

# UNIFORM CONSTRUCTION CODE BUILDING PERMIT APPLICATION

## LOCATION OF PROPOSED WORK OR IMPROVEMENT

Building Permit # \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

## TYPE OF WORK OR IMPROVEMENT (Check All That Apply)

- |  |                                   |                                     |                                     |                                     |                                     |
|--|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Building  | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair     | <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation |
| <input type="checkbox"/> Change of Use | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical |                                     |                                     |

Describe the proposed work: \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ \_\_\_\_\_

## 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 Condition (i.e., electric, gas, oil, etc.)

Water Service: (Check) ☐ Public ☐ Private (Well Permit# \_\_\_\_\_)Sewer Service: (Check) ☐ Public ☐ Private (Sewage Permit # \_\_\_\_\_)

## 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 Vessel: ☐ YES ☐ NO  
 Refrigeration Systems: ☐ YES ☐ NO

# FOR CODE ADMINISTRATOR USE ONLY

## 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: \_\_\_\_\_

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. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-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 provision of the code(s) applicable to such permit.**

**I/WE HAVE RECEIVED A COPY OF THE REQUIRED INSPECTIONS AND ARE FULLY AWARE OF THESE REQUIREMENTS.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Directions to Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## ADDITIONAL PERMITS/APPROVALS REQUIRED

<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> EROSION AND SEDIMENT CONTROL PLAN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED _____
<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> PUBLIC WATER CONNECTION	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

## APPROVALS

BUILDING PERMIT DENIED: Date \_\_\_\_\_ Date Returned \_\_\_\_\_

BUILDING PERMIT APPROVED: Date \_\_\_\_\_ Permit # \_\_\_\_\_  
CODE ADMINISTRATOR \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_ Permit # \_\_\_\_\_

BUILDING PERMIT FEE	\$ _____	Receipt # _____
ZONING PERMIT FEE	\$ _____	Receipt# _____
PLUMBING PERMIT (if appl.)	_____	Receipt # _____
MECHANICAL PERMIT (if appl.)	_____	Receipt # _____
ELECTRICAL PERMIT (if appl.)	_____	Receipt # _____
DRIVEWAY PERMIT (if appl.)	_____	Receipt # _____
CURB AND SIDEWALK (if appl.)	_____	Receipt # _____

## PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of documents:	Submitted		Signed & 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. Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.