioning): Yes No

Building Permit Approval

Code Enforcement Officer

Date

G. HISTORIC DISTRICT

Is the site located within a Historic District? Yes No

If construction is proposed within a Historic District, the Municipality may require a certificate of appropriateness.

H. FLOOD PLAIN

Is the site located within an identified flood hazard area? (Check one): Yes No N/A

Will any portion of the flood hazard area be developed? (Check one): Yes No N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3.

Lowest Floor Level: _____

I. CONSTRUCTION PLANS AND SPECIFICATIONS (3-Copies Required)

Construction plans and specifications must be attached illustrating elevations, floorplans, electrical, plumbing, mechanical layouts, energy code compliance data, design loads and calculations, window and door schedule, typical cross sections, typical footer and foundation details.

J. SITE PLAN

Site plans must be attached, showing the size and location of the new construction and existing structures on the site and the structure's distance from the property lines.

K. WORKER'S COMPENSATION INSURANCE COVERAGE

All applicants are required to submit evidence of Worker's Compensation Insurance Coverage as directed by PA ACT 44.

L. CERTIFICATION AND/OR ACKNOWLEDGMENT

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. **Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances or the Municipality or any other governing body.** The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Property owner and applicant shall not construct or erect structures or encroach into the Municipality's right-of-ways.

Authorized Agent Acknowledgment – I hereby certify that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as an authorized agent and agree to conform to all applicable regulations set forth by PA ACT 45.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

ELECTRICAL PERMIT APPLICATION

Property Owner _____	Phone No. _____
Address _____	
Property Location _____	
Subdivision/Development _____	
Electrical Contractor _____	Registration No. _____
Address _____	Phone No. _____

NEW
 ALTERATION
 ADDITION
 REPAIR

Use of Property:
 Residential
 Commercial
 Industrial

TYPE OF EQUIPMENT		NUMBER
Receptacle	Total Outlets	
Switch		
Lighting Fixtures	Total Fixtures	
Ranges		
Clothes Dryer		
Water Heater		
Garbage Disposal		
Sta. Cook Top		
Dishwasher		
Clothes Washer		
Space Heater		
Sta. Appl. ½ H.P. Max		
Motors:	HP	
Signs:	No. Trans.	
	No. Lamps	
Temp. Power <input type="checkbox"/> Pole <input type="checkbox"/> Undgd.		
Service <input type="checkbox"/> New <input type="checkbox"/> Change	0-200A	
	201-400A	
	401-600A	
	Over 600A	
Permit Issuing Fee		
Total Fee		

NOTE:

This permit is issued contingent upon all work being in compliance with the 2018 IRC or the ICC Electrical Code and 2017 NEC including all supplements and other applicable Township regulations.

Applicant certifies that all information given is correct and that all Township ordinances will be complied with in performing the work for which this permit is issued.

_____ Signature of Applicant

_____ Approved _____
 Cost of Improvement Application Date
 _____ Denied _____

MECHANICAL PERMIT APPLICATION

Property Owner _____	Phone No. _____
Address _____	
Property Location _____	
Subdivision/Development _____	
Mechanical Contractor _____	Registration No. _____
Address _____	Phone No. _____

NEW <input type="checkbox"/>	ALTERATION <input type="checkbox"/>	ADDITION <input type="checkbox"/>	REPAIR <input type="checkbox"/>
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Use of Property:	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>
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TYPE OF EQUIPMENT	NUMBER
Air Cond. Units H.P. ea.	
Refrigeration Units H.P. ea.	
Boilers H.P. ea.	
Forced Air Systems	
Gravity Systems	
Floor Furnaces	
Wall Heaters	
Unit Heaters	
Conversion Burner	
Clothes Dryers	
Ventilation Fan	
Range Hood	
Air Handling cfm	
Incinerator	
Gas Piping	
Range Com. <input type="checkbox"/> Res. <input type="checkbox"/>	
Fire Suppression System	
NFIPA13 <input type="checkbox"/> NFIPA13R <input type="checkbox"/>	
NFIPA13D <input type="checkbox"/>	

NOTE:

This permit is issued contingent upon all work being in compliance with the 2018 IRC or International Mechanical Code including all supplements and other applicable Township regulations.

Applicant certifies that all information given is correct and that all Township ordinances will be complied with in performing the work for which this permit is issued.

