Submittal requirements to obtain a building permit for: RESIDENTIAL ADDITION

Completed 2 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)
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.

- > 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 pickup the permit.

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Application Date		Applicatio	од N o
Service Control Control	,	1. PROPERTY INFORMATION	OTTO VICE TO THE CONTRACTOR OF
Owner			Tax Map
Site Address			Parcel No.
County	Municipa	dityBoro/Tv	wp Use Permit No
Floodplain present	_ Total Lot Area	Acres/Sq. Ft. Use: Commerciz	al Other
	<u>2.</u> <u>B</u>	UILDING OWNER'S INFORMATIO	NO
First Name:	Mi:.	Last Name:	Phone No.:
Street Address:	City:	State:	Zip:
Description of Work: (BUILDING PERMIT APPLICATION or along with existing structures on lot)_	
ESTIMATED COST O	F CONSTRUCTION:\$	FOOT	AGE Sq. Ft
Improvement Type: Ne	w Construction Add	lition Alteration Repair/Re	eplacement Relocation
If an addition t	o a residential dwelling, is	it an addition to a manufactured home?	:
Foundation Ty	pe: Crawlspace Fou	undation Slab at Grade Piers	sOther
		Mechanical Work Fire Suppr	
Heat Source (i	f applicable):	Fuel Type:	
CC Use Group:		ICC Construction Type:	
ESTIMATED START	DATE//	ESTIMATED CO	OMPLETION DATE / /
		4. CERTIFICATION	
work described has bee: property lines for requir laws governing the exec areas in which this worl	n authorized by the owner of red setbacks prior to the star cution of this project. I certion is being performed, at any	we been authorized by the owner of record frecord. I understand and assume responsive to construction, and agree to conform if that the Code official or his represent y reasonable hour, to enforce the provision of the best of my knowledge. Ref. 18	onsibility for the establishment of official to all applicable local, state, and federal tative shall have the authority to enter the ons of the Codes governing this project. I
APPLICANT SIGNAT	URE		DATE
PRINT NAME	· · · · · · · · · · · · · · · · · · ·		
		·	
Address		Phone N	0

(TURN PAGE OVER)

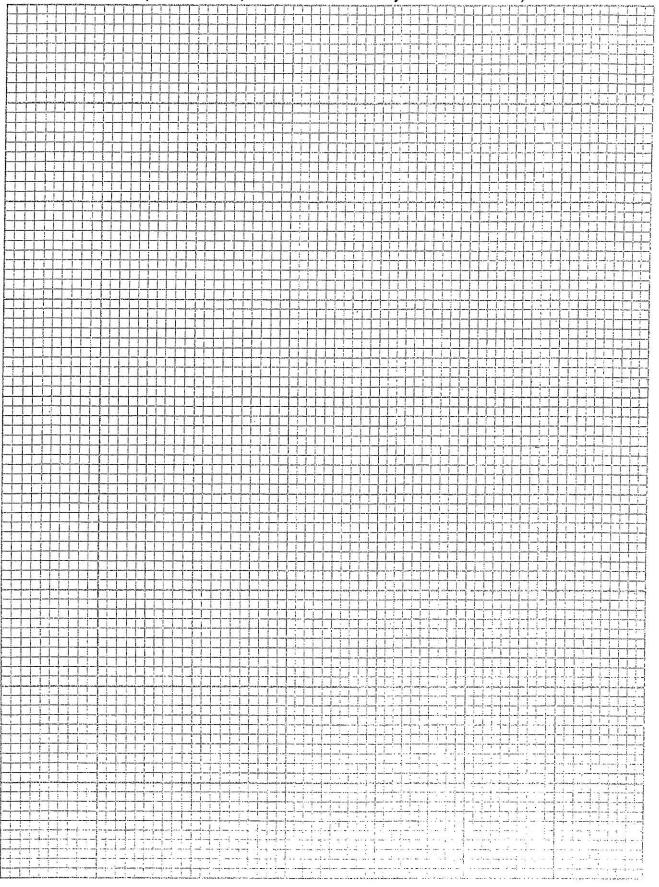
5. CONTRACTOR INFORMATION
Please list additional general contractor information on additional sheet(s) if applicable

