

**Submittal requirements to obtain a building permit for:
NEW SINGLE FAMILY DWELLING**

- Completed 2 page application (make sure it is signed at the bottom of the page)
 - Permission from the township in the form of a land use permit of checklist
 - 2 copies of Site plan (must contain setback dimensions in four directions)
 - 2 copies of Elevation, Foundation & Framing plan
 - 2 copies of Floor Plan
 - Deck plan if over 30" high
 - PA Residential Energy Provisions Worksheet (insulation)
 - Driving directions
 - Proof of workman's compensation insurance, sole proprietorship or religious exemption.
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- After submitting all required documents your application will be reviewed.
- CCIS will contact you with approval or denial within 2 weeks.
- If approved, your permit will be issued and the inspections fees are due when you pick-up the permit.

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Application Date _____

Application No. _____

1. PROPERTY INFORMATION

Owner _____

Tax Map _____

Site Address _____

Parcel No. _____

County _____

Municipality _____

Boro/Twp _____

Use Permit No. _____

Floodplain present _____

Total Lot Area _____

Acres/Sq. Ft. _____

Use: Commercial _____

Residential _____

Other _____

2. BUILDING OWNER'S INFORMATION

First Name: _____

Mi. _____

Last Name: _____

Phone No.: _____

Street Address: _____

City: _____

State: _____

Zip: _____

3. BUILDING PERMIT APPLICATION

Description of Work: *(provide details on plot plan along with existing structures on lot)* _____

ESTIMATED COST OF CONSTRUCTION:\$ _____

FOOTAGE _____

Sq. Ft. _____

Improvement Type: New Construction _____

Addition _____

Alteration _____

Repair/Replacement _____

Relocation _____

If an addition to a residential dwelling, is it an addition to a manufactured home?: _____

Foundation Type: Crawlspace _____

Foundation _____

Slab at Grade _____

Piers _____

Other _____

Trades: Electrical Work _____

Plumbing Work _____

Mechanical Work _____

Fire Suppression/Fire Alarm System _____

Heat Source (if applicable): _____

Fuel Type: _____

ICC Use Group: _____

ICC Construction Type: _____

ESTIMATED START DATE _____ / _____ / _____

ESTIMATED COMPLETION DATE _____ / _____ / _____

4. CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge. Ref. 18 PA Cons. Stat. § 4903.

APPLICANT SIGNATURE _____

DATE _____

PRINT NAME _____

Address _____

Phone No _____

(TURN PAGE OVER)

5. CONTRACTOR INFORMATION

Please list additional general contractor information on additional sheet(s) if applicable

Name of Contractor _____ Phone No _____

Street Address: _____ City: _____ State: _____ Zip: _____

Person in Charge of Work _____ Phone No. _____

Email _____ Cell No. _____

Home Improvement Contractor Registration # _____

Proof of Workman's Compensation Insurance, Sole Proprietorship or Exemption Status: Provided _____ On file _____

6. SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades, use additional sheet(s) if applicable

Contractor _____ City, State, Zip _____ Phone No _____ PA HICR # _____

Contractor _____ City, State, Zip _____ Phone No _____ PA HICR # _____

Contractor _____ City, State, Zip _____ Phone No _____ PA HICR # _____

Contractor _____ City, State, Zip _____ Phone No _____ PA HICR # _____

Contractor _____ City, State, Zip _____ Phone No _____ PA HICR # _____

7. OFFICE INFORMATION

APPLICATION FEE: \$ _____ ISSUANCE DATE _____ / _____ / _____

PERMIT FEE: \$ _____ EXPIRATION DATE _____ / _____ / _____

INSPECTION FEES \$ _____ EXTENSION DATE _____ / _____ / _____

TOTAL FEES \$ _____

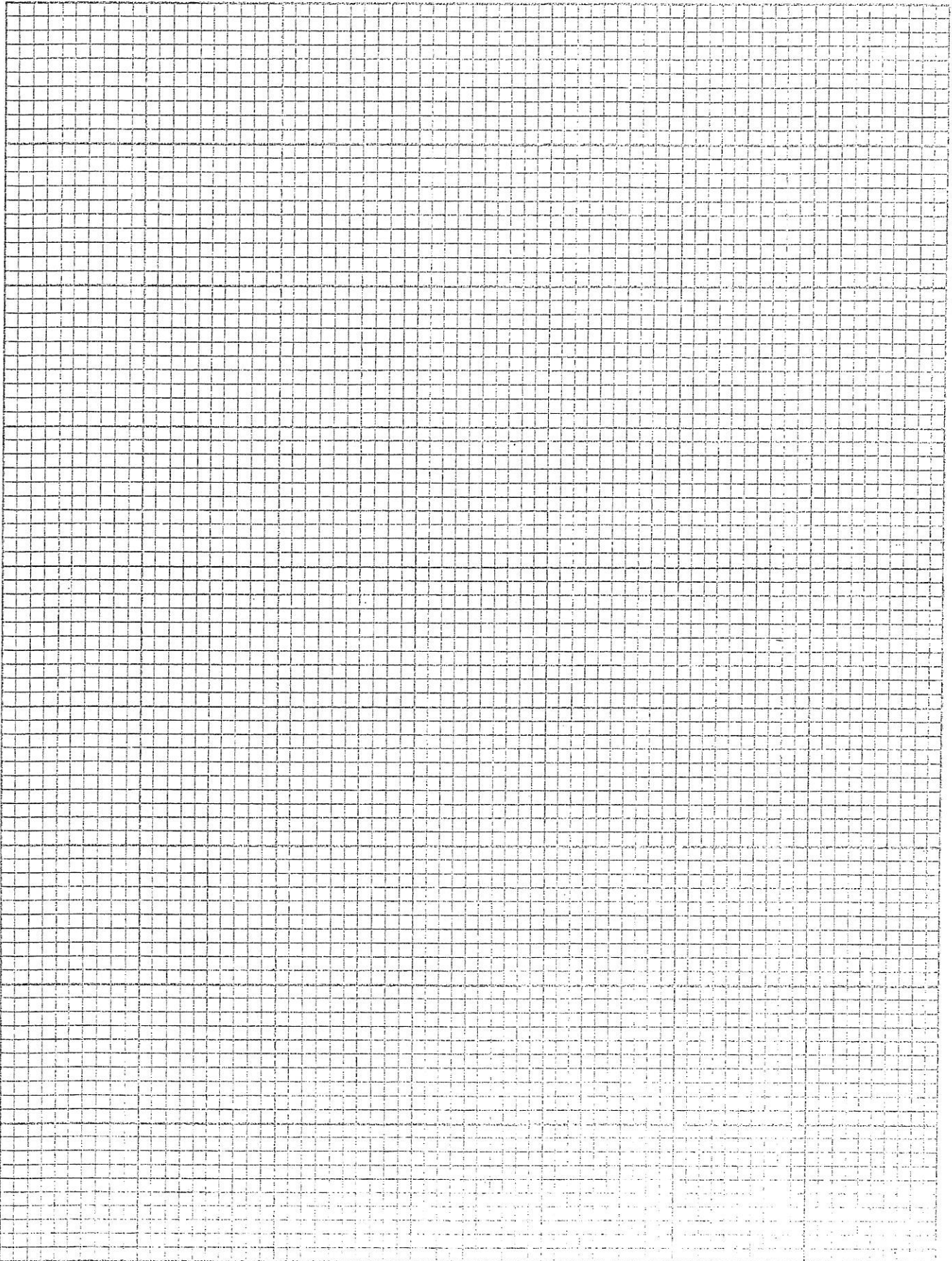
APPLICATION IS: GRANTED _____ DENIED _____

