Earl Township

517 North Railroad Avenue
New Holland, PA 17557
(717) 354-0773 - Fax (717) 355-0599

NOTICE TO ALL PERMIT APPLICANTS...

ANY PERMIT APPROVAL ISSUED BY THE ZONING OFFICER IS BASED UPON INFORMATION PROVIDED BY THE APPLICANT. THE TOWNSHIP HAS NOT PERFORMED A TITLE SEARCH AND HAS NOT DETERMINED WHETHER THE PROPOSED CONSTRUCTION ENCROACHES INTO ANY EASEMENTS OF RECORD.

THE APPLICANT IS ASSUMING ALL RISKS THAT THE HOLDER OF AN EASEMENT, IN EXERCISING RIGHTS UNDER ITS EASEMENT, MAY DAMAGE OR REMOVE THE IMPROVEMENTS AUTHORIZED BY THIS PERMIT. IF THE HOLDER OF ANY EASEMENT, INCLUDING, BUT NOT LIMITED TO THE TOWNSHIP, EXERCISES RIGHTS UNDER SUCH EASEMENT AND DAMAGES OR DESTROYS IMPROVEMENTS AUTHORIZED BY THIS PERMIT, THE TOWNSHIP SHALL HAVE NO LIABILITY.

ANY CHANGES TO ANY EXISTING STORM WATER MANAGEMENT FACILITIES MUST COMPLY WITH ALL APPLICABLE TOWNSHIP ORDINANCES REGULATING EARTH DISTURBANCE AND STORM WATER MANAGEMENT, AND IT IS THE APPLICANT'S RESPONSIBILITY TO IDENTIFY ALL STORM WATER MANAGEMENT FACILITIES AND TO PRESERVE AND MAINTAIN SUCH FACILITIES UNLESS THE APPLICANT OBTAINS THE NECESSARY APPROVALS TO ALTER STORM WATER MANAGEMENT FACILITIES.

EARL TOWNSHIP

PERMIT # _____

DATE OF RECEIPT: _____

APPLICATION FOR ZONING/COMMERCIAL BUILDING PERMIT

Applicant's Name: _____ Telephone No. _____

Address: _____

Owner's Name: _____ Telephone No. _____

Address: _____

Address of Property: _____

If lot is shown on a record of subdivision plan, indicate the name of the plan and the book, volume, and page number of the recorded plan: _____

Description of New Structure or Modification: _____

_____

Structure/Modification will contain _____ square feet and a height of _____ from grade to the highest point. Dimension: _____. Value of the Completed Structure or Modification: _____

(Excluding land)

Proposed Use: _____

Date of Completion: _____

Contractor's PA Registration No: _____

PROVIDE THREE (3) SETS OF PLANS WHICH CLEARLY SHOW...

1. The dimensions and shape of the lot to be built upon.
2. The location and dimensions (length & width) of all existing buildings on the lot.
3. The location and dimensions (length, width, & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
4. The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting street centerline.
5. The location of sanitary sewer and water supply facilities.
6. A statement indicating the existing and proposed use.
7. Altering or constructing a new driveway requires completing a driveway permit application.
8. $500.00 non-refundable deposit required for commercial applications submitted.

_____ _____

Date Applicant's Signature

FOR ZONING OFFICERS USE ONLY

This application is: Approved ( ) Denied ( )

_____ _____

Date Zoning Officers Signature

Comments: _____

Deposit Paid: _____ Zoning Permit Fee: _____ Inspection Fees: _____ Admin: _____

Total Fee Due: _____ Zoning District: _____ Tax Map Number: _____

Earl Township
Contractor Listing

Permit No._____ Site Address_____

General Contractor

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Pager

Electrical Contractor

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Pager

Plumbing Contractor

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Pager

HVAC Contractor

Business Name		
Contact		Telephone
Address		
City	State	Zip
Fax	Mobile	Pager

Workers' Compensation Insurance Coverage Information

(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

□ Yes □ No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant_____

Federal or State Employer Identification No._____

Applicant is a qualified self-insurer for workers' compensation.

□*Certificate attached*

Name of Workers' Compensation Insurer_____

Workers' Compensation Insurance Policy No._____

□*Certificate attached*

Policy Expiration Date_____

C. Exemption

Complete Section C if the applicant is a contractor 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 Workers' 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 township.**

□Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____ 20_____

_____
(Signature of Notary Public)
My commission expires:_____

(seal)

Signature of applicant_____
Address_____
_____
County of_____
Municipality of_____

EARL TOWNSHIP

PA UNIFORM CONSTRUCTION CODE
INSPECTION AGENCY INFORMATION SHEET

Earl Township allows the selection of one of the following four inspection agencies for residential and commercial projects.

Please initial and date your selection of Inspection agency you wish to utilize.

_____ _____ ASSOCIATED BUILDING INSPECTIONS, INC 717-733-1654
www.weknowcodes.com

_____ _____ CODE ADMINISTRATORS, INC 717-859-3350
www.codeadministrators.com

_____ _____ COMMONWEALTH CODE INSPECTION SERVICE, INC
www.codeservices.net 717-664-2347

_____ _____ TECHNICON ENTERPRISES, INC 610-286-1622
www.technicon2.com

A Zoning/Building Permit Applications must be completed and three sets of construction plans shall be attached and submitted to the Municipal Office along with the appropriate non-refundable deposit. A plot plan must also be provided. The submitted plans will be reviewed by the selected agency for completeness and code compliancy, after which the applicant will be notified of deficiencies and/or when the Permit is available for issue along with the applicable fees. The inspections shall be scheduled directly between the owner/contractor and the inspection agency. After all work is properly completed and inspected the Certificate of Occupancy will be issued.

517 North Railroad Avenue New Holland Pa 17557
(717) 354-0773 * Fax (717) 355-0599

EARL TOWNSHIP ADOPTED NEW STORM WATER ORDINANCE

ON MAY 5, 2014

(STATE MANDATED REGULATION)

THIS NEW MANDATE REQUIRES THAT ALL NEW IMPERVIOUS AREAS CREATED MUST BE DOCUMENTED AND THE RESULTING STORM WATER RUNOFF MANAGED PER REGULATIONS. THE FOLLOWING LEVELS OF STORM WATER MANAGEMENT HAVE BEEN CREATED TO ASSIST OUR RESIDENTS WITH THE REGULATIONS:

NEW IMPERVIOUS OF UP TO 1, 000 SQUARE FEET MAY UTILIZE AN EXEMPTION (ONE TIME EXEMPTION ACCUMULATIVE TO THE 1,000 SQUARE FEET) AND THE EXEMPTON APPLICATION SHALL BE EXECUTED AND SUBMITTED FOR APPROVAL BY THE TOWNSHIP.

NEW IMPERVIOUS OF 1 TO 4,999 SQUARE FEET MAY UTILIZE THE SMALL PROJECT APPLICATION FOR SMALL PROJECT STORM WATER MANAGEMENT TO BE SUBMITTED AND APPROVED BY THE TOWNSHIP.

NEW IMPERVIOUS OF 5, 000 SQUARE FEET AND OVER SHALL PLAN FULL STORM WATER MANAGEMENT PER THE CURRENT EARL TOWNHSIP STORM WATER ORDINANCE AND SUBMIT FOR REVIEW AND APPROVAL BY THE TOWNSHIP.

APPENDIX A-1

EXEMPTION APPLICATION

Date Received _____ File Number_____ Property Act # _____
Submitted Fees $_____ Approval of Application Date _____

Project Street Address: _____

Owner's Name: _____

Signature: _____

Phone # / Fax # / E-mail: _____

Person/Firm to be completing work: _____

Phone # / Fax # / E-mail: _____

Proposed Activity:

Are you removing existing impervious as part of this project?

[ ] No
[ ] Yes, Total area of existing impervious to be removed _____ sq. ft.

[ ] Removal of ground cover, grading, filling, or excavation of an area (1,000 square feet or less)

- Total area of land disturbance: _____ sq. ft.

Type of Regulated Activity (check all that apply): [ ] Removal of ground cover,

[ ] Grading, [ ] Filling, [ ] Excavation, [ ] Other earth disturbance activity (please describe)

_____

[ ] Addition of Impervious Surface (1,000 square feet or less)

- Total new impervious surface proposed _____ sq. ft.

Type of new impervious surface: [ ] driveway, [ ] shed, [ ] garage, [ ] deck, [ ] walkway,

[ ] other (please describe) _____

_____

Check all items below that will be impacted by the project:

[ ] Floodplain
[ ] Wetlands
[ ] Slopes greater than 15%
[ ] Known bedrock within 6 feet of the ground surface
[ ] Riparian forest buffer
[ ] Natural water flow paths (creeks, streams, ponds, swales, etc.)
[ ] Existing known stormwater problem areas
[ ] Downstream property owners

Sketch

Provide a sketch of the proposed additional impervious area or land disturbance.

APPENDIX A-2

SMALL PROJECT APPLICATION

File Number_____ Date Received _____

Submitted Fees $_____ Approval of Application Date _____

Project Street Address:_____

Project Name: _____

Owner's Name and Address: _____

Phone # / Fax # / E-mail:_____

Please list the date of any previous Minor Land Disturbance or Small Project Applications for the subject property:

_____

Proposed Activity:

[ ] Removal of ground cover, grading, filling or excavation of an area less than 5,000 square feet

Total area of land disturbance: _____ sq. ft.

Type of Regulated Activity (check all that apply):

[ ] Removal of ground cover
[ ] Grading
[ ] Filling
[ ] Excavation
[ ] Other earth disturbance activity (please describe)

_____

[ ] Addition of Impervious Surface (more than 1,000 SF but less than 5,000 SF)

Type of new impervious surface: [ ] driveway, [ ] shed, [ ] garage, [ ] deck, [ ] walkway, [ ] other (describe) _____

Total new impervious surface proposed for construction: _____ sq. ft.

Are you removing existing impervious as part of this project?

[ ] No
[ ] Yes – Total area of existing Impervious to be removed _____ sq. ft.

Check all items below that will be impacted by the project:

___Mature trees
___Sinkholes
___Water wells
___Septic drainfields
___Alternate septic drainfields
___Creeks, streams, wetlands, or ponds
___Existing stormwater management facility (basin, swale, etc.)
___Easements

Total runoff volume to be permanently removed/managed on site from attached calculation worksheet:_____ gallons or _____ cubic feet

Proposed Stormwater Management Controls (Best Management Practice):

___ Rain Garden
___ Infiltration Trench
___ Cistern
___ Rain Barrel
___ Other (describe) _____

Sketch

Provide a sketch of the proposed additional impervious area or land disturbance. Include the following on the sketch:

- Property boundary
- Location and approximate footprint of existing structures (buildings, patios, driveways, etc.)
- Approximate location of any of the following features which will be impacted by the project:
  - Mature trees
  - Sinkholes
  - Water wells
  - Septic drainfields
  - Alternate septic drainfields
  - Creeks, streams, wetlands, ponds
  - Existing stormwater management facilities (basins, swales, etc.)
- Location and approximate footprint of proposed impervious area or land disturbance.
- Approximate footprint and location of all structures on adjacent properties if located within 50 feet of the proposed impervious area or land disturbance
- Location and description of proposed stormwater management facilities (e.g., rain gardens, swales, rain barrels, etc.)
- Direction of proposed stormwater discharge (e.g., with arrows)
- Scale and North arrow

Person/Firm to be completing work: _____
Phone # / Fax # / E-mail: _____

Name of Person Submitting this Application: _____

Signature: _____

Date: _____

Small Project Application Calculation Worksheet

The applicant may use the following to calculate the amount of runoff which must be managed in accordance with § 17-302B of this chapter.