Name of Contractor			Phone No_	
Street Address:	(ity.	State:	Zip:
Person in Charge of Wo	ork		Phone No	
Email	De la companya de la		Cell No	
Home Improvement Co	ntractor Registration #	!		
Proof of Workman's Co	ompensation Insurance	, Sole Proprietorship or Ex	cemption Status: Provided	On file
	6. Please list su	SUBCONTRACTOR bcontractors for major trades, w	INFORMATION re 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#
Company of the Compan		7. OFFICE INFOR	NOITAM	
APPLICATION FEE:	\$		ISSUANCE DATE	/
PERMIT FEE:	\$		EXPIRATION DATE	
INSPECTION FEES	\$		EXTENSION DATE	
TOTAL FEES	\$			
APPLICATION IS:	GRANTED	DENIED		
SIGNATURE OF PERM	MIT OFFICER			DATE

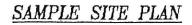
APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.

10. SITE PLAN

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



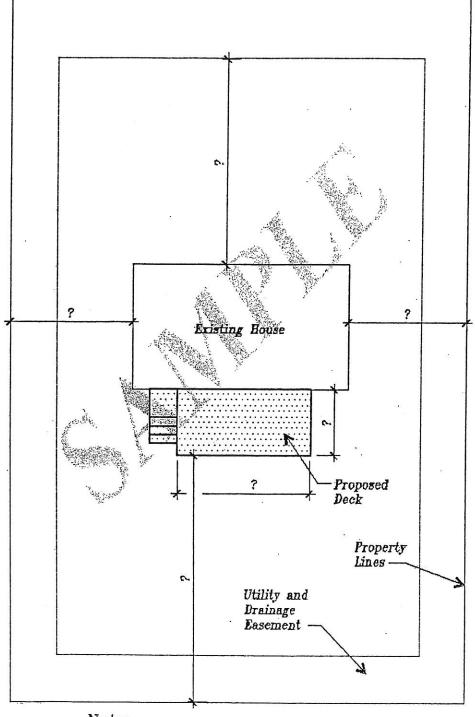
SCALE = 1 Inch = ____ FEET



Roadway

Curb

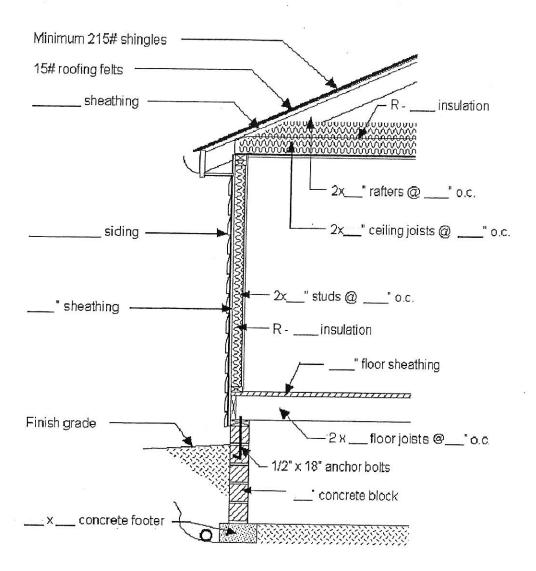




Note:

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

4



Typical Wall Section through Addition

Pennsylvania Residential Energy Provisions Worksheet

		Address	_							
PROJECT		Contractor								
		Permit#					7			
		Date			Date	of Plan				
		1000000								
Ty	pe of Dwelling	g:	One or two fa	mily dv	velling	☐ Tov	vnhou	se		
Compli	ance Path	241	IECC			IDC .			ternative	
Compi	ance Path		heck Software heck Package			IRC			tial Energ ⁄isions	У
If using IECC, I	How are you	The control section are an area	erator				J L_	1100	1010110	
documenting co	mpliance?	☐ Other								
Thermal Encl	osure									
Windows/Do	ors (U-value)			Re	equired	Actual	F	Required	Actua	d
Windows				U-	.35	U-	U	100	U-	
Skylights				U-	.60	U-	U	.00	U-	_
Other	rs (> 50% glass)			U-		U-	U		U-	-
	ors (≤ 50% glass)			U- U-	.35	U-	U.		U-	\dashv
	I Insulation (R.	Value)		0-	.35	10-	0.	35	10-	
Cavity				R-	20	R-	R-	19	R-	
Continuous	(Insulated Sheathin	g)		R-	13+5	R-	R-		R-	
Roof (R-value										
	uss or Rafter			R-	38	R-	R-	art of the second second	R-	\dashv
Cathedral Ce	Energy Truss			R-	30	R-	R-		R-	\dashv
Floors (R-Val				K-	30	R-	R-	30	R-	
	ditioned Space (unconditioned ba	sements, vented							\neg
crawlspace	es, garages, etc.)		•	R-	30	R-	R-	30	R-	
	sed to Outside A			R-	30	R-	R-	30	R-	\sqcup
Crawispace w	alls (Non-vented	Crawlspace)		D		l n	D		R-	\neg
	Insulated Sheathing	,)		R-	13 10	R-	R-	13	R-	\dashv
	lls - % above g			110	10	I A	1.1	10	10	
Front	%				10/13	R-		10/13	R-	\neg
Rear	9%				If≤50%	R-			R-	
Left Side	%			R_	If>50%	R-			R-	\dashv
Right Side	96			77.0	19	R-	7.4	19	R-	\dashv
Stab Hisulatio	n (required if slab i	is < 12" below gra	ide)	1	(i) 2 ft	R_@_ft		0@_2_ft	R_ @f	ft
				Additio	II newed 2:35	L	Addr	. 3 II Heaten state		
Req	uired for RESc	heck packag	e generator +	softwa	re:					
Gros	ss area of exte	rior walls	①_							
Gros	ss area of wind	lows & glazed	d doors ②_							
Wine	dow to Wall A	rea: 2÷1=	÷		=					