SIGNATURE OF PERMIT OFFICER _____ DATE _____

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



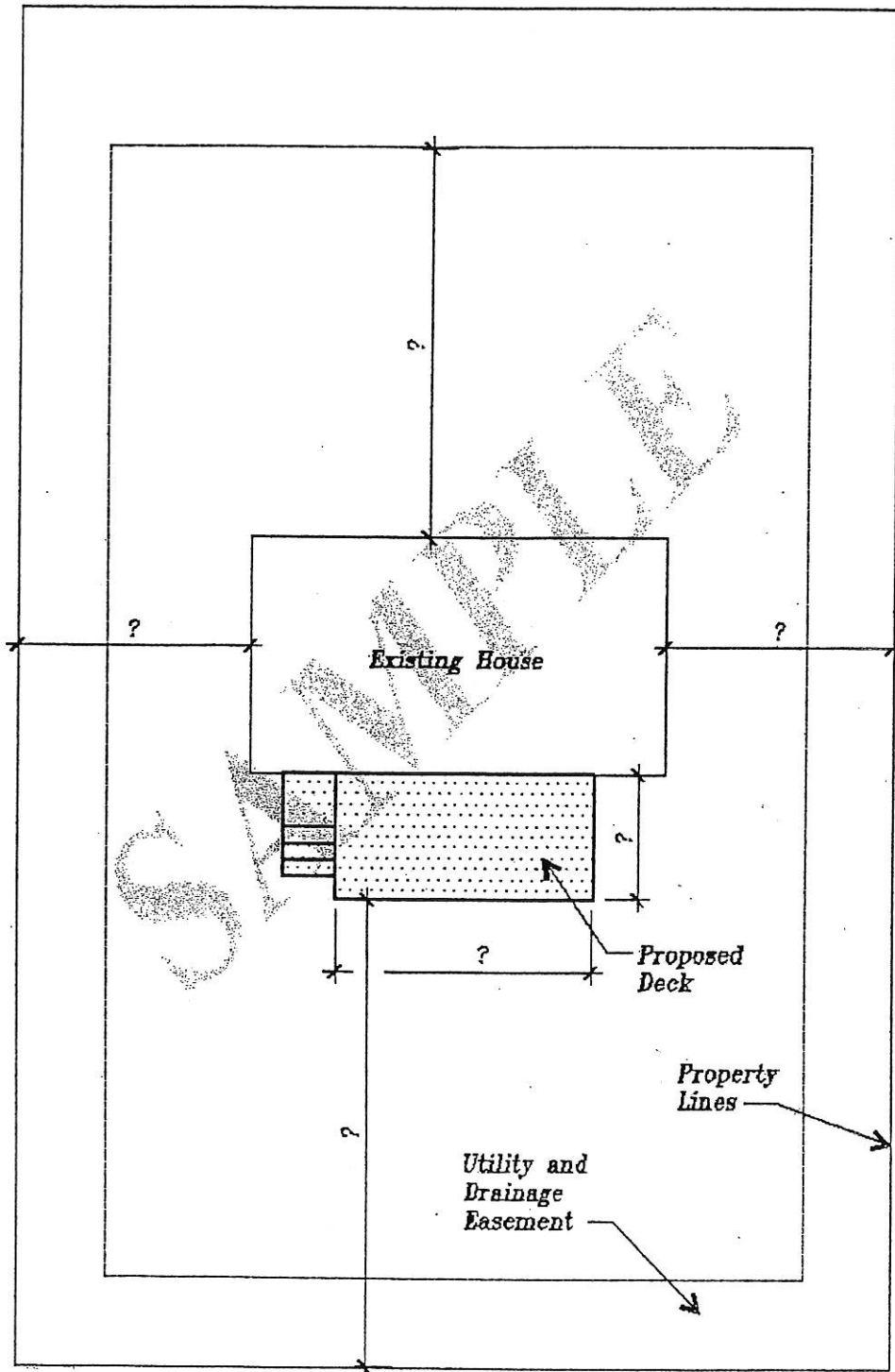
SCALE = 1 Inch = _____ FEET

SAMPLE SITE PLAN

Roadway

Curb

Boulevard



Note:

Show any additional structures that exist on the property (i.e. Pool, Shed etc.)

DIRECTIONS

(to be filled in completely before permit will be issued)

Last name of owner: _____

Address of project:

Directions: _____

Please note

*Inspectors cannot inspect what they cannot find, please make directions clear.
Please use road or street names, distances between turn offs, whether traveling north, south,
east or west. Landmarks are very helpful.*

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Worker' Compensation Law.
_____ Yes _____ No

If the answer is "yes", complete Section B or C below.
If the answer is "no", complete Section C below.

B. Insurance Information:
Name of Applicant _____
Federal or State Employer Identification No. _____
Applicant is a qualified self-insurer for Workers' Compensation
_____ Original Certificate attached.
Name of Workers' Compensation insurer _____
Workers' Compensation Insurance Policy No. _____
_____ Original Certificate attached.
Policy Expiration Date _____

C. Exemption...
Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation insurance. The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Worker' Compensation Law for one of the following reasons, as indicated.
_____ **Contractor with no employees.** Contractor prohibited by Law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Municipality.
_____ **Homeowner** who elects to perform all of the work without contracting or hiring others to assist.
_____ **Religious exemption** under Worker' Compensation Law.

Signature of applicant: _____
Address: _____