Project Name: _____

Owner Name: _____

Proposed Additional Impervious Area: _____ square feet

Impervious Area Calculations

Calculate the amount of runoff to be permanently removed (managed on site through reuse, evaporation, transpiration or infiltration):

Additional impervious area ÷ 12 = Permanently Removed Runoff Volume (PRV)

_____ square feet of additional impervious ÷ 12 = _____cubic feet PRV
_____ cubic feet x 7.48 gallons per cubic feet = _____ gallons PRV

EXAMPLE

Small Project Application Calculation Worksheet

Landowner Name: Jane Doe (20 x 45' garage)

Owner Name: Jane Doe

Proposed Additional Impervious Area: 900 square feet

Impervious Area Calculations

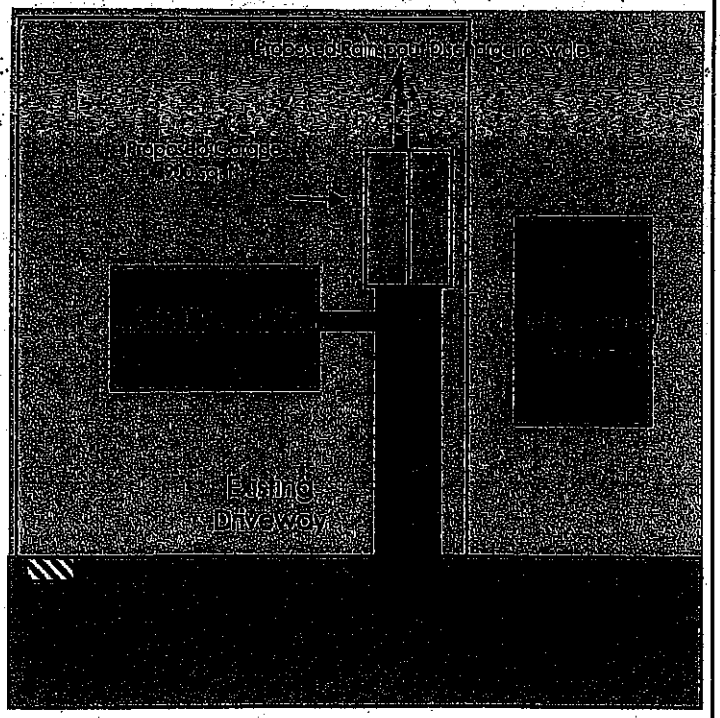
Calculate the amount of runoff to be permanently removed (managed on site through reuse, evaporation, transpiration or infiltration) using the following formula:

Additional impervious area ÷ 12 = Permanently Removed Runoff Volume (PRV)

900 square feet of additional impervious ÷ 12 = 75 cubic feet PRV

75 cubic feet x 7.48 gallons per cubic feet = 561 gallons PRV

EXAMPLE SKETCH



Scale 1" = 50'

Small Projects Guide-Sample Operation & Maintenance Plan

Construction:

1. Install erosion and sedimentation control facilities
2. Stormwater Management Facility (ies) shall be installed before impervious areas are completed. If earthwork is involved during the construction of the impervious area, then extreme caution shall be taken so that sediment does not wash into the SWM Facility (ies).
3. Mark the locations of the SWM facility (ies).
4. Excavate the SWM Facility to the required depth. Contact municipality for inspection prior to filling. If standing water is encountered, a SWM Site Plan may need to be submitted; contact Municipal Engineer. All excavated materials shall be removed from the site or stabilized.

   For stone Infiltration Structures

5. Line excavation with Geotextile.
6. Backfill SWM facility with required stone. If required: Install piping, cleanouts and associated facilities as detailed.
7. If required: Close geotextile material over stone bedding.
8. If required: Place topsoil over trench.
9. Stabilize and seed all disturbed areas.

   For Rain Gardens

10. Place topsoil over excavated area.
11. Install plantings as shown on the plan.
12. Stabilize and seed all disturbed areas.

Maintenance:

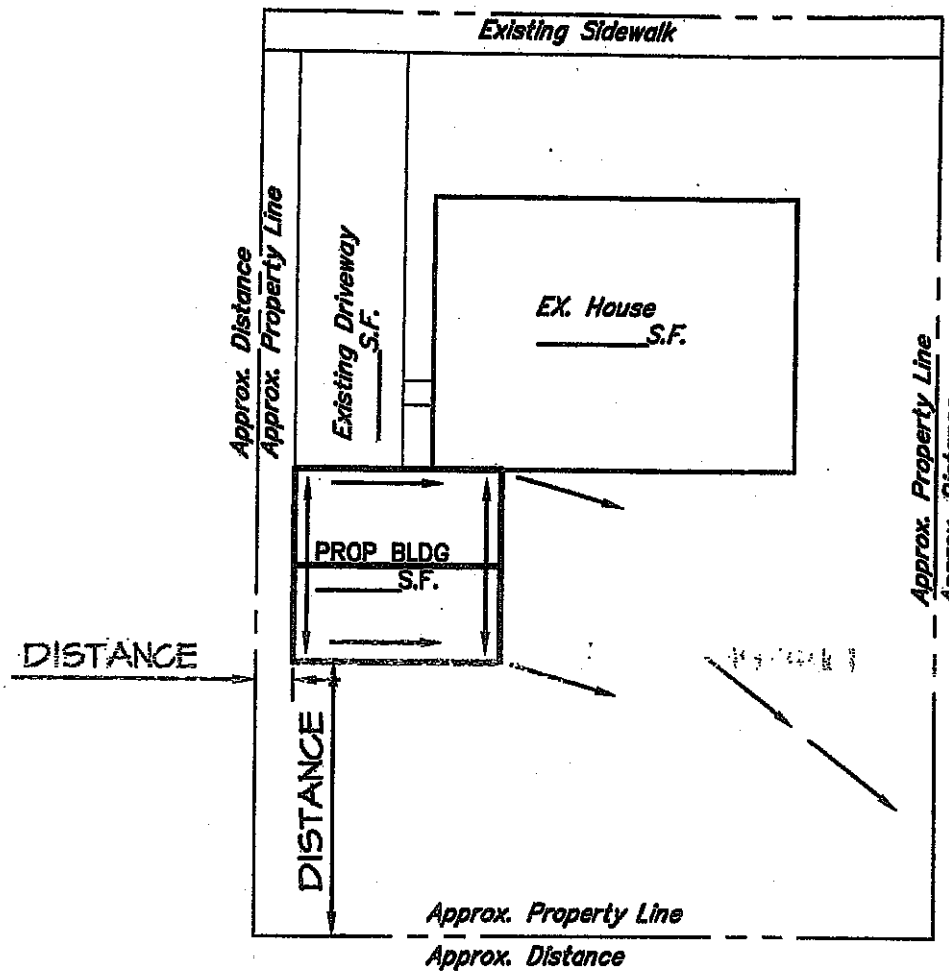
1. The SWM facility shall be checked regularly to ensure that no standing water exists in the facility 3 days after a rain event. If water is encountered, the facility may need to be modified. Notification of the municipality is required of facility is not functioning before any modifications are made.
2. Monitor the SWM facility to ensure that no sediment, grass clippings, leaves, and other similar accumulations occur on top of, and/or within, the SWM Facility.
3. Homeowner to submit an inspection report to the Township one year after construction and every 3rd year there afterwards.

I have read and agree to the above Operation and Maintenance Plan. I, as the property owner, am responsible for the proper construction and operation and maintenance for the SWM Facilities. If I fail to adhere to any of these tasks, the Township may perform the services required and charge the appropriate fees. Nonpayment of the fees may result in a lien against my property.

_____ _____ _____

Applicant Name (Printed) Signature Date

Main Street



Sample Alley FLOW DIRECTION

EARL TOWNSHIP

ATTACHMENT 1 SAMPLE SKETCH/SITE PLAN

JOB NUMBER:

143 SOUTH BROAD STREET
LITITZ, PA 17543
(717) 626-7211 FAX (717) 626-7040
www.elagroup.com
ENGINEERS & LANDSCAPE ARCHITECTS

SCALE: N.T.S.

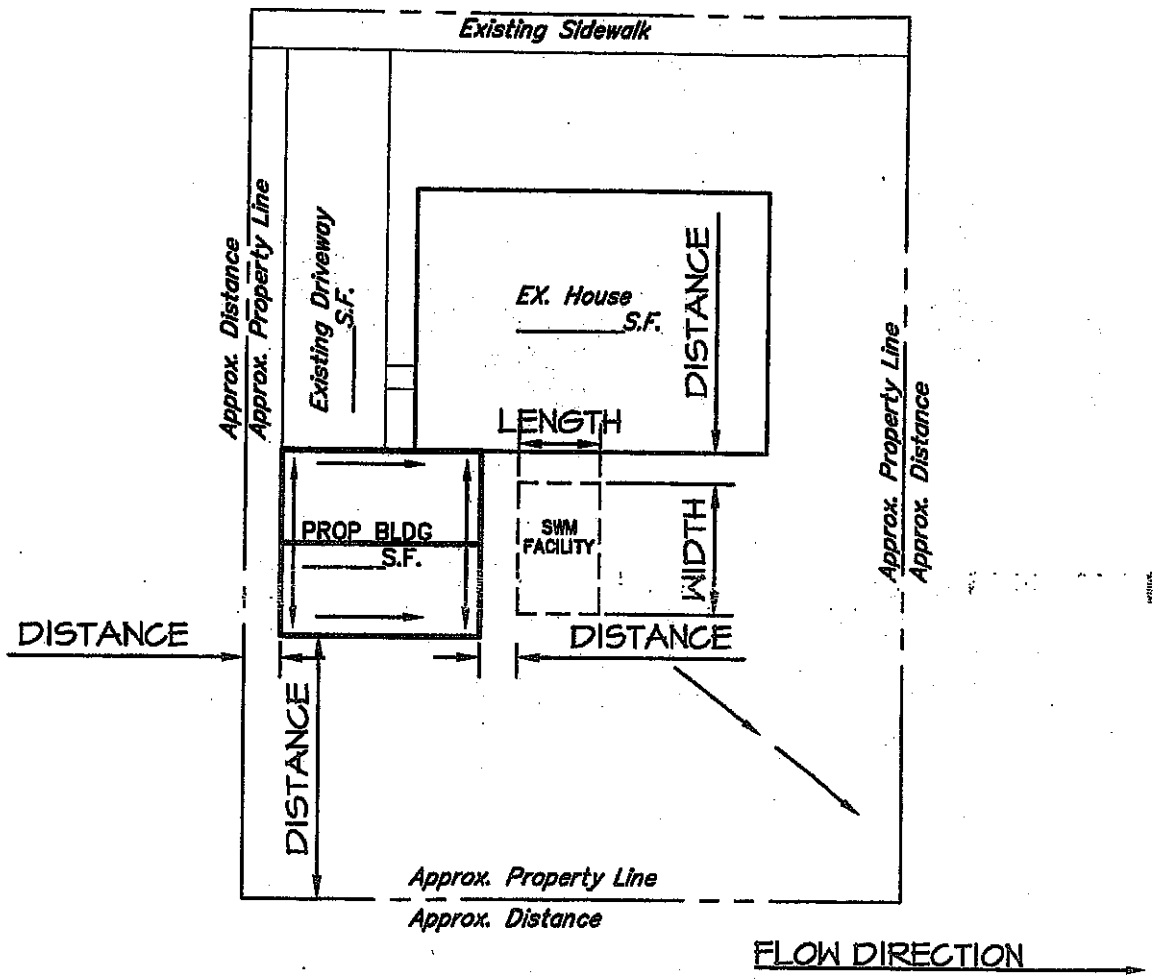
DRAWN BY:

DATE: 2014

DRAWING: N/A

SKETCH: 1 OF 1

Main Street



Sample Alley

EARL TOWNSHIP

ATTACHMENT 2 SAMPLE SWM SITE PLAN

JOB NUMBER:

743 SOUTH BROAD STREET
LITITZ, PA 17543
(717) 626-1211 FAX (717) 626-1040
www.slaagroup.com
ENGINEERS & LANDSCAPE ARCHITECTS

