

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

# Uniform Construction Code **Building Permit Application**

### Pine Grove Borough

LOCAL LIGHT-HEIGEL OFFICE CONTACT INFORMATION:

Light-Heigel & Associates, Inc. 430 East Main Street Palmyra, PA 17078 Attn: Building Codes

> Phone: (717) 838-1351 Fax: (717) 838-3820

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

# Pine Grove Borough - Schuylkill 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 verify code compliance	g plot plan) with all required information to
Engineer's Seal on drawings (required for co residential situations)	mmercial work and special
Zoning Permit from Zoning Officer. Contact:	Schuylkill County Zoning Office (570-
628-1416)	
On-Lot Sewage Permit from SEO. Contact:	Check with municipality.
OR Letter of intent to serve the project from the Supplier: Name of Water Company at Pho	
Municipal Driveway Permit (for access to loc OR	al municipality roads)
PennDOT Highway Occupancy Permit (for a	ccess to state or federal roads)
Completed Worker's Compensation Insurance	ce Coverage Form
Completed Fee Schedule Worksheet	
Municipal Fee if required (made payable to I	Pine Grove Borough) = No fee required.
Total Permit Fee enclosed (made payable to	Light-Heigel & Associates, Inc.)
Cor	npleteness Signature of Building Code Official
 Dat	e Submittal Determined Complete

#### **UNIFORM CONSTRUCTION CODE BUILDING PERMIT APPLICATION**

PLEASE PRINT LEGIBLY

LUCATION OF PROPOSED WOR	RK OR IMPROVI	E <i>MEN I</i> la	x Parcel #:
County: Schuylkill Township or Bo	rough: Pine Grov	e Borough	
Site Address:		City & Zip:	
Subdivision/Land Development:			_ Lot #:
Directions to Work Site:			
Owner:			
Complete Mailing Address: Email:			
			#
Principal Contractor:			
Mailing Address:		Email:	
Architect/Designer/Engineer		Pho	ne #
Mailing Address:		Email:	
The Building Permit and Occupancy Perm	nit should be sent to	: Owner	Contractor (please check)
TYPE OF WORK OR IMPROVEM	ENT		
☐ New Building ☐ Addition	☐ Alteration ☐	Change of Use	] Relocation
Describe the proposed work:			
ESTIMATED FAIR MARKET VAL	UE OF CONSTR	RUCTION \$	
BUILDING/SITE CHARACTERIST Energy: Indicate method chosen  Design b	to confirm energy	code compliance. relope (RESCheck / CC	MCheck or equal)
☐ Design b	y PA Alternative Re	s. Energy Provisions	
Other (sp	pecify)		
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.

<b>FLOO</b>	DPLAIN
	Is the site located within an identified flood hazard area? ( $Check\ one$ ) $\square$ YES $\square$ NO Will any portion of the flood hazard area be developed? ( $Check\ one$ ) $\square$ YES $\square$ NO $\square$ 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 <i>Section 60.3</i> . 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:
CONS	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 F	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?
WORK	KER'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.
	<b>Note:</b> Contractor may fax or mail Workman's Compensation Insurance Coverage directly to Light-Heigel. Be sure to include the <u>job name</u> on the fax. Fax # (717) 838-3820
	☐ 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 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 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.
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 (Hom	es less than <i>2,</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	OTAL (Individual	) =	
B.	SF Home Base Fee	\$770.00	=	
	SF Home > 2,000 SF but < 5,000 S	F		
	SF exceeding 2,000 (X .35)		+	
	SF Home > 5,000 SF		+	
	DO NOT ADD ANY OTHER FEE (x .	· ·		_
		TAL (SF Home)	=	
C.	Specific Projects (Use the following sch	,		
	Decks & Porches	\$150.00	=	· · · · · · · · · · · · · · · · · · ·
	In Ground Pool	\$125.00	=	
	Above Ground Pool	\$75.00	=	
	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	=	<u></u>
	Manufactured Home (Double)	\$300.00	=	<u></u>
	Industrialized Home	\$400.00	=	·····
	Demolition	\$100.00	=	
	SUBTOTAL (Spe	ecific)	=	
Gover	nment Surcharge	\$4.50	+	\$4.50
ТОТА	L PERMIT FEE (Subtotal + Gov. Surcharge)		=	
	Check made payable to: LIGHT-HEIGEL &	& ASSOCIATES, II	VC.	
	FOR OFFICE USE ONLY: CHECK#_	F	RECEIVED ON _	BY
MUNIC	CIPAL FEE = N	lo Fee Required.		
	Check made payable to the Municipality: F	Pine Grove Borougl	'n	
	FOR OFFICE USE ONLY: CHECK # _	_		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.