

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

# Uniform Construction Code Building Permit Application

# Dunnstable Township

LOCAL LIGHT-HEIGEL OFFICE CONTACT INFORMATION:

Light-Heigel & Associates, Inc. 135 Walter Drive Suite 3 Lewisburg Pa 17837 Attn: Building Codes

Phone: (570) 524-7742 Fax: (570) 524-7746

FOR ADDITIONAL INFORMATION: Website: www.light-heigel.com
E-mail: Kylek@light-heigel.com

### **Dunnstable Township - Clinton**

#### **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: Kyle Kehoe 570-542-7742  |
| On-Lot Sewage Permit from SEO. 3633  |
| OR Letter of intent to serve the project from the public water supplier (if applicable) Supplier: Name of Water Company 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 <i>Dunnstable Township</i> ) = No fee required.   |
| 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 PROPO                          | SED WORK       | OR IMPROV              | /EMENT                | Tax Parcel #:               |
|--|----------------|------------------------|-----------------------|-----------------------------|
| County: Clinton Township                   | or Borough:    | Du <u>nnstable Tov</u> | wnship                |                             |
| Site Address:                              |                |                        | City & Zip:           |                             |
| Subdivision/Land Developme                 | nt:            |                        |                       | Lot #:                      |
| Directions to Work Site:                   |                |                        |                       |                             |
|  |                |                        |                       |                             |
|  |                |                        |                       |                             |
| Owner:                                     |                |                        | Phone #:              |                             |
| Complete Mailing Address:                  |                |                        |                       |                             |
| Email:                                     |                |                        |                       |                             |
| Principal Contractor:                      |                |                        | Pho                   | one #                       |
| Mailing Address:                           |                |                        | Email                 |                             |
| Architect/Designer/Enginee                 | r              |                        | F                     | Phone #                     |
| Mailing Address:                           |                |                        | Email                 | :                           |
|  |                |                        |                       | ☐ Contractor (please check) |
| TYPE OF WORK OR IM                         | PROVEME        | NT                     |                       |                             |
| ☐ New Building                             | Addition       | ☐ Alteration           | ☐ Change of Use       | Relocation                  |
| Describe the proposed wor                  | k:             |                        |                       |                             |
|  |                |                        |                       |                             |
| ESTIMATED FAIR MAR                         | KET VALU       | E OF CONST             | RUCTION \$            |                             |
| BUILDING/SITE CHARA<br>Energy: Indicate me | thod chosen to | confirm energy         |                       | COMCheck or equal)          |
|  | Design by      | PA Alternative Re      | es. Energy Provisions | 5                           |
|  | Other (spe     | cify)                  |                       |                             |
| BUILDING DIMENSION Existing Building Area  |                | sq. ft.                | Number of Stori       | es:                         |
| Proposed Building Ar                       | ea:            | sq. ft.                | Height of Struct      | ure Above Grade:ft.         |
| Total Building Area: _                     |                | sq. ft.                | Area of the Larg      | est Floor:sq. ft.           |

| FLOOD      | PLAIN  |  |                            |                                    |                                  |                          |         |
|------------|--|--|----------------------------|------------------------------------|----------------------------------|--------------------------|---------|
|            | the site located within a fill any portion of the floo   |  |                            |                                    | ☐ YES<br>☐ YES                   | □ NO<br>□ NO             | □ N/A   |
| de<br>Pe   | checked yes, applicant of the sign 100-year flood elements of Plain of the same and mechanical e         | vation, as required ir<br>Management Act (A                              | n the Nation<br>ct 166-197 | nal Flood Insu<br>'8), specificall | rance Prog<br>y <i>Section 6</i> | gram and<br>60.3. All li | the     |
| str<br>all | ote: The National Flood<br>ructures be elevated 1.5<br>I or part of these recomr<br>gulation will apply. | i' above the 100-yea   | r flood elev               | ation. Many                        | municipalit                      | ies have a               | adopted |
|            |  |  |                            | Lowest Floor                       | Level:                           |                          |         |
| Ar<br>plu  | RUCTION PLANS Are construction plans an umbing, mechanical layindow and door schedul                     | d/or specifications at<br>outs, energy code co<br>e, typical cross secti | ttached, illu<br>ompliance | data, design lo                    | oads and c                       | alculation               | s,      |
| SITE PLA   |  |  |                            |                                    |                                  |                          |         |
|            | a site plan attached, sh ructures on the site and  | the structure's dista  |                            |                                    |                                  | d existing               |         |
| All<br>an  | R'S COMPENSATION I applicants are required n exemption form as dire surance Coverage Work                | I to submit evidence ected by PA ACT 44.                                 | of Worker                  | s Compensat                        |                                  |                          |         |
|            | <b>ote:</b> Contractor may fax ght-Heigel. Be sure to i  |  |                            |                                    |                                  | e directly t             | 0       |
|            | ☐ Worker's Con   | npensation Insuranc  | e Coverage                 | e Worksheet a                      | attached.                        |                          |         |

# CERTIFICATION AND/OR ACKNOWLEDGEMENT OF RESPONSIBILITY

Application for a permit shall be made by the *owner* or *lessee* of the building or structure, the *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 <u>PA Act 45 (Uniform Construction Code)</u> 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, 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.