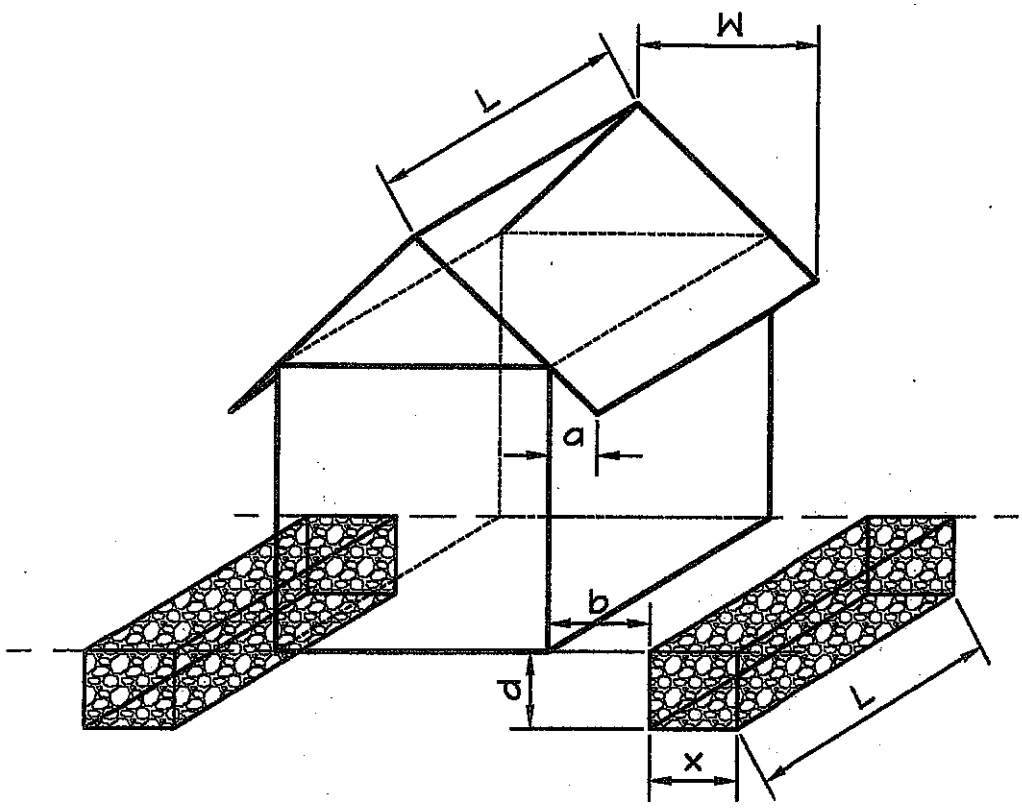
SCALE: N.T.S.

DRAWN BY:

DATE: 2014

DRAWING: N/A

SKETCH: 1 OF 1



KEY

L = LENGTH OF STRUCTURE ROOF = LENGTH OF SEEPAGE TRENCH (FT)
W = WIDTH OF ONE SIDE OF THE ROOF (FT)
a = EAVE/OVERHANG (FT)
b = DISTANCE FROM STRUCTURE WALL TO SEEPAGE TRENCH (FT)
= a + 1 FT => PLACE FROM EDGE OF TRENCH ONE FOOT PAST EAVES
x = WIDTH OF SEEPAGE TRENCH (FT)
d = DEPTH OF SEEPAGE TRENCH (FT)

REQUIRED VOLUME OF TRENCH => L*W*1/12 = L*X*d*0.4 => X=0.14W for d=1.5'

Ratio: 3.6 to 1
(IMPERVIOUS TO INFILTRATION)

NOTES

1.) TRENCH MUST BE PROVIDED ON EACH SIDE OF STRUCTURE.
2.) SIDE AND BOTTOM OF TRENCH TO BE WRAPPED IN CLASS 1 GEOTEXTILE.
3.) TRENCH TO BE FILLED WITH CLEAN STONE (3/4" MIN. SIZE).
4.) TRENCH TO BE CONSTRUCTED AT 0% SLOPE ON UNDISTURBED SOIL.
5.) TRENCH TO BE CHECKED REGULARLY TO MAINTAIN PROPER OPERATION

EARL TOWNSHIP

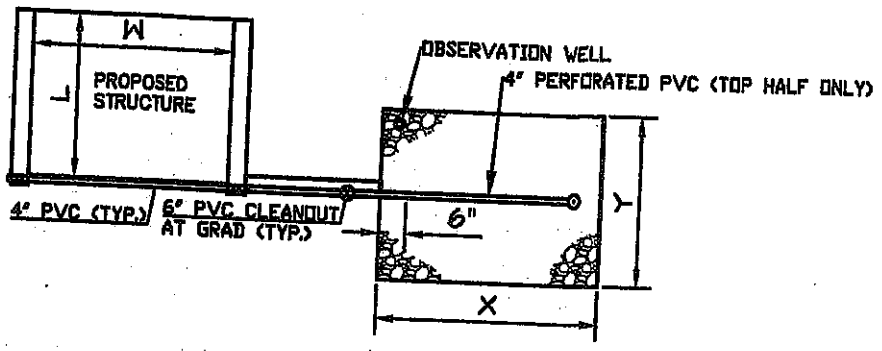
ATTACHMENT 3 STORMWATER MANAGEMENT STRUCTURES WITHOUT GUTTERS

JOB NUMBER: -

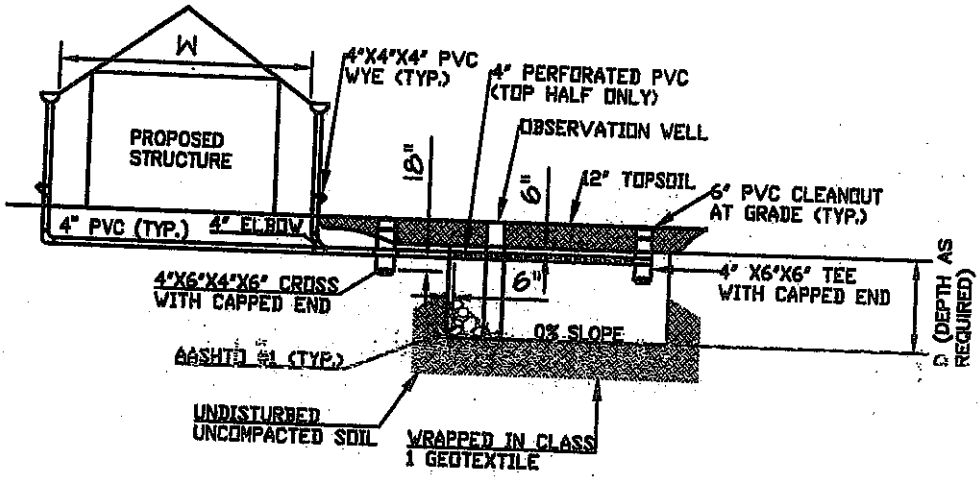
743 SOUTH BROAD STREET
LITITZ, PA 17543
(717) 626-1211 FAX (717) 626-1040
www.elagroup.com
ENGINEERS & LANDSCAPE ARCHITECTS

SCALE: N.T.S.
DRAWN BY:
DATE: 2014

DRAWING: N/A
SKETCH: 1 OF 1



PLAN VIEW



SECTION VIEW

KEY
L = LENGTH OF STRUCTURE ROOF (FT)
W = WIDTH OF ENTIRE ROOF (FT)
X = WIDTH OF INFILTRATION BED (FT)
Y = LENGTH OF INFILTRATION BED (FT)

REQUIRED VOLUME OF BED = L*W*1/12 = X*Y*D*0.4 [ASSUME X=W D=2"]
Y=0.11L
RATIO 4.76 TO 1
(IMPERVIOUS TO INFILTRATION)

NOTES
1.) BOTTOM OF BED TO BE D+1' BELOW GRADE TO ACCOUNT FOR 1' OF TOPSOIL.
2.) PIPING AND CLEANOUTS TO BE CENTERED WITHIN INFILTRATION BED.
3.) BED TO BE CHECKED REGULARLY TO MAINTAIN PROPER OPERATION.
4.) SEE SHEET 2 OF 2 FOR ADDITIONAL DETAILS

EARL TOWNSHIP

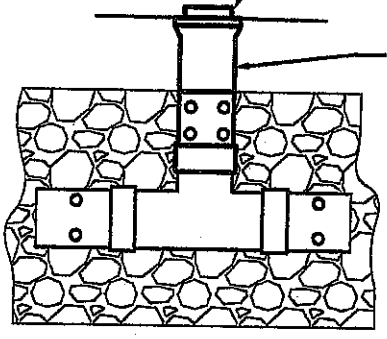
ATTACHMENT 4 STORMWATER MANAGEMENT SAMPLE STRUCTURE WITH GUTTERS

JOB NUMBER: -

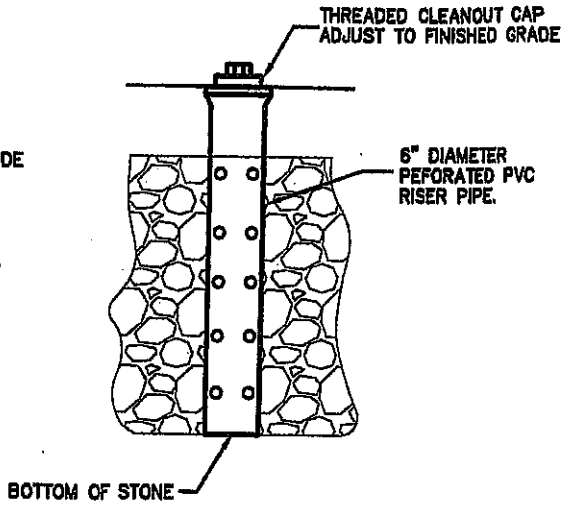
143 SOUTH BROAD STREET
LITITZ, PA 17543
(717) 626-7211 FAX (717) 626-7040
www.alagroup.com
inc.
ENGINEERS & LANDSCAPE ARCHITECTS

SCALE: N.T.S.
DRAWN BY:
DATE: 2014

DRAWING: N/A
SKETCH: 1 OF 2

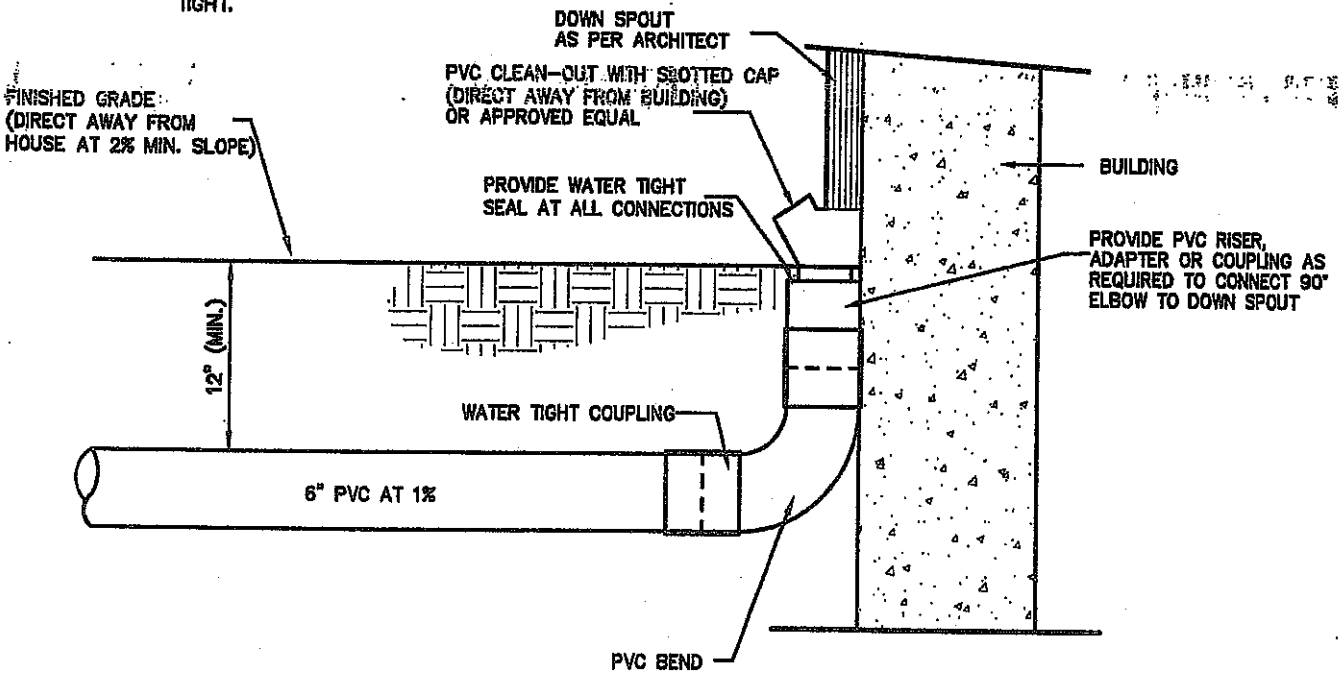


CLEAN OUT



OBSERVATION WELL

NOTE:
CONTRACTOR SHALL PROVIDE ALL FITTINGS, ADAPTERS, COUPLINGS AND OTHER APPURTENANCES AS REQUIRED TO CONNECT STORM CONVEYANCE SYSTEM. ALL CONNECTIONS SHALL BE BE WATER TIGHT.



