

Municipality: _____ County: _____ Permit No.: _____

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

Systems Design Engineering, Inc.
1032 James Drive
Leesport, PA 19533
Phone 610-916-8522; Fax 610-916-8501

Municipality: _____ County: _____ Permit No.: _____

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 <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"/>
TYPE OF EQUIPMENT		NUMBER	<p><u>NOTE:</u></p> <p>This permit is issued contingent upon all work being in compliance with the 2009 IRC or the ICC Electrical Code and 2008 NEC including all supplements and other applicable Township regulations.</p> <p>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.</p> <p>_____ Signature of Applicant</p>	
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.				
<input type="checkbox"/> New <input type="checkbox"/> Change	0-200A			
	201-400A			
	401-600A			
	Over 600A			
Permit Issuing Fee				
Total Fee				

_____ Cost of Improvement	_____ Application Date	Approved _____
		Denied _____

PERMIT NO. _____

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.		<p>NOTE:</p> <p>This permit is issued contingent upon all work being in compliance with the 2009 IRC or International Mechanical Code including all supplements and other applicable Township regulations.</p> <p>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.</p> <p>_____ Signature of Applicant</p>
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"/>		

_____ Cost of Improvement	_____ Application Date	Approved _____ Denied _____
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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)		<p><u>NOTE:</u></p> <p>This permit is issued contingent upon all work being in compliance with the 2009 IRC or International Plumbing Code including all supplements and other applicable Township regulations.</p> <p>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.</p> <div style="text-align: right; margin-top: 100px;"> _____ Signature of Applicant </div>
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		

_____ Cost of Improvement	_____ Application Date	Approved _____ Denied _____
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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

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

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

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

Access
required

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

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

✓ Check one

- ☐ Foundation: Engineered Design
☐ Foundation: Detail A
(see page 3)

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")

Ceiling height _____
(example: 8')

Siding _____
(example: lap or T-111)

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

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

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

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

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)

Municipality: _____ County: _____ Permit No.: _____

Version 01

ZONING PERMIT APPLICATION

A. LOCATION AND OWNERSHIP OF PROPOSED WORK OR IMPROVEMENT

Street and Number: _____ UPI #: _____
Deed Owner: _____ Deed Reference: _____
Owner's Address: _____ Phone #: _____
Zoning District (as shown on ZONING MAP): _____

Present Tenant: _____
Has owner consented to proposed work?: ☐ Yes ☐ No

B. PRESENT USE OF LAND ☐ RESIDENTIAL ☐ COMMERCIAL

Present use of structure: _____
Number of Families: _____
Present Building (Description): _____
Present Use of Land: _____
Is any portion of the property located in a FEMA Flood Plain? ☐ Yes ☐ No
Is the site located within a Historic District? ☐ Yes ☐ No

C. PROPOSED WORK OR IMPROVEMENT (Check One)

☐ New Construction ☐ Addition ☐ Interior Alteration ☐ Exterior Alteration
☐ Fence ☐ Accessory Structure ☐ Deck
☐ Sign (Sign application and drawing of sign must be submitted with this application.)
☐ Change in Use. Present Use: _____ Proposed Use: _____

Describe proposed work: _____

Is the proposed structure or use located in FEMA designated flood plain? ☐ Yes ☐ No

D. PROJECT DIMENSIONS

PLOT DIMENSIONS		BUILDING SETBACKS		BUILDING DIMENSIONS	
Frontage	_____ ft.	Front	_____ ft.	Width	_____ ft.
Depth	_____ ft.	Side A	_____ ft.	Depth	_____ ft.
Area	_____ sq. ft.	Side B	_____ ft.	Height	_____ ft.
Irregular plot	_____	Rear	_____ ft.	Stories	_____

SIGNAGE:
Type: _____
Number: _____ Size: _____ sq. ft.

E. APPLICATION

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on diagram on reverse side of this sheet and/or to use the premises for the purposes described herewith. The information which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Office, shall constitute sufficient grounds for the revocation of this permit.

Name of Applicant: _____
Address of Applicant: _____
Owner, Lessee or authorized agent for owner of subject property: _____

Applicant's Signature: _____ Date: _____

Fee attached: ☐ Yes ☐ No Check No.: _____

Systems Design Engineering, Inc.
1032 James Drive
Leesport, PA 19533
Phone 610-916-8500; Fax 610-916-8501

F. PLOT PLAN SKETCH

NOTE: 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.

G. REFERENCES (OFFICIAL USE ONLY)

Block Plan No.: _____ Certificate of Occupancy No.: _____ Issued: _____
Plan is attached.: ☐ Yes ☐ No Diagram is shown on reverse side of this sheet.: ☐ Yes ☐ No

H. APPLICATION AND DATES OF ACTION TAKEN (OFFICIAL USE ONLY)

Application approved: ☐ Yes ☐ No Date: _____ Zoning Official Signature: _____
If denied, Reason for Denial of Application: _____

NOTE: The applicant has the right to appeal the denial of this application to the Municipality's Zoning Board within 30 days from the date of denial pursuant to procedures set forth in the Pennsylvania Municipalities Planning Code, as amended.

Applied to Board of Adjustment: _____ Date: _____ Appeal: ☐ Yes ☐ No Hearing No.: _____
Special Use of Application: ☐ Yes ☐ No
Board's Decision: ☐ Granted ☐ Denied Date: _____

Order: _____