

COMMONWEALTH CODE INSPECTION SERVICE, INC.

Submittal requirements to obtain a building permit for:

**RESIDENTIAL ACCESSORY BUILDINGS**

(includes buildings 1000 sq ft or more)

- Completed two page application (make sure it is signed at the bottom of the page)
- Permission from the township in the form of a checklist (signed and sealed)
- Foundation & framing plan
- Site plan (must contain setback dimensions in four directions)
- Statement of proposed use.
- Energy compliance certificate (if insulating).
- 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 \_\_\_\_\_

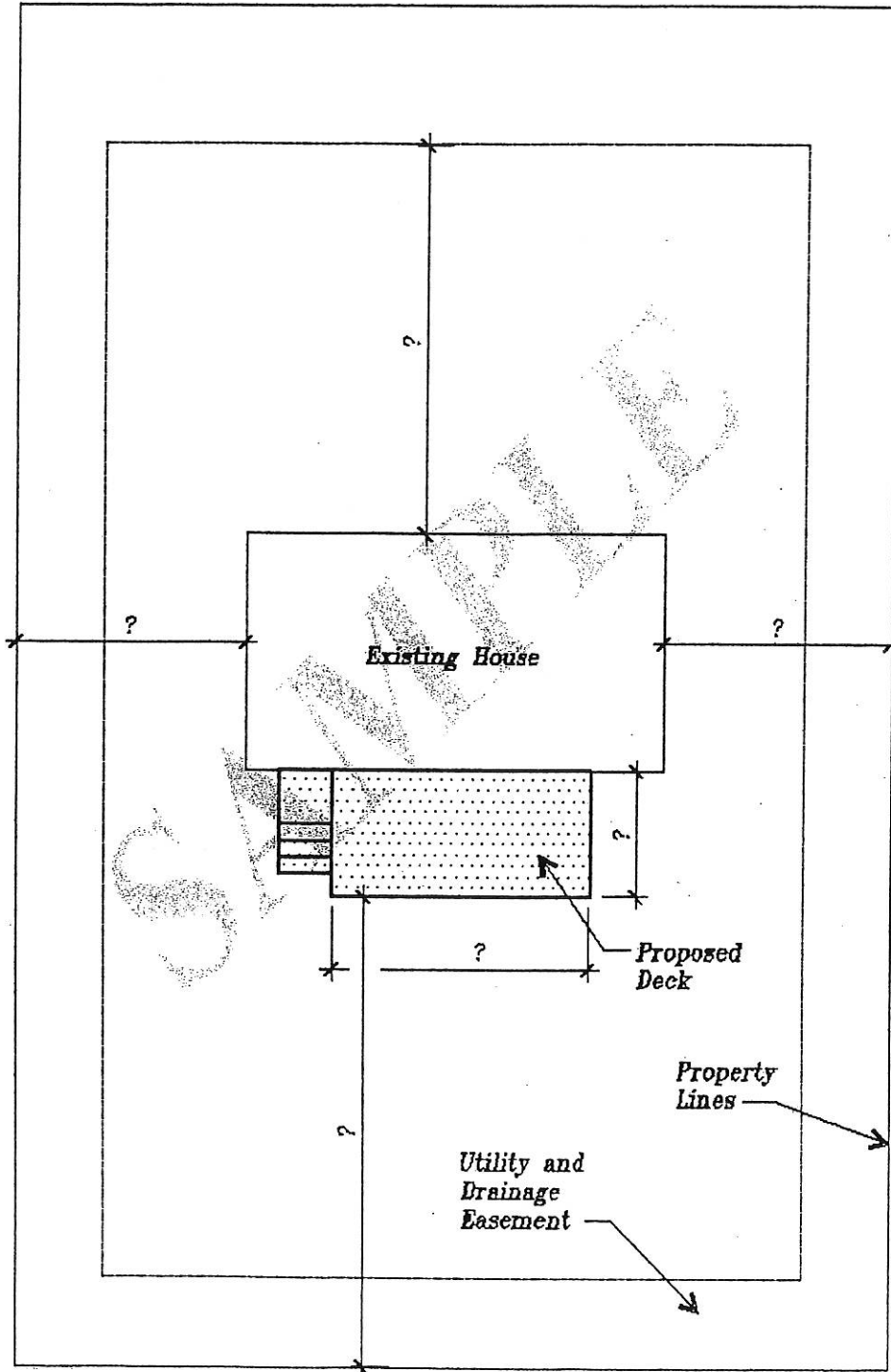
**APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.**