CONNECTION TO DOWN SPOUT

EARL TOWNSHIP

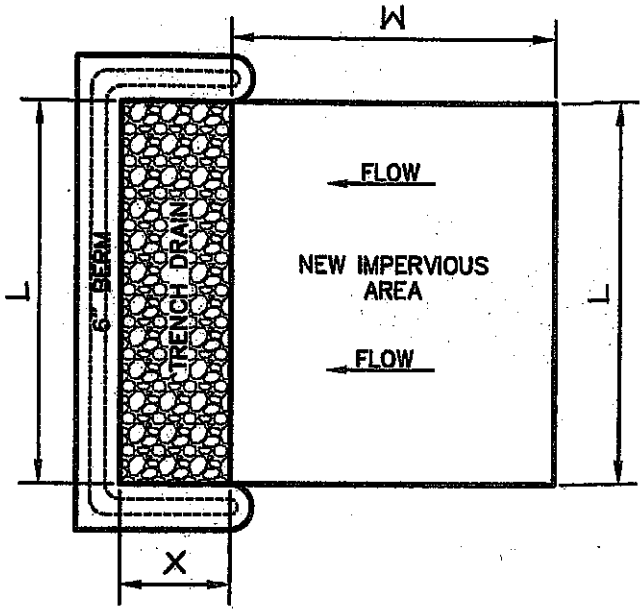
ATTACHMENT 4-IDOWNSPOUT/CLEAN OUT/OBSERVATION WELL DETAILS

JOB NUMBER: -

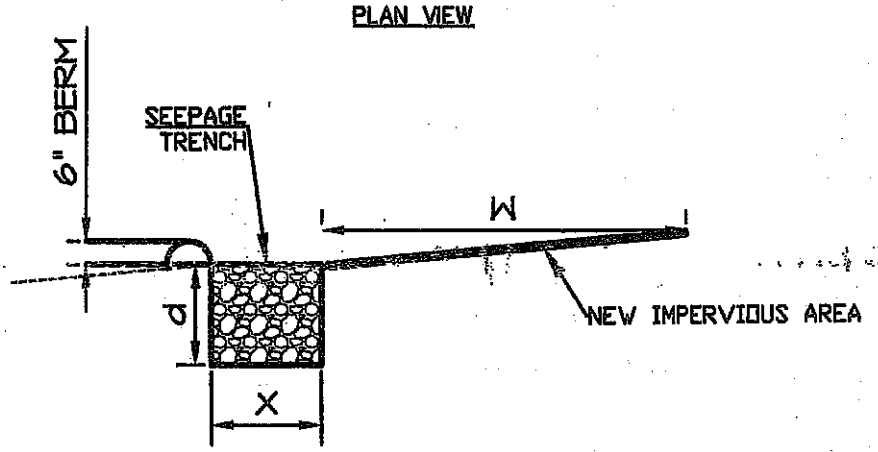
743 SOUTH BROAD STREET
LITITZ, PA 17543
(717) 626-7271 FAX (717) 626-7040
www.alagroup.com
ENGINEERS & LANDSCAPE ARCHITECTS

SCALE: N.T.S.
DRAWN BY:
DATE: 2014

DRAWING: N/A
SKETCH: 2 OF 2



PLAN VIEW



SECTION VIEW

KEY
L = LENGTH OF NEW IMPERVIOUS SURFACE (FT) =LENGTH OF SEEPAGE TRENCH
W = WIDTH OF NEW IMPERVIOUS SURFACE –MAY NOT EXCEED 75'
X = WIDTH OF SEEPAGE TRENCH (FT)
d = DEPTH OF SEEPAGE TRENCH (FT)

REQUIRED VOLUME OF TRENCH => L*W*1/12=X*L*d*0.4 => X=0.14W FOR d=1.5'

NOTES
1.) SIDE AND BOTTOM OF TRENCH TO BE WRAPPED IN CLASS 1 GEOTEXTILE
2.) TRENCH TO BE FILLED WITH CLEAN STONE (3/4"MIN. SIZE).
3.) TRENCH TO BE CONSTRUCTED AT 0% SLOPE ON UNDISTURBED SOIL.
4.) TRENCH TO BE CHECKED REGULARLY TO MAINTAIN PROPER OPERATION.

EARL TOWNSHIP

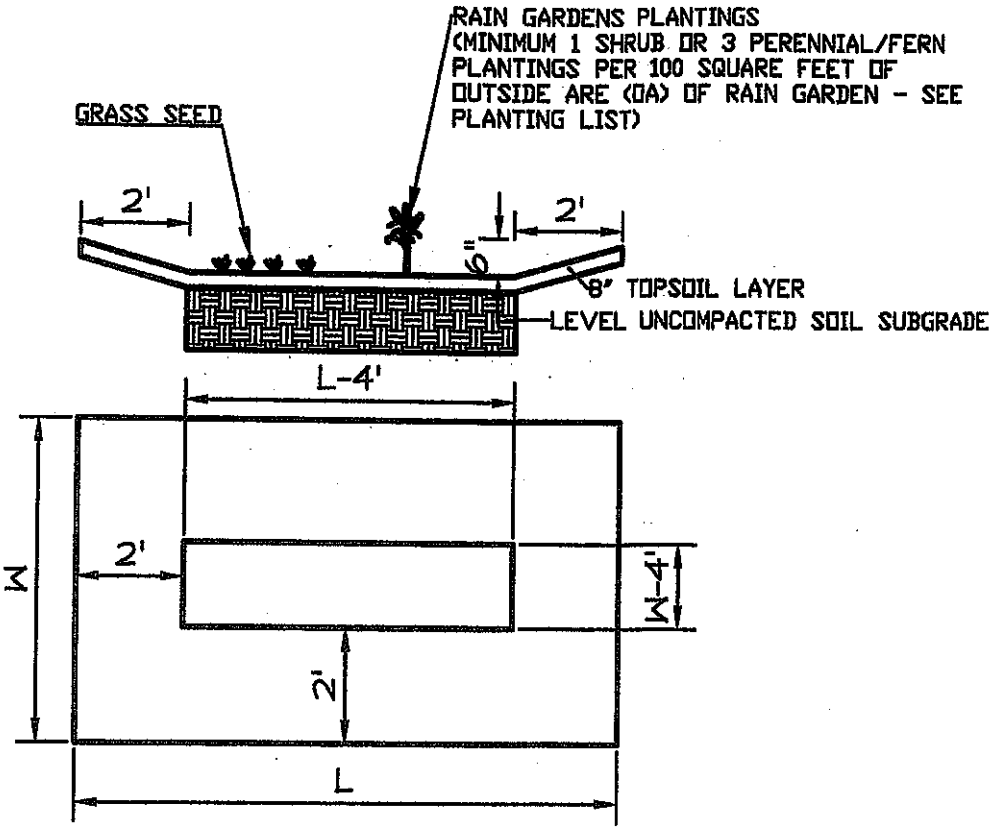
ATTACHMENT 5 STORMWATER MANAGEMENT AT GRADE IMPERVIOUS

JOB NUMBER:

143 SOUTH BROAD STREET
LITITZ, PA 17543
(717) 626-7211 FAX (717) 626-7040
www.slagroup.com
slg inc.
ENGINEERS & LANDSCAPE ARCHITECTS

SCALE: N.T.S.
DRAWN BY:
DATE: 2014

DRAWING: N/A
SKETCH: 1 OF 1



1.) CALCULATE REQUIRED RAIN GARDEN VOLUME (V)
(RV) = SQUARE FEET OF NEW IMPERVIOUS AREA X (0.085') RV=____FT3

2.) CALCULATE OUTSIDE AREA OF RAIN GARDEN (OA)
(OA) = LENGTH (L) X WIDTH (W) OA=____FT2

3.) CALCULATE INSIDE AREA OF RAIN GARDEN (IA)
(IA) = [(L)-4'] X [(W)-4'] IA=____FT2

4.) CALCULATE AVERAGE AREA OF RAIN GARDEN (AA)
(AA) = (OA)/2 + (IA)/2 AA=____FT2

5.) CALCULATE STORAGE VOLUME (SV)
(SV) = (AA) X 0.5' SV=____FT3

6.) CHECK FOR ADEQUATE STORAGE
STORAGE VOLUME (SV) MUST BE GREATER THAN REQUIRED VOLUME (RV)
RV= ____FT3 > SV=____FT3

7.) ADJUST RAIN GARDEN SIZE
IF STORAGE VOLUME (SV) IS NOT GREATER THAN REQUIRED VOLUME (RV), INCREASE THE SIZE OF THE RAIN GARDEN AND REPEAT STEPS 2-6.

EARL TOWNSHIP

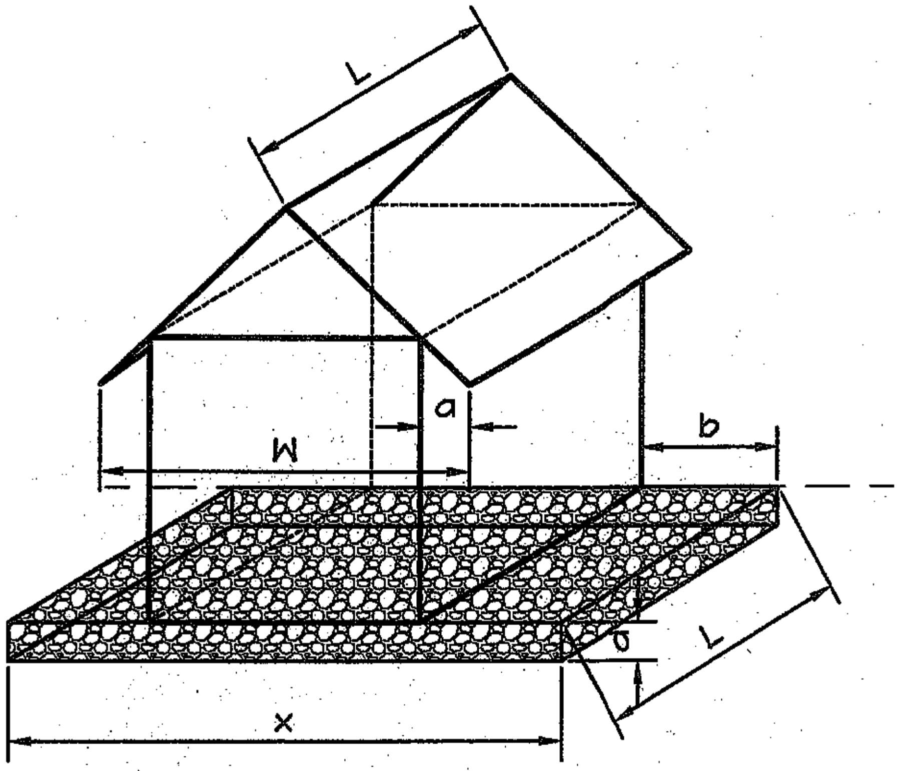
ATTACHMENT 6 RAIN GARDEN

JOB NUMBER:

143 SOUTH BROAD STREET
LITITZ, PA 17543
(717) 626-7211 FAX (717) 626-7040
www.slagroup.com
ENGINEERS & LANDSCAPE ARCHITECTS

SCALE: N.T.S.
DRAWN BY:
DATE: 2014

DRAWING: N/A
SKETCH: 1 OF 1



KEY

L = LENGTH OF STRUCTURE ROOF = LENGTH OF SEEPAGE TRENCH (FT.)
W = WIDTH OF ONE SIDE OF THE ROOF (FT)
a = EAVE/OVERHANG (FT)
b = DISTANCE FROM STRUCTURE WALL TO SEEPAGE TRENCH (FT)
  = a + 1 FT => PLACE FROM EDGE OF TRENCH ONE FOOT PAST EAVES
x = WIDTH OF SEEPAGE TRENCH (FT)
  x = W + 2FT
d = DEPTH OF SEEPAGE TRENCH (FT)
  D = 6" TO 8" (AVERAGE)

NOTES

1.) TRENCH MUST BE PROVIDED ON EACH SIDE OF STRUCTURE.
2.) SIDE AND BOTTOM OF TRENCH TO BE WRAPPED IN CLASS 1 GEOTEXTILE.
3.) TRENCH TO BE FILLED WITH CLEAN STONE (3/4" MIN. SIZE).
4.) TRENCH TO BE CONSTRUCTED AT 0% SLOPE ON UNDISTURBED SOIL.
5.) TRENCH TO BE CHECKED REGULARLY TO MAINTAIN PROPER OPERATION

EARL TOWNSHIP ATTACHMENT 7 STORMWATER MANAGEMENT STRUCTURES WITHOUT GUTTERS		JOB NUMBER:
143 SOUTH BROAD STREET LITITZ, PA 17543 (717) 626-7271 FAX (717) 626-7040 www.elagroup.com ELA Group, Inc. ENGINEERS & LANDSCAPE ARCHITECTS	SCALE: N.T.S.	DRAWING: N/A
	DRAWN BY:	SKETCH:
	DATE: 2014	1 OF 1

DRAWING: W:\55\135-419\Details\Details-Earl.dwg - PLOTTED: Feb 11, 2014 10:41 am

Rain Garden Native Planting List

Perennials and Ferns

Blue false indigo (Baptista Australis)
Blue flag iris (Iris Versicolor)
Blue star (Amsonia tabernaemontana)
Blue vervain (Verbena hastata)
Boltonia (Boltonia asteroids)
Boneset (Eupatorium perfoliatum)
Bottlebrush grass (Hystrix patula)
Broomsedge (Andropogon virginicus)
Cardinal flower (Lobelia cardinalis)
Cinnamon fern (Osmunda cinnamomea)
Culvers root (Veronicastrum virginicum)
Golden ragwort (Senecio aureus)
Goldenrod (Solidago patula, S. rugosa)
Great blue lobelia (Lobelia siphlitica)
Green bullrush (Scirpus atrovirens)
Horsetail (Equisetum species)
Marsh marigold (Caltha palustris)
Mistflower (Eupatorium colestinum)
Monkey flower (Mimulus ringens)
New England aster (Aster novae-anglia)
New York aster (aster novi-belgii)
Obedient plant (Physotegia virginiana)
Royal fern (Osmunda regalis)
Seedbox (Ludwigia alternifolia)
Sensitive fern (Onoclea sensibilis)
Sneezeweed (Helenium autumnale)
Soft rush (Juncus effusus)
Swamp milkweed (Asclepias incarnata)
Swamp rose mallow (Hibiscus moscheutos)
Swamp sunflower (Helianthus angustifolius)
Switchgrass (Panicum virgatum)
Threadleaf coreopsis (Coreopsis Verticillata)
Tussock sedge (Carex stricta)
White turtlehead (Chelone glabra)
Woolgrass (Scirpus cyperinus)

Shrubs

American beautyberry (Calicarpa americana)
Arrowwood (Viburnum dentatum)
Black chokeberry (Aronia melanocarpa)
Broad-leaved meadowsweet (Spirea latifolia)
Buttonbush (Cephalanthus occidentalis)
Elderberry (Sambucus canadansis)
Inkberry (Ilex glabra)
Narrow-leaved meadowsweet (Spirea alba)
Ninebark (Physocarpus opulifolius)
Possumhaw (Viburnum nudum)
Red-osier dogwood (Cornus sericea)
St. Johnswort (Hypericum densiflorium)
Silky dogwood (Cornus amomum)
Smooth alder (Alnus serrulata)
Spicebush (Lindera benzoin)
Swamp azalea (Rhododendron viscosum)
Swamp rose (Rosa palustris)
Sweet pepperbush (Clethra alnifolia)
Wild raisin (Viburnum cassinoides)
Winterberry (Ilex verticillata)
Virginia sweetspire (Itea virginica)

Introducing Associated Building Inspections, Inc.

Our group of code professionals can advise you on the requirements necessary to implement Act 45 and provide enforcement authority, utilizing a practical and common sense approach to the building Code.

All of our code professionals have worked in the construction trades, so in addition to their BOCA certifications they have the experience of familiarity with construction techniques. This diverse group of code professionals has various levels of expertise in many different construction disciplines. This allows our inspectors to consult with each other on any issues that may arise concerning interpretations.

Presently Associated Building Inspections provides services in the following counties: Lancaster, Lebanon, Berks, Chester, York, Schuylkill, Perry, Cumberland and Dauphin.

Company History

Associated Building Inspections, Inc. was founded in 1994. Randy B. Maurer serves as President. ABI Inc. presently employs seven building inspectors, having a combined total of over fifty years of experience in the inspection industry. "Your safety is our priority," is the goal and motto of our organization. ABI Inc. was formed to provide a needed service to municipalities unable to justify the costs of hiring a full-time inspector in the new millennium.

Our President has 30 years of experience in the construction trades and has 21 years as a Code Official. He has numerous certifications from the Building Officials and Code Administrators, International Association of Electrical Inspectors, and the Industrialized Building Commission. He also holds an Associate in Electrical Engineering Degree from the Pennsylvania State University.

ASSOCIATED BUILDING INSPECTIONS, INC.

P.O. Box 423 Ephrata, PA 17522-0423
Phone/Fax 717-733-1654

Commercial, Industrial, & Multi-Family Dwellings Permit Application Procedure Checklist

The website for ABI is www.weknowcodes.com
There is a wealth of information on this site about permit applications. If you don't see it there please call, fax, or e-mail your questions to us.

- Have all your plans been signed and sealed by a design professional? All commercial projects, unless meeting certain criteria under the Pennsylvania Uniform Construction Code must be reviewed, signed, and sealed by a design professional.
- Additions or alterations to an existing building must be submitted with plans showing any previous approvals by L&I or the local building code department. Have you included one set of these plans in your submittal?
- Do your plans show all the construction disciplines on your project such as architectural, accessibility, structural, mechanical, electrical, energy, plumbing, fire protection, and site plans?
- Have you provided three complete sets of documentation?
- On the ABI website is a form UCC-2 that serves as a checklist for all construction disciplines in all commercial projects. This may be completed electronically by your design professional and printed out. For any item that applies to your project check that item off on the UCC-2 and then provide documentation on the plans to support that item for construction. If you do not have this form one will be provided for you at your request.
- Have you completed all zoning, land development, storm water management, highway occupancy, as well as water and sewer requirements?
- It is very important that you provide complete contact information for all persons who wish to receive copies of the plan reviews. Provide names, addresses, phone numbers, fax numbers and if possible e-mail addresses of all parties.

You can not provide too much detail but you can provide too little in order to do a thorough plan review. This checklist provides the minimum information required for permit submittal.

Do not submit the permit until you have provided all the required minimum submittal information. If you are unsure of your submittal please call or visit our website.

ASSOCIATED BUILDING INSPECTIONS LLC

1248 West Main Street, Suite 23, Ephrata, PA 17522
Phone: (717) 733-1654; FAX (717) 721-4224
www.weknowcodes.com

ABI #: _____
Permit #: _____
Date: _____
Form ABI-3 REV 5.22.2018

Uniform Construction Code (UCC)

APPLICATION FOR BUILDING PERMIT

Application Type (Check all that apply)	❒ Accessibility Only Review ❒ Alteration or Renovation ❒ New Structure or Facility ❒ Plan Revision or Partial Occupancy Request ❒ Unapproved Existing Building ❒ New Building	❒ Addition ❒ Phased Approval ❒ If Phased Approval indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan.

Use/Occupancy Classification: Check box to left of applicable group. (Check all that apply)	❒ A-1	❒ A-2	❒ A-3	❒ A-4	❒ A-5	❒ B	❒ E
	❒ F-1	❒ F-2	❒ H-1	❒ H-2	❒ H-3	❒ H-4	❒ H-5
	❒ I-1	❒ I-2	❒ I-3	❒ I-4	❒ M	❒ R-1	❒ R-2
	❒ R-3 Adult Care		❒ R-3	❒ R-4	❒ S-1	❒ S-2	❒ U

Site Information (Political Subdivision & County names are required.)

Project Name _____

Street Name and # _____

City _____ State _____ Zip Code _____

Political Subdivision _____ County _____

Special Requirements and Documentation

Check each block below indicating that all of the following will be submitted with this application:

❒ Three (3) site plans ❒ Three (3) complete sets of construction drawings

❒ One (1) completed copy of the ABI-2 UCC PLAN REVIEW CHECKLIST

❒ One (1) set of specifications (only if Addition, Alteration, New Building or New Structure/Facility)

❒ PDF files of design drawings ❒ **Proposed project timeline _____ yr/mo(s)**

Does this construction involve modular units built in a factory	❒ Yes ❒ No	If "Yes", submit 1 copy of a letter from a licensed design professional certifying that construction within the modular units (or the fully assembled modular building) and hidden from view will fully comply with all requirements of the UCC.
Is this construction regulated by the Health Care Facilities Act?	❒ Yes ❒ No	If "Yes", submit 1 copy of approval letter from the Pennsylvania Department of Health.
Is this construction exempt from energy code requirements?	❒ Yes ❒ No	If Yes", submit 1 copy of letter indicating that the building or structure will use neither electricity nor fossil fuels, and thus is exempt per *ASHRAE 90.1,* §2.3(B). If "No", submit 1 copy of the COMcheck-EZ Certificate or the UCC-14 ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT.
Is project in flood hazard area?	❒ Yes ❒ No	If "Yes", submit 1 copy of one of the flood hazard certifications mandated in section 1612.5 of the *International Building Code.*

	Are any of the *International Building Code* (Chapter 17) special inspection or structural observations required?	❒ Yes ❒ No	If "Yes", submit 1 copy of the ABI-6 SPECIAL INSPECTIONS OBSERVATIONS STATEMENT.
	Will an alternative construction method or material be used on this project?	❒ Yes ❒ No	If "Yes", submit a signed statement indicating that the proposed method or material meets the requirements of 34 PA Code §403.44.
	Is this application for "temporary certificate of occupancy" (Phased Approval)? A building code official may issue a temporary certificate of occupancy (Phased Approval) for a portion or portions of the building or structure before the completion of the entire work covered by the permit if the portion or portions may be occupied safely. The building code official shall set a time period during which the temporary certificate of occupancy is valid.	❒ Yes ❒ No	If "Yes", submit a letter signed by the design professional and owner acknowledging that the request for phased construction. For Phased Approval applicant shall indicate total number of phases and describe scope of work for each phase. A plan shall be submitted with an outline defining each phase of the plan. Inspection fees shall be based on a cost per phase. Plan review fees may, depending on level of submittal, cover entire project or each phase only per judgment of plans examiner.
	Construction Phase Requiring Certificate of Use & Occupancy	❒ Yes ❒ No	Which Phases?

