



LIGHT-HEIGEL & ASSOCIATES, INC.

A full service provider of
PA Uniform Construction Code (UCC) services.

Uniform Construction Code Permit Package

Local Office contact Information:

Light-Heigel & Associates, Inc.
142 Main Street
P.O. Box 120
Montandon, PA 17850

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Additional Information available at our web site:

www.light-heigel.com

142 Main Street, P.O. Box 120, Montandon, PA 17850

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(570) 524-7742

Providing Answers. Designing Solutions.

**UCC BUILDING PERMIT APPLICATION
COMPLETENESS CHECKLIST**

The individual completing the application should use the checklist below to assure that all items are included in the application package. The Building Codes Officer will confirm that the required items have been included within 5 days of receipt.

- Completed Application with applicant's name, signature and date
- Project plans and specifications, (including plot plan) with all required information to verify code compliance
- Engineer's Seal on drawings (required for commercial work and special residential situations)
- Zoning Permit from Zoning Officer. Contact: Name & phone #
- On-Lot Sewage Permit from Sewage Enforcement Officer or Municipal Authority (Sewer)
- Letter of intent to serve the project from the public water supplier (if applicable)
Supplier: Name of Water Co. at Phone #
- Municipal Driveway Permit (for access to local municipality roads)
OR
PennDOT Highway Occupancy Permit (for access to state or federal roads)
- Completed Worker's Compensation Insurance Coverage Form
- Completed Fee Schedule Worksheet
- Municipal Fee if required (made payable to Municipality)
- Total Permit Fee enclosed (made payable to Light-Heigel & Associates, Inc.)

Completeness Signature of Building Code Official

Date Submittal Determined Complete

UNIFORM CONSTRUCTION CODE BUILDING PERMIT APPLICATION

PLEASE PRINT LEGIBLY

LOCATION OF PROPOSED WORK OR IMPROVEMENT

County: _____ Township, Borough or City : _____

Site Address: _____ City & Zip: _____

Subdivision/Land Development & Lot#: _____ Tax Parcel ID: _____

Directions to Work Site: _____

Owner: _____ Phone: _____ Email: _____

Complete Mailing Address: _____

Principal Contractor: _____ Phone: _____

Mailing Address: _____ Email: _____

Architect/Designer/Engineer _____ Phone: _____

Mailing Address: _____ Email: _____

The *Building Permit* and *Occupancy Permit* should be sent to: Owner Contractor (please check)

TYPE OF WORK OR IMPROVEMENT

New Building Addition Alteration Change of Use Relocation

Describe the proposed work: _____

ESTIMATED FAIR MARKET VALUE OF CONSTRUCTION \$ _____

DESCRIPTION OF BUILDING USE

RESIDENTIAL

One-Family Dwelling

Two-Family Dwelling

NON-RESIDENTIAL (COMMERCIAL ONLY)

Specific Use: _____

Use Group: _____

Change in Use: YES NO

If YES, Indicate Former: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing, _____ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (*electric, gas, oil, etc.*) _____

Fireplace(s): Number _____ Type of Fuel _____ Type Vent _____

Energy: Indicate method chosen to confirm energy code compliance.

Design by Total Building Envelope (RESCheck / COMCheck or equal)

Design by PA Alternative Res. Energy Provisions

Other (specify) _____

Does or will your building contain any of the following:

Water Service: Public Private
Sewer Service: Public Private

Elevator/Escalators/Lifts/Moving walks:

Sprinkler System:

Pressure Vessels (water heater):

Refrigeration Systems (air conditioning):

| YES | NO
| YES | NO
| YES | NO
| 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

If checked yes, applicant must submit certification that lowest floor elevation is at or above the design 100-year flood elevation, as required in the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3. All living spaces and mechanical equipment shall be placed above the 100-year flood elevation.

Note: The National Flood Insurance Program recommends that residential and non-residential structures be elevated 1.5' above the 100-year flood elevation. Many municipalities have adopted all or part of these recommendations in their zoning ordinances, in which case the most restrictive regulation will apply.

