

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

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

I. LOCATION OF BUILDING

AT: _____
NUMBER STREET CITY, STATE, ZIP MUNICIPALITY (TWP OR BORO)

BETWEEN: _____ AND _____
STREET STREET PARCEL ID #

SUBDIVISION _____ LOT #: _____ LOT SIZE: _____

IS ANY PORTION OF THE PROPOSED STRUCTURE IN A FLOOD PLAIN? Yes* 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

<p>A. TYPE OF IMPROVEMENT</p> <p>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 _____</p> <p>2 <input type="checkbox"/> ADDITION</p> <p>3 <input type="checkbox"/> ALTERATION OR BUILD-OUT OF EXISTING</p> <p>4 <input type="checkbox"/> REPAIR/REPLACEMENT</p> <p>5 <input type="checkbox"/> DEMOLITION (# OF UNITS _____) ARE ALL UTILITIES DISCONNECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6 <input type="checkbox"/> MOVING OR RELOCATION</p> <p>7 <input type="checkbox"/> FOUNDATION ONLY</p>	<p>B. PROPOSED USE (FOR DEMOLITION, CHECK MOST RECENT USE OF STRUCTURE)</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>RESIDENTIAL</p> <p>12 <input type="checkbox"/> ONE FAMILY</p> <p>13 <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____)</p> <p>14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____)</p> <p>15 <input type="checkbox"/> GARAGE</p> <p>16 <input type="checkbox"/> CARPORT</p> <p>17 <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND</p> <p>18 <input type="checkbox"/> SOLAR PANELS <input type="checkbox"/> GROUND MOUNT <input type="checkbox"/> ROOF MOUNT</p> <p>19 <input type="checkbox"/> OTHER – SPECIFY _____</p> </td> <td style="vertical-align: top;"> <p>NONRESIDENTIAL</p> <p>20 <input type="checkbox"/> AMUSEMENT, RECREATIONAL</p> <p>21 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE</p> <p>22 <input type="checkbox"/> INDUSTRIAL</p> <p>23 <input type="checkbox"/> PARKING GARAGE</p> <p>24 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE</p> <p>25 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL</p> <p>26 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL</p> <p>27 <input type="checkbox"/> PUBLIC UTILITY</p> <p>28 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL</p> <p>29 <input type="checkbox"/> STORES, RETAIL, MERCANTILE</p> <p>30 <input type="checkbox"/> TANKS, TOWERS</p> <p>31 <input type="checkbox"/> OTHER – SPECIFY _____</p> </td> </tr> </table>	<p>RESIDENTIAL</p> <p>12 <input type="checkbox"/> ONE FAMILY</p> <p>13 <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____)</p> <p>14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____)</p> <p>15 <input type="checkbox"/> GARAGE</p> <p>16 <input type="checkbox"/> CARPORT</p> <p>17 <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND</p> <p>18 <input type="checkbox"/> SOLAR PANELS <input type="checkbox"/> GROUND MOUNT <input type="checkbox"/> ROOF MOUNT</p> <p>19 <input type="checkbox"/> OTHER – SPECIFY _____</p>	<p>NONRESIDENTIAL</p> <p>20 <input type="checkbox"/> AMUSEMENT, RECREATIONAL</p> <p>21 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE</p> <p>22 <input type="checkbox"/> INDUSTRIAL</p> <p>23 <input type="checkbox"/> PARKING GARAGE</p> <p>24 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE</p> <p>25 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL</p> <p>26 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL</p> <p>27 <input type="checkbox"/> PUBLIC UTILITY</p> <p>28 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL</p> <p>29 <input type="checkbox"/> STORES, RETAIL, MERCANTILE</p> <p>30 <input type="checkbox"/> TANKS, TOWERS</p> <p>31 <input type="checkbox"/> OTHER – SPECIFY _____</p>
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C. OWNERSHIP

8 PRIVATE (AN INDIVIDUAL, CORPORATION, NON-PROFIT INSTITUTION, ETC.)

9 PUBLIC (FEDERAL, STATE OR LOCAL GOVERNMENT)

<p>D. COST</p> <p>10. BASE COST OF IMPROVEMENT \$ _____ <small>(OMIT CENTS)</small></p> <p>A. ELECTRICAL _____</p> <p>B. PLUMBING _____</p> <p>C. HEATING, A/C _____</p> <p>D. OTHER (ELEVATOR, ETC) _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p>	<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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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

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

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	TOTAL FEE	
\$ _____	+ \$ _____	+ \$4.50	= _____	
			Approved By _____	
			Title _____	

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

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.

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.

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.