Project Data	Does the project have zoning approval? ❒ Yes ❒ No Type(s) of construction per Chapter 6 of the *International Building Code* (check all that apply): ❒ IA ❒ IB ❒ IIA ❒ IIB ❒ IIIA ❒ IIIB ❒ IV ❒ VA ❒ VB Fire suppression: ❒ Full ❒ Partial ❒ None If application applies to an existing building that is "legally occupied," indicate permits held: Fire and Panic Occupancy Permit ❒ Fire Number: _____ Municipal Occupancy Permit ❒ Permit Number: _____ Municipality Name: _____ L&I UCC Certificate of Occupancy ❒ File Number: _____ If "legally occupied," you must select which code requirements the building will comply with (choose only one): ❒ *International Existing Building Code* ❒ Chap. 34, *International Building Code* Which triennial codes must this work comply with? ❒ 2009 ❒ 2012 ❒ 2015

Design Professional In Responsible Charge Seal must be in space to right of name and address.	Name: _____ Address: _____ _____ PA License #: _____ E-Mail: _____ Phone: _____ Fax: _____

Owner Information	Owner Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____ E-mail: _____
Deferred Submissions **(Check all that apply)**	Are you requesting deferred approval? ☐ Yes ☐ No Provide a written request on the construction disciplines to be deferred. Please check disciplines you wish to defer: ☐Architectural ☐Plumbing ☐Structural ☐Electrical ☐Mechanical ☐Fire Protection Systems ☐Accessibility ☐Energy/Insulation ☐Underslab Plumbing ☐Underslab Electrical ☐Underslab Mechanical ☐_____ Provide three sets of signed and sealed drawings for all those disciplines you wish to construct.

Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:
The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the local municipality.
This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
Any changes to the approved documents will be filed with Associated Building Inspections LLC and the local municipality.
When required, up to 20% of the total cost of any work performed on any area of primary function in an existing building will be expended to provide an accessible route to the area of primary function.
No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405 of the Pennsylvania Uniform Construction Code.

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Applicant Signature: _____ Date: _____

Applicant E-mail: _____

Applicant is responsible for the payment of ABI fees unless otherwise noted.

Uniform Construction Code (UCC)

UCC PLAN REVIEW CHECKLIST

This checklist must accompany permit applications for new building/structures, additions and renovation projects (those which exceed the scope of Alterations-Level 1) ALL INFORMATION MUST BE FILLED IN, CHECKED, OR MARKED "NA"	
Project Name:	
Project Address:	
Owner/Agent:	Telephone:
Design professional or other person we can contact about info on this form and other project details (if same as Owner/Agent, just provide fax number and e-mail address):	Telephone:
	Fax:
	E-mail:

General Requirements:

All drawings, shall be sealed, signed, and dated by a design professional (licensed architect or engineer). The only exception is when all of the following apply:

1. The proposed work only involves remodeling or alterations of an existing building or structure.
2. The proposed work does not change the building's structure or means of egress.
3. The person preparing the plans is not compensated for the preparation of the drawings.

All drawings must be neatly drawn with clean, crisp lettering. They must remain legible after reduction for microfilming.

Computer-generated vicinity maps obtained from web-based services (such as MapQuest) are acceptable, as long as the roadways or street names are legible and will remain that way after reduction for microfilming.

When photographs (including digital) are submitted to show building elevations, the images must be in focus and correctly exposed.

A Pennsylvania Department of Transportation (PennDOT) permit allowing access to a highway under its jurisdiction is not required at the time that application is made for a UCC building permit. If the highway occupancy permit issued by PennDOT requires a location of the building/structure differing from that approved under the UCC building permit, applicants must send the Department a letter requesting a determination whether a revision of approved plans will be required.

While we understand that many items on this checklist may not be included in some alteration or renovation projects, we request that all applicants work through the entire checklist to ensure that any necessary items are included. If any item is not necessary, please check "N/A" (not applicable). This will greatly facilitate review and approval of projects.

If any of the non-mandatory sections (any sections other than Site Plans and Architectural Plans) in this document do not apply to the proposed work, please check the "NA" box beside the section title (rather than fill in "NA" next to each item in that section).

SITE PLANS:

☐ Yes	☒ N/A	a. Site plans shall be prepared to scale (not less than 1" = 20') with legend, north arrow, and separate vicinity (site location) map.
☐ Yes	☐ N/A	b. Show the correct street address, parcel number and required municipal zoning (if there is local zoning ordinance) on the site plans.
☐ Yes	☐ N/A	c. Show and identify all property lines and rights-of-way, with distance from property lines and adjacent buildings on site plans.
☐ Yes	☐ N/A	d. Show all accessible parking spaces and signage per ICC/ANSI A117.1 and the *International Building Code* on site plan.
☐ Yes	☐ N/A	e. Show accessible curb cuts, ramps, and access ways to the building.
☐ Yes	☐ N/A	f. Show all existing and proposed driveway entrances.
☐ Yes	☐ N/A	g. Identify adjacent land uses and zoning.
☐ Yes	☐ N/A	h. Show all easements, flood ways, and required buffers.
☐ Yes	☒ N/A	i. Show existing and proposed utilities (with backflow preventers) to serve the site.
☐ Yes	☐ N/A	j. Show existing and proposed finish grades.
☒ Yes	☐ N/A	k. Show details, sections, and elevations needed for construction.
☐ Yes	☐ N/A	l. Show all buffer and screening landscaping.
☐ Yes	☐ N/A	m. Show all required parking and loading spaces and calculations.

ARCHITECTURAL PLANS:

☐ Yes	☐ N/A	a. Show architectural floor plans of each floor. These pages must be at least 18" x 24" in size (but not more than 36" x 42"), drawn to a scale of not less than 1/8" = 1'. Indicate (or reproduce) the approved, tested hourly rating, number and location of all rated members and assemblies (walls, columns, beams, floor and ceiling, and ceiling and roof fire-rated design assemblies). b. Show all fire-rated walls (both existing and new) withtheir ratings, if not shown elsewhere. c. *Drawings submitted without required fire-rated walls shown will be rejected.*
☐ Yes	☐ N/A	d. Show the square footage of each floor on the corresponding floor plans.
☐ Yes	☐ N/A	e. Identify the names and uses of each room.
☐ Yes	☐ N/A	f. Furnish door schedule(s), including size, type, rating (if any) and hardware.
☐ Yes	☐ N/A	g. Provide all glazing schedules.
☐ Yes	☐ N/A	h. Show elevations with dimensions defining overall building height, floor-to-floor heights, or heights to ridge and eave as applicable to the type of building construction listed on the UCC application. (Note: Where an existing building is involved, photographs of all sides of the building may be submitted to show elevations. These will be acceptable only if they show all elements necessary to determine compliance with the UCC.)
☐ Yes	☐ N/A	i. Provide basement percentage-below-grade calculations.
☐ Yes	☐ N/A	j. Indicate roof slopes, drainage system and sized through wall scuppers, if applicable to the project.
☐ Yes	☐ N/A	k. Show fixed seating for assembly occupancy to allow determination of occupancy posting required by *International Building Code*.
☐ Yes	☐ N/A	l. Show wall sections with proposed material sizes, construction and fire-rated assemblies.
☐ Yes	☐ N/A	m. Show proposed plumbing fixtures and privacy screens on the plans.
☐ Yes	☐ N/A	n. If masonry construction is proposed, include the following information: ☐ Type of brick ties and spacing of weep holes ☐ Control joints ☐ Placement of wall flashing and reinforcement
☐ Yes	☐ N/A	o. If appropriate for the proposed occupancy, plans should identify all hazardous material control areas, fire barriers, and the require fire-resistance ratings for these barriers. All identified control areas shall list the name, class, quantity, and method of storage of all hazardous materials processed, manufactured, or used in a manufacturing process and contained within its fire barriers. Provide a Material Safety Data Sheet for each listed hazardous material. See sections 414 and 415 of the *International Building Code*.
☐ Yes	☐ N/A	p. Show the floor slab vapor barrier.
☐ Yes	☐ N/A	q. Show foundation water-proofing, if applicable.

☐ Yes	☐ N/A	r. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed the rating of construction being penetrated. The penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their system numbers. New penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
☐ Yes	☐ N/A	s. Show penthouse drawings.
☐ Yes	☐ N/A	t. On the drawings provide the calculations for the means of egress widths for the entire floor occupancy load and the existing capacity of all exits, including all stairs, doors, corridors, and ramped exits.
☐ Yes	☐ N/A	u. Show required ventilation louvers and vent sizes.

STRUCTURAL PLANS: ☐ N/A

☐ Yes	☐ N/A	a. Show foundation plans indicating the proposed slab elevations and type of foundation (i.e., mat foundation, caissons, spread footings, etc.).
☐ Yes	☐ N/A	b. Provide preliminary soil analysis data done by a licensed engineer, if required.
☐ Yes	☐ N/A	c. Indicate dimensions of foundations.
☐ Yes	☐ N/A	d. Show type, size and location of piling and pile caps for pile foundation.
☐ Yes	☐ N/A	e. Indicate grade beam sizes.
☐ Yes	☐ N/A	f. Indicate a footing schedule defining footing sizes and the required reinforcing.
☐ Yes	☐ N/A	g. Show the established footing depth below grade and method of frost protection allowed in section 1805.2.1 of the *International Building Code*.
☐ Yes	☐ N/A	h. Indicate the thickness of the floor slab, size of reinforcing, slab elevations, and type and details of foundations.
☐ Yes	☐ N/A	i. Indicate location, size, and amount of reinforcing steel.
☐ Yes	☐ N/A	j. Show foundation corner reinforcing bars and minimum overlapping (as applicable to project structure).
☐ Yes	☐ N/A	k. Provide strength of concrete according to designed soil reports.
☐ Yes	☐ N/A	l. Show beams, joists, girders, rafters, and/or truss layouts, and details of connections, structural steel stud gage, gage size, and connections.
☐ Yes	☐ N/A	m. Indicate the sizes and species of all wood members and their respective design strength.
☐ Yes	☐ N/A	n. Show all columns, girders, joists, purlins, beams, and base plates; for wood construction show all headers.
☐ Yes	☐ N/A	o. Provide a complete lintel schedule.
☐ Yes	☐ N/A	p. Indicate the type of anchoring for steel bearing directly on masonry.
☐ Yes	☐ N/A	q. Indicate design dead and live, wind, snow, seismic loads for floor areas, roofs, balconies, porches, breezeways, corridors, stairs, mezzanines, and platforms. Show concentrated loads, i.e., file rooms, machinery and forklift areas, if greater than those shown on the Code Summary Sheet. Identify shear walls, bracing, strapping fastening, reinforcement and any special anchoring required.
☐ Yes	☐ N/A	r. Where applicable, indicate on roof framing plan where concentrated loads (mechanical equipment, cranes, etc.) will be placed.
☐ Yes	☐ N/A	s. Indicate on foundation and framing plans the location and lateral load resisting system. (Show alls, braced frames, moment connections, etc.)

