

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 # 570-385-5788

Worker's Compensation Insurance Coverage Worksheet attached.