

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

## IMPORTANT- APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, and IV

<b>I. LOCATION OF BUILDING</b>	AT: _____		
	NUMBER                      STREET	CITY, STATE, ZIP	MUNICIPALITY (TWP OR BORO)
	BETWEEN: _____ AND _____		PARCEL ID # _____
	STREET	STREET	
	SUBDIVISION _____	LOT #: _____	LOT SIZE: _____
	IS ANY PORTION OF THE PROPOSED STRUCTURE IN A FLOOD PLAIN? <input type="checkbox"/> Yes* <input type="checkbox"/> No		
	*If YES, AN ELEVATION CERTIFICATE AND ENGINEERED FOUNDATION DRAWINGS WILL BE REQUIRED		

## II. TYPE AND COST OF BUILDING – ALL APPLICANTS COMPLETE PARTS A - D

<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> NEW BUILDING* * <input type="checkbox"/> STICK-BUILT ON SITE <input type="checkbox"/> MODULAR (# OF SECTIONS _____) <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> NEW <input type="checkbox"/> USED DIMENSIONS _____ X _____ 2 <input type="checkbox"/> ADDITION 3 <input type="checkbox"/> ALTERATION OR BUILD-OUT OF EXISTING 4 <input type="checkbox"/> REPAIR/REPLACEMENT 5 <input type="checkbox"/> DEMOLITION (# OF UNITS _____) ARE ALL UTILITIES DISCONNECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO 6 <input type="checkbox"/> MOVING OR RELOCATION 7 <input type="checkbox"/> FOUNDATION ONLY	<b>B. PROPOSED USE (FOR DEMOLITION, CHECK MOST RECENT USE OF STRUCTURE)</b> <table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> <b>RESIDENTIAL</b>            12 <input type="checkbox"/> ONE FAMILY            13 <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____)            14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____)            15 <input type="checkbox"/> GARAGE            16 <input type="checkbox"/> CARPORT            17 <input type="checkbox"/> SWIMMING POOL                  <input type="checkbox"/> IN GROUND    <input type="checkbox"/> ABOVE GROUND            18 <input type="checkbox"/> SOLAR PANELS                  <input type="checkbox"/> GROUND MOUNT    <input type="checkbox"/> ROOF MOUNT            19 <input type="checkbox"/> OTHER – SPECIFY _____                  _____         </td> <td style="width:33%; vertical-align: top;"> <b>NONRESIDENTIAL</b>            20 <input type="checkbox"/> AMUSEMENT, RECREATIONAL            21 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE            22 <input type="checkbox"/> INDUSTRIAL            23 <input type="checkbox"/> PARKING GARAGE            24 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE            25 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL            26 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL            27 <input type="checkbox"/> PUBLIC UTILITY            28 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL            29 <input type="checkbox"/> STORES, RETAIL, MERCANTILE            30 <input type="checkbox"/> TANKS, TOWERS            31 <input type="checkbox"/> OTHER – SPECIFY _____                  _____                  _____                  _____         </td> </tr> </table>	<b>RESIDENTIAL</b> 12 <input type="checkbox"/> ONE FAMILY 13 <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____) 14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____) 15 <input type="checkbox"/> GARAGE 16 <input type="checkbox"/> CARPORT 17 <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND 18 <input type="checkbox"/> SOLAR PANELS <input type="checkbox"/> GROUND MOUNT <input type="checkbox"/> ROOF MOUNT 19 <input type="checkbox"/> OTHER – SPECIFY _____ _____	<b>NONRESIDENTIAL</b> 20 <input type="checkbox"/> AMUSEMENT, RECREATIONAL 21 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE 22 <input type="checkbox"/> INDUSTRIAL 23 <input type="checkbox"/> PARKING GARAGE 24 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE 25 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL 26 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL 27 <input type="checkbox"/> PUBLIC UTILITY 28 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL 29 <input type="checkbox"/> STORES, RETAIL, MERCANTILE 30 <input type="checkbox"/> TANKS, TOWERS 31 <input type="checkbox"/> OTHER – SPECIFY _____ _____ _____ _____
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<b>C. OWNERSHIP</b> 8 <input type="checkbox"/> PRIVATE (AN INDIVIDUAL, CORPORATION, NON-PROFIT INSTITUTION, ETC.) 9 <input type="checkbox"/> PUBLIC (FEDERAL, STATE OR LOCAL GOVERNMENT)			

<b>D. COST</b> 10. <b>BASE</b> COST OF IMPROVEMENT A. ELECTRICAL..... B. PLUMBING..... C. HEATING, A/C..... D. OTHER (ELEVATOR, ETC)..... 11. <b>TOTAL</b> COST OF IMPROVEMENT \$ _____	(OMIT CENTS) \$ _____ _____ _____ _____ \$ _____	NON-RESIDENTIAL – DESCRIBE IN DETAIL PROPOSED USE OF BUILDINGS, E.G., FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE. _____ _____ _____
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## III. SELECTED CHARACTERISTICS OF BUILDING – FOR NEW BUILDINGS AND ADDITIONS, COMPLETE PARTS E – L