FIRE PROTECTION PLANS: ☐ N/A

☐ Yes	☐ N/A	a. Complete a sprinkler design data sheet and include it on the first plan of the sprinkler drawings.
☐ Yes	☐ N/A	b. Show floor plans for each floor with sprinkler piping layout, pipe sizes, pipe hanger details, piping materials, doors, walls, and room identities. Often, these shop drawings are not available at the time of the initial plan submission. If this is the case, write in "NA" but note the following: • These shop drawings must be submitted for Department review and approval **at least two weeks before the projected installation date.**

		• Failure to obtain approval of these drawings before installation could result not only in delay of the final inspection and issuance of an occupancy permit, but also in removal and reconstruction of installations which fail to meet UCC requirements.
☐ Yes	☐ N/A	c. Show ceiling plans with sprinkler head(s) layout, walls, soffits, openings, doors, dimensions and room identities.
☐ Yes	☐ N/A	d. Verify system design by providing hydraulic calculations along with the following: ☐ Recent water flow test ☐ 10 percent safety margin ☐ Type of backflow-preventer or reduced pressure zone showing equivalent foot loss ☐ Fire pump summary
☐ Yes	☐ N/A	e. Note the type of sprinkler system used (e.g., 13, 13D, or 13R).
☐ Yes	☐ N/A	f. For residential occupancies such as apartments and condominiums, show sprinkler head locations at breezeways, if applicable.
☐ Yes	☐ N/A	g. Indicate the certified testing laboratory agency (e.g., U.L.), their test number and hourly ratings of all new and/or affected rated members and assemblies (i.e., columns, beams, floor/ceiling and ceiling/roof fire-rated design assemblies). Show all new and/or affected fire-rated walls with their ratings, if not shown elsewhere.
☐ Yes	☐ N/A	h. All penetrations of fire-rated construction must be per manufacturer's details. Details shall meet or exceed ratings of construction being penetrated. Penetration details shall be exactly as tested by a certified testing laboratory or agency and shall include their system numbers. All new penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
☐ Yes	☐ N/A	i. Provide a fire alarm riser showing connection to a UL-approved central station. Show tamper switches on both OS and Y valves of backflow prevention device, unless shown elsewhere.
☐ Yes	☐ N/A	j. Indicate commodity class (per section 2303 of the *International Building Code*) and height of any storage.
☐ Yes	☐ N/A	k. Provide Material Safety Data Sheets for any hazardous materials (also specified under "**Architectural Plans**").
☐ Yes	☐ N/A	l. Where special temperature-rated or high-temperature sprinklers are required, show sprinkler type(s) per area, office size, cut sheets with K-factor, water requirements, spray pattern, coverage, and other pertinent data.

SYSTEM CALCULATIONS (FIRE PROTECTION): ☐ N/A

Hydraulically calculated and pipe schedule fire systems should be designed with a 10 percent safety margin for all new buildings and additions to existing buildings. Calculations for hydraulic systems should include:

☐ Yes	☐ N/A	a. Flow and pressure at each flowing sprinkler head.
☐ Yes	☐ N/A	b. Flow diagram for a grid system.

PLUMBING PLANS: ☐ N/A

☐ Yes	☐ N/A	a. Show a site utilities plan, if not provided with the civil drawings. ☐ Show the domestic water, fire, and irrigation services. ☐ Show the location of water meters, backflow protection type and location. ☐ Show the sanitary sewer service from building to public sewer or approved private sewage disposal system.
☐ Yes	☐ N/A	b. Show interceptors as applicable to project and size by flow rate. (i.e., grease, oil, lint, acid, sand).
☐ Yes	☐ N/A	c. Provide plumbing plan layouts for each floor. These should show the water distribution and drain-waste-vent piping, and all details, notes, legends, and schedule necessary to define the system being installed.
☐ Yes	☐ N/A	d. Show the location of all major components required for a complete system.
☐ Yes	☐ N/A	e. Provide fixture and equipment schedule showing fixture number, detailed description, hot water, cold water, waste and vent connection sizes and other pertinent data.
☐ Yes	☐ N/A	f. Identify all fixtures on floor plans and in riser diagrams with the plumbing fixture schedule number.

☐ Yes	☐ N/A	g. Supply and Waste/Vent piping shall be shown on the floor plans. All pipe sizes shall be clearly shown. In congested areas (e.g., restaurants, grocery stores, etc.), isometrics are required.
☐ Yes	☐ N/A	h. On buildings two stories and above, provide isometric diagrams and/or schematic riser diagrams for Supply and Waste/Vent piping and identify the risers by number (e.g., R1, R2, etc.). Show where all riser base terminations connect to the building drain, along with all interconnected piping on each floor plan. All pipe sizes shall be clearly defined.
☐ Yes	☐ N/A	i. Show the water, sanitary drain-waste-vent piping and storm leaders/drains. Indicate sizes and materials for above/below grade.
☐ Yes	☐ N/A	j. Show slope of horizontal sanitary and storm drains that equal or exceed 3" diameter, if less than 1/8" per foot.
☐ Yes	☐ N/A	k. Indicate roof drains and emergency roof drains/scuppers with the areas they impact. Note that "emergency" = "secondary" = "overflow," see following roof drainage examples: Roof Drain – 6" RD (16880 SF) Emergency Roof Drain – 6" ERD (8180 SF) Parapet Wall Scupper – 8" x 5" WS (4000 SF) Emergency Scupper – 8" x 7" ES (4200 SF)
☐ Yes	☐ N/A	l. Show toilet room layouts with minimum of ¼" = 1 foot scale.
☐ Yes	☐ N/A	m. Show drinking fountain locations.
☐ Yes	☐ N/A	n. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed rating of construction being penetrated. The penetration details shall be exactly as tested by an approved testing laboratory or agency and shall include their number systems.
☐ Yes	☐ N/A	o. Room names and numbers for each floor should be on a floor plan for each level.
☐ Yes	☐ N/A	p. Provide minimum facilities calculations.
☐ Yes	☐ N/A	q. Column line notations, if provided on the architectural/structural plans, shall be indicated on the plumbing plans.

MECHANICAL PLANS: ☐ N/A

☐ Yes	☐ N/A	a. Show all required wall louvers, penetrations, and fans.
☐ Yes	☐ N/A	b. Indicate roof-mounted equipment locations.
☐ Yes	☐ N/A	c. Show all mechanical equipment, piping, ductwork (above/below slab) on the mechanical floor and/or roof plan.
☐ Yes	☐ N/A	d. Provide mechanical plans for each floor and the roof. These shall show the ductwork layouts, schedules, notes, legends, piping schematics, and details necessary to define the system being installed.
☐ Yes	☐ N/A	e. Indicate air distribution devices and show cfm for all supply, return, and exhaust devices.
☐ Yes	☐ N/A	f. Indicate the location of all equipment components required for a complete system.
☐ Yes	☐ N/A	g. Show the smoke ventilation of atriums and pressurization of high-rise stairwells.
☐ Yes	☐ N/A	h. Show condensation drains, primary and secondary, from the unit to the point of discharge.
☐ Yes	☐ N/A	i. Indicate toilet exhaust requirements
☐ Yes	☐ N/A	j. Show mechanical room layouts at sufficient scale for dimensions and details to be ascertained.
☐ Yes	☐ N/A	k. Show the size of duct runs.
☐ Yes	☐ N/A	l. Indicate controls for fan shutdown: emergency manual and automatic smoke detection.
☐ Yes	☐ N/A	m. Show the location of all UL 555-certified fire dampers, ceiling radiation dampers, smoke dampers, and fire doors.
☐ Yes	☐ N/A	n. Show all fire-rated walls (both existing and new) with their ratings on the mechanical plans.
☐ Yes	☐ N/A	o. All penetrations of fire-rated construction must be per manufacturer's details.
☐ Yes	☐ N/A	p. Room names and numbers for each floor should be on a floor plan for each level.
☐ Yes	☐ N/A	q. Provide outside air ventilation rate per the *International Mechanical Code*.

☐ Yes	☐ N/A	r. Column line notations, if provided on the architectural/structural plans, shall be identified on the mechanical plans.
☐ Yes	☐ N/A	s. Provide gas piping layout on the floor plan for each floor. If it is a multi-story building, all gas piping shall be shown per floor. Include pipe sizes, water column, and type of material. Provide a schedule of connected equipment, total BTUH demand, total equivalent length, and most remote gas appliance.

ELECTRICAL PLANS: ☐ N/A

☐ Yes	☐ N/A	a. Provide panel schedules with circuit and feeder loading, overcurrent protection, and NEC load summaries for all new and/or affected panels and services (loading has to be evaluated by highest phase); include fault current data, short circuit ratings, and fault current protection co-ordination.
☐ Yes	☐ N/A	b. Provide a single line riser diagram showing all new and/or affected services, feeders, wire sizes, and insulation types, and conduit sizes and types.
☐ Yes	☐ N/A	c. Indicate number of services and their physical locations; clearly indicate mains and characteristics.
☐ Yes	☐ N/A	d. Indicate the grounding electrode conductor size with new and/or affected services and transformers; where necessary provide details or notes on methods.
☐ Yes	☐ N/A	e. Show physical locations of all new and/or affected panels and switchgear (indicate front).
☐ Yes	☐ N/A	f. Indicate receptacle plans with circuitry.
☐ Yes	☐ N/A	g. Indicate lighting plans with circuitry.
☐ Yes	☐ N/A	h. Show electrical plans for each affected floor, including the roof.
☐ Yes	☐ N/A	i. Show wiring method(s), conduit sizes and types, termination temperature (60, 75, 90) requirements, conductor sizes, and insulation types.
☐ Yes	☐ N/A	j. Indicate the design and/or operation for any of the following applicable life safety systems: emergency generators, smoke evacuation, shaft pressurization and relief, smoke detection, egress and emergency lighting, and fire alarms.
☐ Yes	☐ N/A	k. Indicate how special needs such as classified (hazardous), corrosive and patient care are treated. Provide detailed plan of classified areas, the classifications and how complied with (i.e., hangers, waste treatment and collection, flammable dusts, gases or liquids, spray booths, vehicle servicing and parking, etc.).
☐ Yes	☐ N/A	l. Provide all HVAC nameplate data, including MCA and MOCP. List all other appliance and/or equipment (other than those which will be connected to a general use receptacle) with nameplate data (i.e., voltage, phasing, HP, KVA, FLA, RLA, etc.).
☐ Yes	☐ N/A	m. Indicate all motor horse power ratings, if not supplied elsewhere.
☐ Yes	☐ N/A	n. Indicate the certified testing laboratory or agency (e.g., UL), their test number and hourly ratings of all new and/or affected rated members and assemblies (i.e., columns, beams, floor/ceiling, and ceiling/roof fire-rated design assemblies). Show all new and/or affected fire-rated walls with their ratings, if not shown elsewhere.
☐ Yes	☐ N/A	o. All penetrations of fire-rated construction must be per manufacturer's details. The details shall meet or exceed ratings of construction being penetrated. Penetration details shall be exactly a tested by an approved testing laboratory or agency and shall include their system numbers. New penetrations of existing fire-rated walls and assemblies shall be shown with appropriate designs.
☐ Yes	☐ N/A	p. Provide all applicable *International Energy Conservation Code* compliance data on the Building Code Summary sheet or on the electrical plans.
☐ Yes	☐ N/A	q. All submittals should include a listing and labeling statement. (All electrical materials, devices, appliances, and equipment shall be labeled and listed by a certified testing laboratory or agency.)

ASSOCIATED BUILDING INSPECTIONS LLC

1248 West Main Street, Suite 23
Ephrata, PA 17522
Phone/FAX: 717-733-1654
www.weknowcodes.com

ABI File # _____
Municipal Permit # _____
Date: _____

Form ABI-6

Special Inspections and Observation Statement

This statement must accompany permit applications for all construction for which special inspections and observations are required in Chapter 17 of the *International Building Code (IBC).*		
Project Name:		
Project Address:		
Owner:		Telephone:
e-mail:		

This is to certify that all the inspections and observations that I have checked on pages 2-3 **and** on page 4 of this statement are required for the project named above and will be performed by the designated individuals or firms. By signing this statement, I also acknowledge that:

- These inspections and observations must be performed by competent individuals in accordance with the requirements of the *IBC* Chapter 17 (as applicable) and that the construction work must comply with the department-approved plans and specifications and all applicable provisions of the Uniform Construction Code;
- Records of all required special inspections and testing observations (including any discrepancies and methods of correction of these discrepancies) will be retained and made available to department representatives, upon request; and,
- The Final Report section of this statement must be signed by me and a copy of this statement submitted to the department inspector at the time that the final inspection is performed and before a certificate of occupancy is issued.

