

## CONSTRUCTION DRAWINGS REQUIREMENTS

Drawings should be drawn to scale and shall provide the necessary information to verify compliance with the Pennsylvania Uniform Construction Code.

Two (2) sets of building plans and/or specifications shall be submitted for residential construction projects. Three (3) sets of building plans and/or specifications shall be submitted with the application for commercial construction projects.

All construction drawings shall include the following information:

- **Site Plan Drawing:** The construction documents submitted with the application for permit shall be accompanied by a site plan showing the size and location of new construction and existing structures on the site and distances from lot lines. In the case of demolition, the site plan shall show construction to be demolished and the location and size of existing structures and construction that are to remain on the site or plot.
- **Structural Drawings:** To include footing construction detail, foundation construction details, framing construction detail, masonry construction detail, wood construction detail, steel construction detail, stair detail and chimney detail as apply.
- **Foundation Drawings:** To include all applicable dimensions including footing sizes with description of reinforcement (if applicable), layout and description of foundation drain system location of all slabs describing thickness of slab, base, reinforcement, vapor barrier and any slopes.
- **Floor Plans:** To include location and sizes of all doors, windows, closets, decks, plumbing fixtures wall and column sizes, thickness and material. Location and type of insulation. To include the use of all areas and means of egress components.
- **Roof Framing Drawings:** To include size, type, location and anchoring of roof trusses. NOTE: For Pre-Engineered trusses, floor joists and beams, all specifications, bracing and installation instructions must be available at time of inspection.
- **Floor Framing Drawings:** To include same as above, except for floor joists on each floor.
- **Electrical Drawings:** To include all lighting facilities, smoke detectors, GFI and ARC fault protection, outlet box size, electrically operated equipment and electrical circuits required for all service equipment of the building or structure.
- **Mechanical Drawings:** To include size and type of appliances, construction of flues and chimney system, ventilation air provided, fresh air make-up provide and gas shut-off locations.
- **Plumbing Drawings:** To include a plan view and a riser diagram of waste and water piping, pipe sizing, grade of pipe, drainage fixture unit loads on stacks and drains, water distribution design criteria.

# CONSTRUCTION PERMIT INSTRUCTIONS

ALL INFORMATION IS REQUIRED UNDER THE COMMONWEALTH OF PENNSYLVANIA UNIFORM CONSTRUCTION CODE. ACT NO. 45 of 1999

1. Construction permit application (s) are to be completed, signed and dated.
2. Two (2) sets of building plans and/or specifications (if required) are to be submitted with the application for residential construction projects.  
Three (3) sets of building plans and/or specifications are to be submitted with the application for commercial construction projects.  
Building plans may be waived at the discretion of the Building Official if work is minor in nature. Information required on building plans is outlined on the "Construction Drawings Requirements" included in this package.
3. If applicable, a site plan (survey) shall be submitted with the application.
4. The Municipality MUST sign-off on the Zoning, Historical District and Flood Hazard form.
5. Provide proof of Workers Compensation Insurance or complete the addendum application stating that the work will be done solely by owner or by contractor without any employees.
6. Complete Energy Code Compliance form
7. Sign OSHA Safety Standards Signoff form
8. Return items 1 thru 7 to the municipality or contact the district inspector.

NOTE: This list is not all inclusive and the Municipality reserves the right to add, delete, and change this requirement list at any time. Additional information may be required by the Municipality in order to approve and issue a permit.

# OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR, OCCUPATION  
SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS AND  
UNDERSTAND THAT I MUST COMPLY WITH THESE STANDARDS FOR THE  
DURATION OF MY CONSTRUCTION PROJECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

\_\_\_\_\_  
DATE SIGNED



# ENERGY CODE COMPLIANCE 1 & 2 FAMILY DWELLING ONLY

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**IMPORTANT:** Section N1102.4 of the 2015 International Residential Code requires that: An Air Leakage Test is performed by an approved third party testing and verifying that the building has an air leakage rate of not exceeding 5\* air changes per hour. (\*as amended by PA-UCC)

\*\*\*\*\* SELECT TYPE OF ENERGY CODE COMPLIANCE \*\*\*\*\*

☐ REScheck ATTACH COMPLIANCE CERTIFICATE

REScheck SOFTWARE CAN BE OBTAINED AT: [www.energycodes.gov](http://www.energycodes.gov)

NOTE: - Section N1101.14 of the 2015 International Residential Code requires that: A permanent certificate shall be posted on or in the electrical distribution panel. The certificate shall be completed by the builder or registered design professional. The certificate shall list the predominate R-values of insulation installed in or on ceiling/roof, walls, foundation (slab, basement wall, crawlspace wall and/or floor) and ducts outside conditioned spaces; U-factors for fenestration; and the solar heat gain coefficient (SHGC) of fenestration.

