

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

# Uniform Construction Code Building Permit Application

# Jefferson Township

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: www.light-heigel.com
E-mail: Permits @light-heigel.com

# Jefferson Township - 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: Ed Fisher (717.892-7002)
On-Lot Sewage Permit from SEO. Contact: Brian McFeaters (717-813-6492)
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 Jefferson Township) = 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 PROPOS	ED WORK OR IMPRO	OVEMENT	Tax Parcel #:	
County: <u>Dauphin</u> Towns	ship or Borough: <u>Jeffers</u>	son Township		
Site Address:		City & Zip:		
Subdivision/Land Development			Lot #:	
Directions to Work Site:				
Owner:		Phone #:		
Complete Mailing Address:				
Email:				
Principal Contractor:		Pho	ne #	
Mailing Address:		Email:		
Architect/Designer/Engineer_		Phone #		
Mailing Address:		Email:		
The Building Permit and Occup	ancy Permit should be ser	nt to:	☐ Contractor (please check)	
TYPE OF WORK OR IMP	ROVEMENT			
☐ New Building ☐	Addition	∩ Change of Use	Relocation	
Describe the proposed work:				
ESTIMATED FAIR MARK	ET VALUE OF CONS	STRUCTION \$		
BUILDING/SITE CHARA( Energy: Indicate meth	CTERISTICS od chosen to confirm ener Design by Total Building		COMCheck or equal)	
	Design by PA Alternative	Res. Energy Provisions		
	Other (specify)			
BUILDING DIMENSIONS Existing Building Area:	sq. ft.	Number of Storie	es:	
Proposed Building Area	:sq. ft.	Height of Structu	re Above Grade:ft.	
Total Building Area:	sq. ft.	Area of the Large	est Floor:sq. ft.	

<b>FLOODP</b>	PLAIN						
	he site located within all any portion of the floo				☐ YES ☐ YES	□ NO □ NO	□ N/A
des Per	hecked yes, applicant sign 100-year flood ele nnsylvania Flood Plain aces and mechanical e	vation, as required Management Act	in the Natio (Act 166-197	nal Flood Insu 78), specificall	rance Prog y <i>Section 6</i>	gram and 60.3. All li	the
stru all o	te: The National Flood uctures be elevated 1.5 or part of these recomi ulation will apply.	5' above the 100-ye	ear flood ele	vation. Many	municipalit	ies have a	adopted
				Lowest Floor	Level:		
Are plui	RUCTION PLANS As construction plans an mbing, mechanical lay adow and door schedul	d/or specifications outs, energy code e, typical cross sec	attached, illucompliance	data, design lo	oads and c	alculation	ıs,
SITE PLA							
	a site plan attached, shuctures on the site and	the structure's dis-				d existing	
All a	R'S COMPENSATION applicants are required exemption form as directly urance Coverage Work	d to submit evidend ected by PA ACT 4	ce of Worker	's Compensat			
	<b>te:</b> Contractor may fax ht-Heigel. Be sure to i					e directly t	to
	☐ Worker's Cor	npensation Insurar	nce Coverag	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 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, 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).

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 Age			
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.					
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.

A.	Individual Inspections / Residential	Additions (Home	es less than <i>2,0</i>	000 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/ Issuance of Certificate of Occupancy	\$100.00	=	
	SUBTO	TAL (Individual)		
B.	SF Home Base Fee	\$770.00	=	
	SF Home > 2,000 SF but < 5,000 SI	F		
	SF exceeding 2,000 (X .35)		+	
	SF Home > 5,000 SF		+	
	DO NOT ADD ANY OTHER FEE (x .4		-	_
		TAL (SF Home)	=	
C.	Specific Projects (Use the following sch	,		
	Decks & Porches	\$150.00	=	<del></del>
	In Ground Pool	\$125.00	=	
	Above Ground Pool	\$75.00	=	<u> </u>
	Pool & Deck	\$150.00	=	
	Residential Addition (2 story or >200sf)	\$400.00	=	
	Residential Addition (1 story or <200sf)	\$300.00	=	
	Residential Addition (>1000 ft²)	See Section A		
	Electrical Service Inspection	\$85.00	=	
	Manufactured Home (Single)	\$200.00	=	
	Manufactured Home (Double)	\$300.00	=	<del></del>
	Industrialized Home	\$400.00	=	
	Demolition	\$100.00	=	
	SUBTOTAL (Spe	cific)	=	
Gover	nment Surcharge	\$4.50	+	\$4.50
ГОТА	L PERMIT FEE (Subtotal + Gov. Surcharge)		=	
	Check made payable to: LIGHT-HEIGEL &	ASSOCIATES, IN	IC.	
	FOR OFFICE USE ONLY: CHECK#_	F	RECEIVED ON	BY
MUNIC	CIPAL FEE = <u>N</u>	o fee required.		
	Check made payable to the Municipality: Jo	efferson Township		
	FOR OFFICE USE ONLY: CHECK #	F	RECEIVED ON	BY

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