FOR DEMOLITION, COMPLETE ONLY PART J, FOR ALL OTHERS SKIP TO IV

<b>E. PRINCIPAL TYPE OF FRAME</b> 32 <input type="checkbox"/> MASONRY (WALL BEARING) 33 <input type="checkbox"/> WOOD FRAME 34 <input type="checkbox"/> STRUCTURAL STEEL 35 <input type="checkbox"/> REINFORCED CONCRETE 36 <input type="checkbox"/> OTHER – SPECIFY _____ _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 42 <input type="checkbox"/> PUBLIC / MUNICIPAL 43 <input type="checkbox"/> PRIVATE (ON-LOT SYSTEM) <b>H. TYPE OF WATER SUPPLY</b> 44 <input type="checkbox"/> PUBLIC / MUNICIPAL 45 <input type="checkbox"/> PRIVATE (WELL, CISTERN)	<b>J. DIMENSIONS</b> 50. NUMBER OF STORIES..... 51. TOTAL SQUARE FEET OF FLOOR AREA, ALL FLOORS, BASED ON EXTERIOR DIMENSIONS..... 52. TOTAL LAND AREA, SQ. FT. .... <b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 53. ENCLOSED (GARAGE)..... 54. OUTDOORS.....	
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 37 <input type="checkbox"/> NATURAL GAS 38 <input type="checkbox"/> OIL 39 <input type="checkbox"/> ELECTRICITY 40 <input type="checkbox"/> GEOTHERMAL 41 <input type="checkbox"/> OTHER – SPECIFY _____ _____	<b>I. TYPE OF MECHANICAL</b> WILL THERE BE CENTRAL AIR CONDITIONING? 46 <input type="checkbox"/> YES    47 <input type="checkbox"/> NO WILL THERE BE AN ELEVATOR? 48 <input type="checkbox"/> YES    49 <input type="checkbox"/> NO	<b>L. RESIDENTIAL BUILDINGS ONLY</b> 55. NUMBER OF BEDROOMS..... 56. NUMBER OF BATHROOMS { FULL..... PARTIAL.....	

**IV. IDENTIFICATION – To BE COMPLETED BY ALL APPLICANTS**

	NAME	MAILING ADDRESS	ZIP	PHONE #	Contact for P/U?
1. OWNER OR LESSEE					
			E-mail Address		
2. CONTRACTOR					
			E-mail Address		
3. ARCHITECT OR ENGINEER					
			E-mail Address		
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.					
SIGNATURE OF APPLICANT			ADDRESS		APPLICATION DATE

**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD – OFFICE USE ONLY**

DATE	TIME	BY	DATE	TIME	BY	DATE	TIME	BY

**VI. ADDITIONAL PERMITS OR APPROVALS REQUIRED**

	REQUIRED Y/N	DATE	PERMIT #/ NOTES		REQUIRED Y/N	DATE	PERMIT #/ NOTES
ZONING OR TWP APPROVAL				ELECTRICAL			
SEWAGE				LABOR & INDUSTRY			
SOIL CONSERVATION				DEP (DEMOLITION)			
DRIVEWAY				WORKER'S COMP.			
HARB				OTHER			

**VII. VALIDATION**

Building Permit Number				Use Group _____	
Date Issued				Fire Grading _____	
Permit Fee	Plan Review	Edu. Fee	<b>TOTAL FEE</b>	Live Load _____	
\$ _____	+ \$ _____	+ \$4.50	= _____	Occupancy Load _____	
<b>Approved By</b>					
<b>Title</b>					



VIII. ZONING APPROVAL	
District	Use
Front Yard	Rear Yard
Side Yard	Side Yard
Notes	
Approved By	
Title	

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**New Construction of a Residence:**

When returning the application, the following items are required:

- a. A copy of the **sewage permit** (this applies if there is no existing on-lot system.) OR a receipt showing application has been made to hook onto public sewer.
- b. A copy of the **zoning permit**. Not all townships have zoning at this time. Check with your township officials or this office if you do not know if your township has zoning.
- c. A **Certificate of Insurance on your contractor**. The state requires proof of workmen’s compensation on the contractor (if the contractor has employees).
- d. **Two complete sets of plans** on the residence. These plans must include the following information: elevation drawings, foundation drawings, floor plans, electrical, plumbing, venting riser plans and residential energy worksheet. Once the plans have been reviewed, one set will be returned with the permit. These plans will be stamped “Approved” and signed by the Code Administrator.

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**Additions/Alterations or New Buildings on your lot:**

When returning the application, the following items are required:

- a. A copy of the **zoning permit**. Not all townships have zoning at this time. Check with your township officials or this office if you do not know if your township has zoning.
- b. A **Certificate of Insurance on your contractor**. The state requires proof of workmen’s compensation on the contractor (if the contractor has employees).
- c. **Two complete sets of Building Plans**. If you are constructing an addition, please draw the house and show where the addition will be constructed in relation to the home. We will ask for dimensions of the addition. Submit elevation, floor plan and sectional drawings showing construction, plumbing, heating, electrical and insulation systems to be constructed.

**NOTE:** When an addition or alteration creates a new sleeping space, verification of on-lot sewage capacity will be required from the Municipality’s Sewage Enforcement Officer.

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**Commercial Construction:**

When returning the application, the following items are required:

- a. A copy of the **zoning permit**. Not all townships have zoning at this time. Check with your township officials or this office if you do not know if your township has zoning.
- b. A **Certificate of Insurance on the contractor**. The state requires proof of workmen’s compensation on the contractor (if the contractor has employees).
- c. **Three complete sets of stamped architectural plans** on the construction must be submitted to this office for review. Our office will determine if the plans are in compliance with all applicable codes in effect at the time of submission. Once the plans are reviewed, one set of the plans will be returned with the permit.