===== OR =====

☐ SIMPLIFIED PRESCRIPTIVE BUILDING ENVELOPE THERMAL COMPONENT CRITERIA

## CLIMATE ZONE 5 REQUIREMENTS

FENESTRATION - (WINDOWS)	U-0.32	SKYLIGHTS	U-0.55
CEILING	R-49	WOOD FRAME WALLS	R-20 or R-13 & R-5 h
MASS WALLS	R-13/17	FLOORS	R-30 g
BASEMENTS	R-15/19c	SLABS	R-10 – 2' d
CRAWLSPACES	R-15/19c		

- c. 15/19 means R-15 continuous insulation on the interior or exterior of the home or R-19 cavity insulation at the interior of the basement wall. 15/19 shall be permitted to be met with R-13 cavity insulation on the exterior of the basement wall plus R-5 continuous insulation on the interior or exterior of the home.
- d. R-5 shall be added to the required slab edge R-values for heated slabs. Insulation depth shall be the depth of the footing or 2 feet, whichever is less in Zones 1 through 3 for heated slabs.
- g. Or insulation sufficient to fill y=the framing cavity, R-19 minimum.
- h. The first value is cavity insulation, the second value is continuous insulation, so “13+5” means R-13 cavity insulation plus R-5 continuous insulation.

## SIGN ENERGY COMPLIANCE FORM

*My signature on behalf of or as the contractor / applicant for this building permit constitutes that I will comply with energy code as outlined in the Rescheck certificate attached or the climate zone checked above.*

\_\_\_\_\_  
APPLICANT/AGENT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

# ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

- ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIEU OF THIS FORM
- APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P. S. § 670-420, AS WELL AS COMPLIANCE WITH THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

## ===== FOR MUNICIPAL USE ONLY =====

**ZONING SIGNOFF** ☐ APPROVED ☐ DOES NOT APPLY

ADDITIONAL COMMENTS: \_\_\_\_\_

**HISTORICAL DISTRICT SIGNOFF** ☐ APPROVED ☐ DOES NOT APPLY

ADDITIONAL COMMENTS: \_\_\_\_\_

**FLOOD HAZARD AREA** ☐ YES ☐ NO  
IF YES COMPLIANCE WITH § 403.62a(d)(1)(2)(3) IS REQUIRED

ADDITIONAL COMMENTS: \_\_\_\_\_

BY: SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_



# WORKERS' COMPENSATION ADDENDUM

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

## PART I

The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

☐ Certificate of Insurance OR Certificate of Self-Insurance (please attach)

☐ Affidavit of Exemption

## PART II

Basis for exemption (check one):

☐ Applicant is an individual who owns the property

☐ Contractor/Applicant is a sole proprietorship without employees

☐ Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ All of the contractor/applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Other: Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to un-sworn falsifications to authorities.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

# CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

## BUILDING PERMIT

☐ One Family Dwelling ☐ Two Family Dwelling ☐ Commercial Use \_\_\_\_\_

☐ New Construction ☐ Alteration ☐ Repair ☐ Demolition

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

TOTAL SQ. FT. OF CONSTRUCTION: \_\_\_\_\_ ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

☐ Plan Review Required ARCHITECT/ENGINEER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

BUILDER NAME: \_\_\_\_\_ (REG #) \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*

**BUILDING PERMIT APPLICATION** ☐ APPROVED ☐ DENIED

BY: \_\_\_\_\_ BUILDING PERMIT FEE \$ \_\_\_\_\_

DATE: \_\_\_\_\_ PLAN REVIEW FEE \$ \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ MUNICIPAL FEE \$ \_\_\_\_\_

TRAINING FEE \$ 4.00

**TOTAL PERMIT FEE** \$ \_\_\_\_\_

REASON(S) FOR DENIAL: \_\_\_\_\_

**PLUMBING PERMIT**

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (REG #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