Lowest Floor Level: _____

CONSTRUCTION PLANS AND SPECIFICATIONS

Are construction plans and/or specifications attached, illustrating elevations, floor plans, electrical, plumbing, mechanical layouts, energy code compliance data, design loads and calculations, window and door schedule, typical cross sections, typical footer and foundation details, etc.?

YES NO

SITE PLAN

Is a site plan 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?

YES NO

WORKER'S COMPENSATION INSURANCE COVERAGE

All applicants are required to submit evidence of Worker's Compensation Insurance Coverage or an exemption form as directed by PA ACT 44. Complete and attach the Worker's Compensation Insurance Coverage Worksheet on page 13.

Note: Contractor may fax or mail Workman's Compensation Insurance Coverage directly to Light-Heigel. Be sure to include the job name on the fax. Fax # 570-385-5788

Worker's Compensation Insurance Coverage Worksheet attached.

CERTIFICATION AND/OR ACKNOWLEDGEMENT

Application for a permit must 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.

The property owner and applicant assume 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.

Authorized Agent Acknowledgement – I hereby certify that the proposed work is authorized by the owner of record 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, City, State, Zip

Date

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. The Applicant or Authorized Agent is

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

YES NO

If the answer is "yes" complete Section B, if "no" complete section C below.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Worker's Compensation. Certificate Attached

Name of Worker's Compensation Insurer _____

Worker's Compensation Insurance Policy

No. _____ Certificate Attached

Policy Expiration Date: _____

C. Exemption

I, _____, do attest that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit, if I employ any other persons, I will notify this office and provide proof of workers' 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.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993, Act 44.

Residential Fee Schedule Sheet

A. Individual Inspections (New homes <2000 sf):

| | | |
|-----------------------------|----------|-------|
| Plan Review | \$100.00 | _____ |
| Footer Inspection | \$65.00 | _____ |
| Foundation Inspection | \$65.00 | _____ |
| Framing Inspection | \$65.00 | _____ |
| Wallboard Inspection | \$75.00 | _____ |
| Rough Plumbing Inspection | \$75.00 | _____ |
| Rough Electrical Inspection | \$75.00 | _____ |
| Rough Mechanical Inspection | \$75.00 | _____ |
| Combo Inspections | \$75.00 | _____ |
| Insulation Inspection | \$75.00 | _____ |
| Final Inspection / COO | \$100.00 | _____ |

Sub Total (Individual)

B. Homes >2000 SF but <5000 SF add \$.35/SF
 (SF EXCEEDING 2000)

C. Homes >5000 SF add \$.42/SF

D. Specific Projects:

| | | |
|--|----------|----------------------------|
| Deck, Porch | \$150.00 | _____ |
| In-ground pool | \$125.00 | _____ |
| Hot Tub, Above Ground Pool | \$75.00 | _____ |
| Deck or porch with Roof or Pool | \$150.00 | _____ |
| Residential Addition (2 story or >200 sf) | \$400.00 | _____ |
| Residential Addition (1 story and <200 sf) | \$300.00 | _____ |
| Residential Addition (>1000 sf) | | Use Section A Above |
| Electrical Service Inspection | \$85.00 | _____ |
| Manufactured Home (Single) | \$200.00 | _____ |
| Manufactured Home (Double) | \$300.00 | _____ |
| Industrialized Home | \$400.00 | _____ |
| Demolition | \$100.00 | _____ |

Sub Total (Specific)

Government Surcharge \$4.50 **\$4.50**

Total Permit Fee

MAKE CHECK PAYABLE TO: **LIGHT-HEIGEL & ASSOCIATES, INC.**
 FOR OFFICE USE ONLY: CHECK # _____ RECEIVED ON _____ BY _____

Municipal Fee (SEE COMPLETION CHECKLIST FOR FEE)

MAKE ADDITIONAL CHECK PAYABLE TO MUNICIPALITY
 FOR OFFICE USE ONLY: CHECK # _____ RECEIVED ON _____ BY _____