

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

# Uniform Construction Code Building Permit Application

### Dauphin Borough

LOCAL LIGHT-HEIGEL OFFICE CONTACT INFORMATION:

Light-Heigel & Associates, Inc. 906 North River Road Halifax, PA 17032 *Attn: Building Codes* Phone: (717) 896-8881 Fax: (717) 896-9145

FOR ADDITIONAL INFORMATION: Website: <u>www.light-heigel.com</u> E-mail: Permits@light-heigel.com

#### Dauphin Borough - Dauphin

#### **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: Keith Heigel ((717) 838-1351)
On-Lot Sewage Permit from SEO. Contact: Check with municipality.
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 Dauphin Borough) = 15% 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

LOCAT	TION OF PF	ROPOSE	D WORK OR	IMPRO	VEMENT	Tax Parcel #:
County:_	Dauphin	Townsh	ip or Borough:_	Dauphin	Borough	
Site Add	ress:				City & Zip:	
Subdivision/Land Development:						Lot #:
Owner:					Phone #:	
Principa	al Contractor:				F	Phone #
Mailing A	Address:				Em	ail:
Architec	ct/Designer/E	ngineer				Phone #
Mailing A	Address:				Em	ail:
-						Contractor (please check)
	-	-	-			
TYPE (	OF WORK (	OR IMPR	OVEMENT			
	🗌 New Bui	lding 🗌	Addition 🗌 A	Iteration	Change of Use	e Relocation
Describe	e the propose	ed work:				
_						
ESTIM	ATED FAIR	MARKE	T VALUE OF	- CONST	RUCTION \$	
ת ווו ום	ING/SITE C		TEDISTICS			
		ate method	d chosen to conf		/ code compliance. nvelope (RESChecl	<pre></pre>
			Design by PA Al	ternative R	Res. Energy Provisio	ons
			Other (specify) _			
BUII D	ING DIMEN	ISIONS				
-	-			_sq. ft.	Number of Ste	ories:
F	Proposed Build	ding Area:		_sq. ft.	Height of Stru	cture Above Grade:ft.
٦	Total Building	Area:		sq. ft.	Area of the La	argest Floor:sq. ft.

#### FLOODPLAIN

Is the site located within an identified flood hazard area? (*Check one*) YES Will any portion of the flood hazard area be developed? (*Check one*) YES



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.

*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 # (717) 896-9145

Worker's Compensation Insurance Coverage Worksheet 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</u> <u>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).

Failed/Additional inspections – Permit fees are calculated based on a set number of inspections. In the event that additional inspections are required due to failed inspections, not ready, lack of access, etc., the permit holder will be billed at the full rate for that type of inspection. A Certificate of Occupancy will not be issued until all fees have been paid.

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

Α.	The Applicant or Authorized Agent is				
	A contractor within the meaning of the Pennsylvania Worker's Compensation Law				
	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.				
	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.

Α.	Individual Inspections	/ Residential	Additions	(Homes le	ss than 2,000 SF)
----	------------------------	---------------	-----------	-----------	-------------------

2.11	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/ Issuance of	\$100.00	=	
	Certificate of Occupancy	SUBTOTAL (Individual)	=	
Р				
В.	SF Home Base Fee SF Home > 2,000 SF but < 5	\$770.00	=	
	SF Home > 2,000 SF but < 3 SF exceeding 2,000 (X .3		+	
	SF Home > 5,000 SF	5)		
	DO NOT ADD ANY OTHER	FEE(x, 42)	+	
		SUBTOTAL (SF Home)	=	
C.	Specific Projects (Use the follow Decks & Porches	wing schedule below)		
	In Ground Pool	\$150.00	=	
	Above Ground Pool	\$125.00	=	
	Pool & Deck	\$75.00	=	
	Residential Addition (2 story or >20	\$150.00	=	
	Residential Addition (1 story or <20	φ+00.00	=	
	Residential Addition (>1000 ft <sup>2</sup> )	φουο.υυ	=	
	Electrical Service Inspection	See Section A	_	
	Manufactured Home (Single)	\$85.00	=	
	Manufactured Home (Double)	\$200.00	=	
	Industrialized Home	\$300.00		
	Demolition	\$400.00	=	
		\$100.00	=	
~		AL (Specific)	=	
Gover	nment Surcharge	\$4.50	+	\$4.50
ΤΟΤΑ	L PERMIT FEE (Subtotal + Gov. Sur	charge)	=	
	Check made payable to: LIGHT-H	EIGEL & ASSOCIATES, INC	С.	
	FOR OFFICE USE ONLY: CHE	ECK # RI	ECEIVED ON	BY
MUNI	CIPAL FEE =	15% required.		
	Check made payable to the Munici	ipality: Dauphin Borough		
	FOR OFFICE USE ONLY: CHE	ECK # RI	ECEIVED ON	BY
<u>.</u> .				
	e fees are based on typical residentiand in the second s			marged differently
_ '				

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