

UNIFORM CONSRUCTION PERMIT APPLICATION

Location of Proposed Work or Improvement

County: _____ Municipality: _____

Site Address: _____ Tax Parcel #: _____

Lot #: _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ E-Mail: _____

Principal Contractor: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ E-Mail: _____

Architect: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ E-Mail: _____

Type of Work or Improvement (check one)

- New Building Addition Alteration Repair Demolition Relocation
- Foundation Only Change of Use Plumbing Mechanical Electrical

Describe the proposed work: _____

Estimated Cost of Construction (reasonable fair market value) \$ _____

Fee

Description of Building Use (check one)

Residential

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)

Non-Residential

Specific Use: _____

Use Group: _____

Change in Use: Yes No

If Yes, Indicate Former: _____

Maximum Occupancy Load: _____

Maximum Live Load: _____

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) Public Private

Sewer Service: (check) Public Private

Does or will your building contain any of the following:

Fireplace(s): Number _____, Type of Fuel _____, Type Vent _____
Elevator/Escalators/Lifts/Moving walks: (check) Yes No
Sprinkler System: Yes No
Pressure Vessels: Yes No
Refrigeration System: Yes No

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 the Largest Floor: _____ sq. ft.

Floodplain

Is the site located within an identified flood hazard area: (check one) Yes No
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: _____

Historic District

Is the site located within a Historic District? Yes No
If construction is proposed with a Historic District, a certificate of appropriateness may be required by the Municipality.

The applicant certifies that all information on this applications 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. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, right-of-way, flood areas, etc. 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 of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

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.

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

Direction to Site: _____

(For Code Administrator Use Only)

Additional Permits/Approvals Required

<input type="checkbox"/>	Street Cut/Driveway	Approved _____
<input type="checkbox"/>	Cut and Fill	Approved _____
<input type="checkbox"/>	PennDot Highway Occupancy	Approved _____
<input type="checkbox"/>	DEP Floodway or Floodplain	Approved _____
<input type="checkbox"/>	Sewer Connection	Approved _____
<input type="checkbox"/>	On-Lot Septic	Approved _____
<input type="checkbox"/>	Zoning	Approved _____
<input type="checkbox"/>	HARB	Approved _____
<input type="checkbox"/>	Other _____	Approved _____

Approvals

Building Permit Denied: _____ Date: _____ Date Returned: _____

Building Permit Approved: _____ Date: _____
Code Administrator _____

Date Issued _____ Date Expires _____ Permit # _____

Building Permit Fee	\$ _____	Receipt # _____
Plumbing Permit (if appl.)	_____	Receipt # _____
Mechanical Permit (if appl.)	_____	Receipt # _____
Electrical Permit (if appl.)	_____	Receipt # _____

Project Documents (Drawings & Calculations)

Type of document:	Submitted	Sign & Sealed	Date:	Revision Date:
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Flood Hazard Area Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp. Cert.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Date Stamp:

INSPECTION CHECKLIST
(For Code administrator Use Only)

Address: _____ Permit # _____

Required	Type	Date	Inspector	Comments
	Foundation #1	_____	_____	_____
	Foundation #2	_____	_____	_____
	Foundation #3	_____	_____	_____
	Masonry #1	_____	_____	_____
	Masonry #2	_____	_____	_____
	Masonry #3	_____	_____	_____
	Plumbing #1	_____	_____	_____
	Plumbing #2	_____	_____	_____
	Plumbing #3	_____	_____	_____
	Mechanical #1	_____	_____	_____
	Mechanical #2	_____	_____	_____
	Mechanical #3	_____	_____	_____
	Electrical #1	_____	_____	_____
	Electrical #2	_____	_____	_____
	Electrical #3	_____	_____	_____
	Electrical #4	_____	_____	_____
	Framing #1	_____	_____	_____
	Framing #2	_____	_____	_____
	Framing #3	_____	_____	_____
	Wallboard #1	_____	_____	_____
	Wallboard #2	_____	_____	_____
	Wallboard #3	_____	_____	_____
	Final #1	_____	_____	_____
	Final #2	_____	_____	_____
	Final #3	_____	_____	_____
	Temporary C/O	_____	_____	_____
	Date Expires	_____	_____	_____
	Cert. Of Occupancy	_____	_____	_____