<u>Authorized Agent Acknowledgement</u> – 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.

Pennsylvania Act 45, Sections 403.45 & 403.46 requires that a final inspection be performed. <u>A building, structure or facility may not be used or occupied without a certificate of occupancy.</u>
Failure to arrange for your final inspection after the project is completed is a violation that will result in possible legal action from your municipality. This action may include a fine of not more than \$1,000.00 in costs for each day the violation exists (Section 903).

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

| code(s) applicable to such permit.  |   |
|---|---|
| Signature of Owner or Authorized Agent  | Print Name of Owner or Authorized Agent |
| Address, City, State, Zip WORKER'S COMPENSATION INSURA                                | Date NCE COVERAGE INFORMATION           |
| A. The Applicant or Authorized Agent is  A contractor within the meaning of the Penns | ·                                       |

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

| В. | 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

Please fill in all spaces that pertain to the work being performed. All fees should be submitted with the application. Permit will not be issued until all fees are collected.

| Pla     | <b>dividual Inspections / Residential Add</b><br>an Review                    | \$100.00            | = |        |  |
|---------|---|---------------------|---|--------|--|
| Fo      | ooter Inspection  | \$75.00             | = |        |  |
| Fo      | oundation Inspection  | \$75.00             | = |        |  |
| Fra     | aming Inspection  | \$75.00             | = |        |  |
| Wa      | allboard Inspection   | \$80.00             | = |        |  |
| Ro      | ough Plumbing Inspection  | \$80.00             | = | ·      |  |
| Ro      | ough Electrical Inspection  | \$80.00             | = | ·      |  |
| Ro      | ough Mechanical Inspection  | \$80.00             | = | ·      |  |
| Co      | ombo Inspections  | \$80.00             | = |        |  |
| Ins     | sulation Inspection   | \$80.00             | = |        |  |
|         | nal Inspection/ Issuance of<br>ertificate of Occupancy                        | \$110.00            | = |        |  |
|         |   | L (Individual)      | = |        |  |
| B. SF   | F Home Base Fee   | \$835.00            | = |        |  |
|         | SF Home > 2,000 SF but < 5,000 SF<br>SF exceeding 2,000 (X .35)               |                     | + |        |  |
|         | SF Home > 5,000 SF<br>DO NOT ADD ANY OTHER FEE (X .4                          | 2)                  | + |        |  |
|         | SUBTOTAL  | ,                   | = |        |  |
| C. Sr   |   |                     |   |        |  |
| -       | <b>Decific Projects</b> (Use the following schedu                             | \$250.00            | = |        |  |
|         | ground Pool   | \$250.00            | = |        |  |
|         | pove Ground Pool  | \$100.00            | = |        |  |
| Re      | esidential Addition (2 story or >200sf)                                       | \$450.00            | = |        |  |
|         | esidential Addition (1 story or <200sf)                                       | \$350.00            | = |        |  |
|         | esidential Addition (>1000 sf)  | See Section A       |   |        |  |
|         | ectrical Service Inspection   | \$90.00             | = |        |  |
|         | anufactured Home (Single)   | \$300.00            | = |        |  |
|         | anufactured Home (Double)   | \$400.00            | = |        |  |
|         | dustrialized Home   | \$450.00            | = |        |  |
| De      | emolition   | \$100.00            | = |        |  |
|         | SUBTOTAL  | (Specific)          | = |        |  |
| vernme  | nt Surcharge  | +                   |   | \$4.50 |  |
| TAL PE  | ERMIT FEE (Subtotal + Gov. Surcharge) neck made payable to: LIGHT-HEIGEL & AS | =<br>SOCIATES, INC. |   |        |  |
| Ch      | FOR OFFICE USE ONLY: CHECK #  |                     |   |        |  |
| UNICIPA |   | e required.         |   |        |  |

Above fees are based on typical residential construction. Atypical construction may be charged differently depending on type of construction. Contact the Building Codes Officer.

Payment methods: money order or personal check. All returned checks will be assessed a \$25.00 penalty fee.