Signature of Applicant

Cost of Improvement

Application Date

Approved _____

Denied _____

PLUMBING PERMIT APPLICATION

Property Owner _____	Phone No. _____
Address _____	
Property Location _____	
Subdivision/Development _____	
Plumbing Contractor _____	Registration No. _____
Address _____	Phone No. _____

NEW <input type="checkbox"/>	ALTERATION <input type="checkbox"/>	ADDITION <input type="checkbox"/>	REPAIR <input type="checkbox"/>
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Use of Property:	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>
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TYPE OF EQUIPMENT	NUMBER
Water Closet (Toilet)	
Bathtub	
Lavatory (Wash Basin)	
Shower	
Kitchen Sink & Disp.	
Dishwasher	
Laundry Tray	
Clothes Washer	
Water Heater	
Urinal	
Drinking Fountain	
Floor Sink or Drain	
Slop Sink	
Gas Systems: No. Outlets	
Water Piping & Treating Equip.	
Waste Interceptor	
Vacuum Breakers	
Lawn Sprinkler System	
Water Service	
Sewer	
Cesspool	
Septic Tank & Pit	

NOTE:

This permit is issued contingent upon all work being in compliance with the 2018 IRC or International Plumbing Code including all supplements and other applicable Township regulations.

Applicant certifies that all information given is correct and that all Township ordinances will be complied with in performing the work for which this permit is issued.

_____ Signature of Applicant

_____	_____	Approved _____
Cost of Improvement	Application Date	
_____	_____	Denied _____

Single Family Residential Addition

2x ___ rafters spaced ___ " O.C. or
Manufactured Trusses spaced ___ " O.C.
(example: 2 x 12 Rafters Spaced 24" O.C.)

Sheathing _____
(example: 1/2" exterior plywood)

Minimum 1x ___ ridge board
(example: 1 x 12)

Roof covering _____
(example: Class A 3 tab shingles)

Note: For roofs with slopes less than 4:12, follow manufacturer's instructions for low slope application of roofing material.

12 pitch

Underlayment _____
(example: 1 layer 15# felt)

Building Section

Note: Attic ventilation and access may be required

Provide roof tie downs
Solid 2x blocking between rafters that are 2x12 or greater

Ceiling Insulation _____
(example: R-38)

Wall Insulation _____
(example: R-19 Fiberglass Batts)

2x ___ ceiling joists @ ___ O.C.
(example: 2 x 8 @ 24" O.C.)

Double 2x ___ top plate
(example: 2 x 6)

Span _____
(example: 23' 5")

Note: Pre-engineered roof trusses w/truss clips may be used in lieu of roof structure shown.

Ceiling height _____
(example: 8')

Diagonal wind bracing or braced wall panels @ corners and each 25' of wall.

Siding _____
(example: lap or T-111)

Note: Pre-engineered floor systems may be used and should be installed according to the manufacturers installation instructions.

Wall sheathing _____
(example: 1/2" exterior plywood)

Access required

18" minimum from the interior grade level to the bottom of the floor joists.

2x ___ studs @ ___ O.C.
(example: 2 x 6 @ 24" O.C.)

Cont. 2x ___ sill plate
(example: 2 x 4)

Engineered Design: Cassions may be required if your site has swelling soils. A foundation designed by a *PA* licensed architect or engineer may be required.

2x ___ Joists @ ___ O.C.
(example: 2x10 @ 24" O.C.)

- Check one
- Foundation: Engineered Design
 - Foundation: Detail A *(see page 3)*

Wall width _____ "
(example: 8")

Footing size _____ " x _____ "
(example: 8" X 16")

Property Address: _____

Worker's Compensation Insurance Coverage Information

(UCC Building Permit attachment)

Contractor: _____

Job Name: _____ Building Permit #: _____

A. The Applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law:

YES

NO

If the answer is "YES" see Section B, if "NO" complete Section C below

B. Insurance Information

You MUST submit a copy of your Certificate of Insurance showing Workers Compensation as a covered Policy. Can be faxed: 610-916-8501; or mailed to: Systems Design Engineering, Inc. 1032 James Drive Leesport, PA 19533

C. Exemption

I _____ (please print legibly) do solemnly attest that I will not employ/hire any other persons for the project for which I am seeking a UCC Building Permit.

After receipt of the building permit if I employ any other persons I will notify this office and provide proof of worker's compensation coverage within three working days.

I understand that failure to comply will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the Act of June 2, 1915 (P.L. 736), known as The Pennsylvania Worker's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. Act 44.

Signature

Subscribed and sworn to before me this
_____ day of _____, _____

(Signature of Notary Public)