SAMPLE SITE PLAN

Roadway

Curb

Boulevard

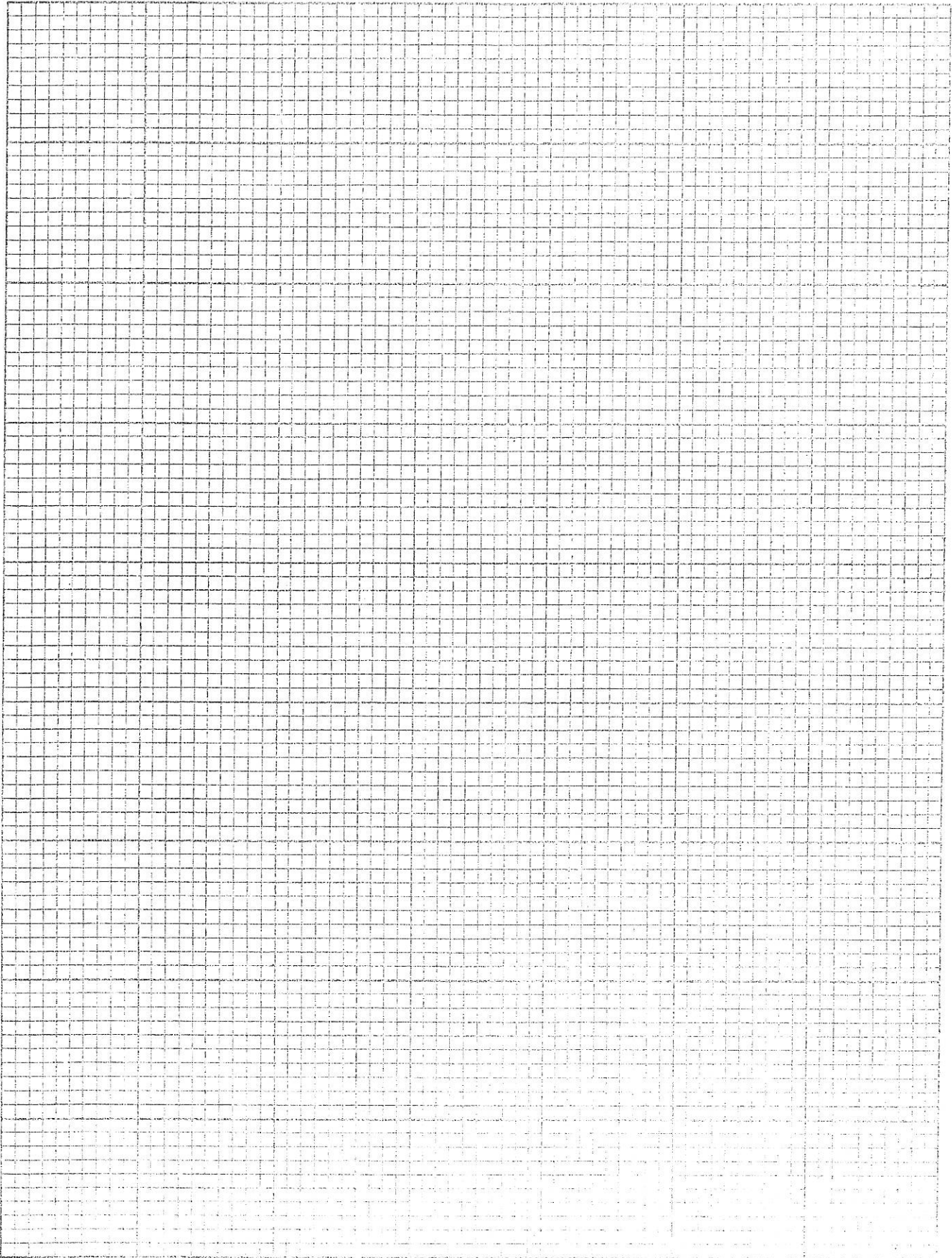


**Note:**

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

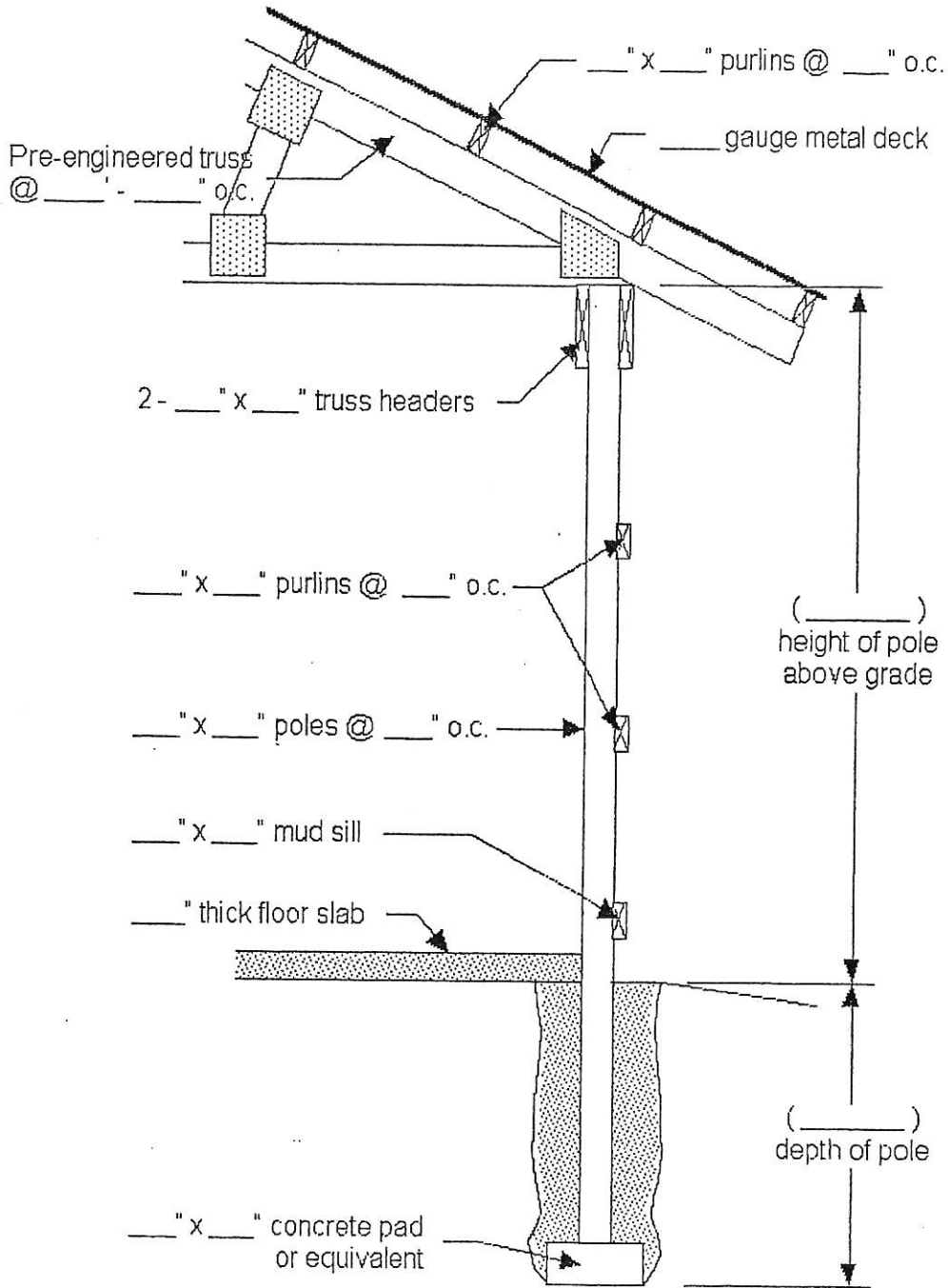
**10. SITE PLAN**

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



**SCALE = 1 Inch = \_\_\_\_\_ FEET**

NOTE: If a shingled roof is to be used, fill in blanks for. Sheathing thickness \_\_\_\_\_  
 Shingle weight \_\_\_\_\_



Section through Pole Building \_\_\_\_\_

## 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.

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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.

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Signature of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

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