Recessed Light Fixtures	Typo	☐ ASTM E-283
Recessed Light Fixtures	Type.	
		Other (list)
Mechanical		
Equipment Efficiency	(For PA Altern	native Trade-off; ResCheck Performance Alternative)
Furnace	E	AFUE
Air Conditioner		SEER
Heat Pump		HSPF

Duct Insulation

	Compliance Option						
Location of Duct	IEC	15.0	D. A. A. I.				
*	Supply	Return	IRC	PA-Alt			
Outside of the Building	8	8	8	8			
Within Insulated Outside Walls or Floors	8 ¹	B ¹	8 ¹	8 ¹			
Unconditioned Attics	8	В	8	8			
Unconditioned Basements	8	В	8	6			
Vented Crawlspaces, and Garages	8	8	8	8			

Note: 1 R-6 allowed in Floor Trusses

Pipe Insulation: R-2 (minimum)

Applies to HVAC piping < 55°F or >105°F, and Circulating Hot Water Piping

PA- Alternative Residential Energy Provisions - Trade-offs Section PA 502

#			ره ح	Minimum Equipment Efficiency ^{c,d}						
Jeo		Component		South		Ce	Central		North	
Tradeoff		Reduced R-value			AFUE	HSPF ^b				
A	Walls between cond	itioned and unconditioned spaces ^e	R-13			0.7	0.3			
	Floors over uncondi	Floors over unconditioned basements				83	8.3	- 1		
В	Duct insulation	Unconditioned Basement	R-4			84 ⁹	9.1			
ے		Attic & Exterior Walls	R-6			83 ⁹	9.0 ⁹			
	Walls between cond	itioned and unconditioned spaces	R-13							
С	Floors over uncondi	Floors over unconditioned basements				00				
	Duct insulation ⁹	Unconditioned Basement	R-4			89	9.8			
		Attic & Exterior Walls ^f	R-6							

- a. Annual Fuel Utilization Efficiency (AFUE) applies to oil and gas furnaces and boilers.
- b. Heating Seasonal Performance Factor (HSPF) applies to heat pumps.
- c. Any Seasonal Energy Efficiency Ratio (SEER) may be used for air conditioning equipment.
- d. For buildings with multiple furnaces, boilers or heat pumps having different AFUE or HSPF values, use the capacity weighted average of the efficiency ratings of the installed equipment to determine whether the building complies with the minimum equipment performance requirement.
- e. Examples include, but are not limited to, walls between the house and garage, and basement stairway walls and ceiling when the floor above an unconditioned basement is insulated.
- f. Ducts in exterior walls with insulated sheathing of R-5 or more do not need to be insulated.
- g. If ducts are located in both the attic and unconditioned basement, R-6 can be used for the attic ducts and R-4 can be used for the unconditioned basement ducts.

DIRECTIONS

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

Last name of owner:	
Address of project:	
Directions:	
8	
*	
3	

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. YesNo
	If the answer is "yes", complete Section B or C below.
	If the answer is "no", complete Section C below.
****	**************************************
В.	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 .	**************************************
	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.
****	**************************************
	Ture of applicant:
Addre	SS:
4 4 4 4 - 1	