PLUMBING SYSTEM

☐ New☐ Additional☐ Alterations

TYPE

☐ Public Sewer☐ Private Septic

TYPE

☐ Public Water☐ Private Well

DESCRIPTION OF WORK: \_\_\_\_\_

## ESTIMATED COST OF MECHANICAL WORK

NO: EQUIPMENT

\_\_\_\_\_ Water Closet

\_\_\_\_\_ Lavatory

\_\_\_\_\_ Sink

\_\_\_\_\_ Washing Machine

\_\_\_\_\_ Fuel Oil Piping

\_\_\_\_\_ Steam Boiler

\_\_\_\_\_ Backflow Preventer

\_\_\_\_\_ Water Service Connection

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

NO: EQUIPMENT

\_\_\_\_\_ Urinal/Bidet

\_\_\_\_\_ Shower

\_\_\_\_\_ Dishwasher

\_\_\_\_\_ Hose Bibb

\_\_\_\_\_ Gas Piping

\_\_\_\_\_ Sewer Pump

\_\_\_\_\_ Greasetrap

\_\_\_\_\_ Stacks

NO: EQUIPMENT

\_\_\_\_\_ Bath Tub

\_\_\_\_\_ Floor Drain

\_\_\_\_\_ Drinking Fountain

\_\_\_\_\_ Water Heater

\_\_\_\_\_ Hot Water Boiler

\_\_\_\_\_ Interceptor/Separator

\_\_\_\_\_ Sewer Connection

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

*I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.*

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

**\*\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*\*****PLUMBING PERMIT APPLICATION**☐ APPROVED☐ DENIED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

PLUMBING PERMIT FEE \$ \_\_\_\_\_

PLAN FEE \$ \_\_\_\_\_

MUNICIPAL FEE \$ \_\_\_\_\_

TRAINING FEE \$ 4.<sup>00</sup> \_\_\_\_\_**TOTAL PERMIT FEE** \$ \_\_\_\_\_



**ELECTRICAL PERMIT**

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (REG #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

TYPE OF ELECTRICAL WORK ☐ New ☐ Additional ☐ Repair/Alterations

UTILITY COMPANY: \_\_\_\_\_

WORK ORDER NUMBER: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

## ESTIMATED COST OF ELECTRICAL WORK

NO:	EQUIPMENT	NO:	SIZE	EQUIPMENT	NO:	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	Amp Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	AMP Sub-Panels	_____	_____	KW Oven/Surface Unit
_____	Switches	_____	_____	AMP Sub-Panels	_____	_____	KW Electric Water Heater
_____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP/KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garbage Disposal	_____	_____	KW Electric Dryer Receptacle
_____	Spa /Hot Tub	_____	_____	KW Central A/C Unit	_____	_____	KW Baseboard Heat
_____	Swimming Pool	<input type="checkbox"/> Above Ground	<input type="checkbox"/> In Ground				
_____	Other _____						
_____	Other _____						
_____	Other _____						

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

**\*\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*\*****ELECTRICAL PERMIT APPLICATION** ☐ APPROVED ☐ DENIED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

ELECTRICAL PERMIT FEE \$ \_\_\_\_\_

MUNICIPAL FEE \$ \_\_\_\_\_

TRAINING FEE \$ 4.<sup>00</sup>**TOTAL PERMIT FEE** \$ \_\_\_\_\_

**MECHANICAL PERMIT**

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (REG #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

HEATING SYSTEM

☐ New☐ Replacement

FUEL

☐ Gas☐ Oil☐ Electric☐ Solar

TYPE

☐ Hydronic☐ Forced Air

DESCRIPTION OF WORK: \_\_\_\_\_

ESTIMATED COST OF MECHANICAL WORK: \$ \_\_\_\_\_

NO: EQUIPMENT

\_\_\_\_\_ Water Heater

\_\_\_\_\_ Steam Boiler

\_\_\_\_\_ Oil Tank

\_\_\_\_\_ Other

NO: EQUIPMENT

\_\_\_\_\_ Fuel Oil Piping

\_\_\_\_\_ Hot Water Boiler

\_\_\_\_\_ LPG Tank

\_\_\_\_\_

NO: EQUIPMENT

\_\_\_\_\_ Gas Piping

\_\_\_\_\_ Hot Air Furnace

\_\_\_\_\_ Fireplace

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

**\*\*\*\*\* FOR DEPARTMENT USE ONLY \*\*\*\*\*****MECHANICAL PERMIT APPLICATION**☐ APPROVED☐ DENIED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

MECHANICAL PERMIT FEE \$ \_\_\_\_\_

MUNICIPAL FEE \$ \_\_\_\_\_

TRAINING FEE \$ 4.<sup>00</sup> \_\_\_\_\_**TOTAL PERMIT FEE** \$ \_\_\_\_\_