

# UNIFORM CONSTRUCTION CODE BUILDING PERMIT APPLICATION

PLEASE PRINT LEGIBLY

## LOCATION OF PROPOSED WORK OR IMPROVEMENT

County: \_\_\_\_\_ Township or Borough: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Site Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Subdivision/Land Development: \_\_\_\_\_ Lot # \_\_\_\_\_

Directions to Work Site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_ Area Code & Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Area Code & Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Architect/Designer/Engineer \_\_\_\_\_ Area Code & Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # \_\_\_\_\_

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:

YES  NO

Sprinkler System:

YES  NO

Pressure Vessels (water heater):

YES  NO

Refrigeration Systems (air conditioning):

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 # 717-838-3820

Worker's Compensation Insurance Coverage Worksheet attached.