

# CONSTRUCTION PERMIT APPLICATION AND INSTRUCTIONS

## (Permit Application follows instructions)

### When is a permit required?

Section 403.42 and Section 403.62 of the Uniform Construction Code states: “Any owner or authorized agent who intends to construct, enlarge, alter, repair, move, demolish, or change the occupancy of a building, or structure, or to erect, install, enlarge, alter, repair, remove, convert, or replace any electrical, gas, mechanical, or plumbing system, the installation of which is regulated by this code, or cause any such work to be done, shall first make application to the building official and **obtain the required permit.**” A list of work that is exempt from permit appears on the back of this pamphlet.

### Information you need.

This guide has been developed to help you understand the information and the steps necessary when you apply for a Building Permit. The following is the information needed to obtain a Building Permit:

- Plot Plan
- Owner Information
- Contractor Information
- Contractor 's Insurance Certificate
- (if applicable)
- Construction Drawings
- (if applicable)

### What is a Plot Plan?

The plot plan is also known as the “site plan”. This document shall show to scale the size and location of new construction and existing structures on the site, distances from the lot lines, and shall be drawn in accordance with an accurate boundary line survey. The requirement for a site plan can be waived if the permit application involves alterations or repairs only.

### What is Owner Information?

This information would include the following:

- Address of the Property
- Property Owner's Name
- Property Owner's Address
- Property Owner's Phone Number

### What is Contractor Information?

This Information would include the following:

- Contractor's Name
- Contractor's Address
- Contractor's Phone Number

### What is an Insurance Certificate?

Worker's Compensation Certificate is required for all contractors who have employees, under Pennsylvania State Law, Act 44 of 1993, Section 302. Self employed contractors with no employees are exempt.

## **What are Construction Drawings?**

These are the “blue prints. They can include structural, architectural, mechanical, electrical and fire protection drawings. Commercial plans must be sealed by a design professional, as per UCC Section 106.1.

## **What inspections are required under the Statewide Building Code?**

- Footer
- Foundation
- Framing and Masonry
- Wallboard
- Electrical
- Mechanical
- Plumbing
- Final

## **What type of work is exempt from permit requirement?**

- Utility and miscellaneous use structures, (detached garages, sheds), that are accessory to detached one family dwellings and less than 1000 sq. ft. (zoning approval might be required)
- All residential alterations under Section 104 if there are no structural or egress changes.
- Agricultural buildings as defined by Act 45 Section 403.1(b)(4), (zoning approval might be required)
- Recreational cabins used for noncommercial purposes.
- Fences that are not more than 6 feet high, (zoning approval might be required)
- Retaining walls not over 4 feet high
- Sidewalks and driveways that are 30” or less above adjacent grade and not placed over a basement or story below it.
- Painting, papering, tiling, carpeting, cabinets
- Swings and playground equipment accessory to one and two family dwellings
- Minor electrical repairs and maintenance
- Clearing of plumbing stoppages or repairing of leaks as well as removal and reinstallation of water closets
- Prefabricated swimming pools that are less than 24” deep

**Return your completed Permit Application to your local municipality or borough office.**

# 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       Multi Family Dwelling       Commercial Use: \_\_\_\_\_  
 New Construction       Alteration       Repair       Demolition

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

TOTAL SQ. FT. OF CONST: \_\_\_\_\_ ESTIMATED COST OF CONST: \_\_\_\_\_

Plan Review Required      ARCHITECT/ENGINEER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

BUILDER NAME: \_\_\_\_\_  
DBA: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION. 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 \*\*\*\*\*

<b>BUILDING PERMIT APPLICATION</b>	APPROVED	DENIED	BUILDING PERMIT FEE	\$ _____
BY: _____			PLAN REVIEW FEE	\$ _____
DATE: _____			MUNICIPAL FEE	\$ _____
PERMIT NO. _____			TRAINING FEE	\$ <b>4.00</b>
			<b>TOTAL PERMIT FEE</b>	\$ _____

REASON(S) FOR DENIAL: \_\_\_\_\_

OVER FOR SUBCODE PERMIT

# PLUMBING PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PLUMBING SYSTEM  New  Additional  Alterations  
TYPE  Public Sewer  Private Septic  
TYPE  Public Water  Private Well

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

ESTIMATED COST OF PLUMBING WORK: \_\_\_\_\_

NO.	FIXTURE	NO.	FIXTURE	NO.	FIXTURE
_____	Water Closet	_____	Urinal/Bidet	_____	Bath Tub
_____	Lavatory	_____	Shower	_____	Floor Drain
_____	Sink	_____	Dishwasher	_____	Drinking Fountain
_____	Washing Machine	_____	Hose Bibb	_____	Water Heater
_____	Fuel Oil Piping	_____	Gas Piping	_____	Hot Water Boiler
_____	Steam Boiler	_____	Sewer Pump	_____	Interceptor/Separator
_____	Backflow Preventer	_____	Greasetrap	_____	Sewer Connection
_____	Water Service Connection	_____	Stacks		
_____	Other			Other	_____
_____	Other			Other	_____

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APPLICANT/AGENT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

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

<b>PLUMBING PERMIT APPLICATION</b>	APPROVED	DENIED	BUILDING PERMIT FEE	\$	_____
BY: _____			PLAN REVIEW FEE	\$	_____
DATE: _____			MUNICIPAL FEE	\$	_____
PERMIT NO. _____			TRAINING FEE	\$	<b>4.00</b>
			<b>TOTAL PERMIT FEE</b>	\$	_____

REASON(S) FOR DENIAL: \_\_\_\_\_

OVER FOR SUBCODE PERMIT

# MECHANICAL PERMIT

CONTRACTOR SAME AS BUILDER      CONTRACTOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HEATING SYSTEM	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Electric	<input type="checkbox"/> Solar
FUEL	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil		
TYPE	<input type="checkbox"/> Hydronic	<input type="checkbox"/> Forced Air		

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

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:	_____		_____	

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_____	_____	_____
APPLICANT/AGENT SIGNATURE	PRINT NAME	DATE

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

<b>MECHANICAL PERMIT APPLICATION</b>	APPROVED	DENIED		BUILDING PERMIT FEE	\$ _____
BY: _____				PLAN REVIEW FEE	\$ _____
DATE: _____				MUNICIPAL FEE	\$ _____
PERMIT NO. _____				TRAINING FEE	\$ <b>4.00</b>
				<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>

REASON(S) FOR DENIAL: \_\_\_\_\_

# ELECTRICAL PERMIT

CONTRACTOR SAME AS BUILDER      CONTRACTOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF ELECTRICAL WORK:       New                               Replacement                       Repair /Alterations

UTILITY COMPANY: \_\_\_\_\_  
 WORK ORDER NUMBER: \_\_\_\_\_

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

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: \_\_\_\_\_

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\_\_\_\_\_  
 APPLICANT/AGENT SIGNATURE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 DATE

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

<b>ELECTRICAL PERMIT APPLICATION</b>	APPROVED	DENIED	BUILDING PERMIT FEE	\$ _____
BY: _____			PLAN REVIEW FEE	\$ _____
DATE: _____			MUNICIPAL FEE	\$ _____
PERMIT NO. _____			TRAINING FEE	\$ <b>4.00</b>
			<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>

REASON(S) FOR DENIAL: \_\_\_\_\_