_____
Name of Design Professional in Responsible Charge

_____
Signature of Design Professional in Responsible Charge

_____ _____
PA License Number Date signed (Month/Day/Year)

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.
☐	Inspection of Fabricators		
☐	Inspection of Steel Construction		
☐	Inspection of Concrete Construction		
☐	Inspection of Masonry Construction		
☐	Inspection of Wood Construction		
☐	Inspection of Soil Conditions		
☐	Inspection of Pile Foundations		

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.
☐	Inspection of Pier Foundations		
☐	Inspection of Wood Panels and Veneers		
☐	Inspection of Sprayed Fire-Resistant Materials		
☐	Inspection of Smoke Control		
☐	Inspection of Exterior Insulation & Finish System (EIFS)		
☐	Structural Observations		
☐	Inspection of Mastic and Intumescent Fire-Resistant Coatings		

Final Report:

Note:

This page to be filled out and submitted to the building code official at the completion of the project before the Certificate of Use and Occupancy is issued.

Required Special Inspections or Observations:

- ☐ Inspection of Fabricators
- ☐ Inspection of Steel Construction
- ☐ Inspection of Concrete Construction
- ☐ Inspection of Masonry Construction
- ☐ Inspection of Wood Construction
- ☐ Inspection of Soil Conditions
- ☐ Structural Observations
- ☐ Inspection of Pile Foundations
- ☐ Inspection of Pier Foundations
- ☐ Inspection of Wood Panels and Veneers
- ☐ Inspection of Sprayed Fire-Resistant Materials
- ☐ Inspection of Smoke Controls
- ☐ Inspection of Exterior Insulation & Finish System (EIFS)
- ☐ Inspection of Mastic and Intumescent Fire-Resistant Coatings

I certify that I have reviewed the report on each of the inspections or observations check above. These reports indicate that the covered work is in compliance with the department-approved plans and specifications and all applicable provisions of the Uniform Construction Code.

SEAL

_____

Signature of Design Professional in Responsible Charge

_____

Date Signed (Month/Day/Year)

KEY for use in CREDENTIALS column (on pages 2 and 3)

ACI	American Concrete Institute Certified Concrete Field Testing Technician
AWS	American Welding Society Certified Welding Inspector
ASNT	American Society of Non-Destructive Testing
AWCI	Association of Wall and Ceiling Industries
MCA	Model code agency (ICC, BOCA, SBCCI, ICBO) special inspection certification
PA	Professional Architect (currently licensed)
PE	Professional Engineer (currently licensed)
OTHER	Specialized training coursework or other basis for competency deemed acceptable

TABLE 1704.3
REQUIRED VERIFICATION AND INSPECTION OF STEEL CONSTRUCTION

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	CONTINUOUS	PERIODIC	REFERENCED STANDARD
	1. Material verification of high-strength bolts, nuts, and washers:			
☐	a. Identification markings to conform to ASTM standards specified in the approved construction documents.	—	X	AISC 360 Section A3.3 and applicable ASTM material standards
☐	b. Manufacturer's certificate of compliance required.	—	X	—
	2. Inspection of high-strength bolting:			
☐	a. Snug-tight joints.		X	AISC 360 Section M2.5
☐	b. Pretensioned and slip-critical joints using turn-of-nut with matchmarking, twist-off bolt or direct tension indicator methods of installation.	—	X	
☐	c. Pretensioned and slip-critical joints using turn-of-nut without matchmarking or calibrated wrench methods of installation.	X	—	
	3. Material verification of structural steel and cold-formed steel deck.			
☐	a. For structural steel, identification markings to conform to AISC 360.	—	X	AISC 360 Section M2.5
☐	b. For other steel, identification markings to conform to ASTM standards specified in the approved construction documents.	—	X	Applicable ASTM material standards
☐	c. Manufacturer's certified test reports.	—	X	
	4. Material verification of weld filler materials.			
☐	a. Identification markings to conform to AWS specification in the approved construction documents.	—	X	AISC 360 Section A3.5 and applicable AWS A5 documents
☐	b. Manufacturer's certificate of compliance required.	—	X	—

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	CONTINUOUS	PERIODIC	REFERENCED STANDARD
	5. Inspection of welding:			
	a. Structural steel and cold-formed steel deck:			
☐	1) Complete and partial joint penetration groove welds.	X	—	AWS D1.1
☐	2) Multipass fillet welds.	X	—	
☐	3) Single-pass fillet welds > 5/16"	X	—	
☐	4) Plug and slot welds.	X	—	
☐	5) Single-pass fillet welds ≤ 5/16"	—	X	
☐	6) Floor and roof deck welds.	—	X	AWS D1.3
	b. Reinforcing steel:			
☐	1) Verification of weldability of reinforcing steel other than ASTM A 706.	—	X	AWS D1.4 ACI 318: Section 3.5.2
☐	2) Reinforcing steel resisting flexural and axial forces in intermediate and special moment frames, and boundary elements of special structural walls of concrete and shear reinforcement.	X	—	
☐	3) Shear reinforcement.	X	—	
☐	4) Other reinforcing steel.	—	X	
	6. Inspection of steel frame joint details for compliance.			
☐	a. Details such as bracing and stiffening.	—	X	—
☐	b. Member locations.	—	X	
☐	c. Application of joint details at each connection.	—	X	

For SI: 1 inch – 25.4 mm.

a. Where applicable, see also Section 1707.1. Special inspection for seismic resistance.

TABLE 1704.4

REQUIRED VERIFICATION AND INSPECTION OF CONCRETE CONSTRUCTION

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	CONTINUOUS	PERIODIC	REFERENCED STANDARD	IBC REFERENCE
☐	1. Inspection of reinforcing steel, including prestressing tendons, and placement.	—	X	ACI 318: 3.5, 7.1-7.7	1913.4
☐	2. Inspection of reinforcing steel welding in accordance with Table 1704.3, Item 5b.	—	—	AWS D1.4 ACI 318: 3.5.2	—
☐	3. Inspection of bolts to be installed in concrete prior to and during placement of concrete where allowable loads have been increased or where strength design is used.	X	—	ACI 318: 8.1.3, 21.2.8	1911.5, 1912.1
☐	4. Inspection of anchors installed in hardened concrete.	—	X	ACI 318: 3.8.6, 8.1.3, 21.2.8	1912.1
☐	5. Verifying use of required design mix.	—	X	ACI 318: Ch. 4, 5.2-5.4	1904.2.2, 1913.2, 1913.3
☐	6. At the time fresh concrete is sampled to fabricate specimens for strength tests, perform slump and air content tests, and determine the temperature of the concrete.	X	—	ASTM C 172 ASTM C 31 ACI 318: 5.6, 5.8	1913.10
☐	7. Inspection of concrete and shotcrete placement for proper application techniques.	X	—	ACI 318: 5.9, 5.10	1913.6, 1913.7, 1913.8
☐	8. Inspection for maintenance of specified curing temperature and techniques	—		ACI 318: 5.11-5.13	1913.9
☐	9. Inspection of prestressed concrete: a. Application of prestressing forces. b. Grouting of bonded prestressing tendons in the seismic-force-resisting system.	X	—	ACI 318: 18.20 ACI 318: 18.18.4	—
☐	10. Erection of precast concrete members.	—	X	ACI 318: Ch. 16	—
☐	11. Verification of in-situ concrete strength prior to stressing of tendons in posttensioned concrete and prior to removal of shores and forms from beams and structural slabs.	—	X	ACI 318: 6.2	—
☐	12. Inspect formwork for shape, location and dimensions of the concrete member being formed.	—	X	ACI 318: 6.1.1	—

For SI: 1 inch = 25.4 mm

a. Where applicable, see also Section 1707.1, Special inspection for seismic resistance

TABLE 1704.5.1

LEVEL 1 REQUIRED VERIFICATION AND INSPECTION OF MASONRY CONSTRUCTION

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	FREQUENCY OF INSPECTION		REFERENCE FOR CRITERIA		
		CONTINUOUS	PERIODIC	IBC SECTION	TMS 402/ACI 530/ASCE 5[a]	TMS 602/ACI 530.1/ASCE 6[a]
☐	13. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified.	—	X	—	—	Art. 1.5
☐	14. Verification of f'_m and f'_{AAC} prior to construction except where specifically exempted by this code.		X	—	—	Art 1.4B
☐	15. Verification of slump flow and VSI as delivered to the site for self-consolidating grout.	X	—	—	—	Art. 1.5B.1.b.3
	16. As masonry construction begins, the following shall be verified to ensure compliance.					
☐	a. Proportions of site-prepared mortar.	—	X	—	—	Art. 2.6A
☐	b. Construction of mortar joints	—	X	—	—	Art 3.3B
☐	c. Location of reinforcement, connectors, prestressing tendons and anchorages.	—	X	—	—	Art. 3.4, 3.6A
☐	d. Prestressing technique.	—	X	—	—	Art. 3.6B
☐	e. Grade and size of prestressing tendons and anchorages.	—	X	—	—	Art. 2.4B, 2.4H
	17. During construction the inspection program shall verify:					
☐	a. Size and location of structural elements.	—	X	—	—	Art. 3.3F
☐	b. Type, size, and location of anchors, including other details of anchorage of masonry to structural members, frames or other construction.	—	X	—	Sec. 1.2.2(e), 1.16.1	—
☐	c. Specified size, grade, and type of reinforcement, anchor bolts, prestressing tendons, and anchorages.	—	X	—	Sec. 1.15	
☐	d. Welding of reinforcing bars.	X	—	—	Sec. 2.1.9.7.2, 3.3.3.4(b)	—

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	FREQUENCY OF INSPECTION		REFERENCE FOR CRITERIA		
		CONTINUOUS	PERIODIC	IBC SECTION	TMS 402/ACI 530/ASCE 5[a]	TMS 602/ACI 530.1/ASCE 6[a]
☐	e. Preparation, construction, and protection of masonry during cold weather (temperature below 40°F) or hot weather (temperature above 90°F).	—	X	Sec. 2104.3, 2104.4	—	
☐	f. Application and measurement of prestressing force.	X	—	—	—	Art. 3.6B
	18. Prior to grouting, the following shall be verified to ensure compliance:					
☐	a. Grout space is clean.	—	X	—	—	Art. 3.2D
☐	b. Placement of reinforcement and connectors, and prestressing tendons and anchorages.	—	X	—	Sec. 1.13	Art. 3.4
☐	c. Proportions of site-prepared grout and prestressing grout for bonded tendons.	—	X	—	—	Art. 2.6B
☐	d. Construction of mortar joints.	—	X	—	—	Art. 3.3B
	19. Grout placement shall be verified to ensure compliance:	X	—	—	—	Art. 3.5
☐	a. Grouting of prestressing bonded tendons.	X	—	—	—	Art. 3.6C
☐	20. Preparation of any required grout specimens, mortar specimens and/or prisms shall be observed.	—	X	Sec. 2105.2.2, 2105.3	—	Art. 1.4

For SI: °C = [(°F) – 32]/1.8.

a. The specific standards reference are those listed in Chapter 35.

TABLE 1704.5.3

LEVEL 2 REQUIRED VERIFICATION AND INSPECTION OF MASONRY CONSTRUCTION

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	FREQUENCY OF INSPECTION		REFERENCE FOR CRITERIA		
		CONTINUOUS	PERIODIC	IBC SECTION	TMS 402/ACI 530/ASCE 5[a]	TMS 602/ACI 530.1/ASCE 6[a]
☐	21. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified.	—	X	—	—	Art. 1.5
☐	22. Verification of f'_m and f'_{AAC} prior to construction and for every 5,000 square feet during construction.	—	X	—	—	Art 1.4B
☐	23. Verification of proportions of materials in premixed or preblended mortar and grout as delivered to the site.	—	X	—	—	Art. 1.5B
☐	24. Verification of slump flow and VSI as delivered to the site for self-consolidating grout.	X	—	—	—	Art. 1.5B.1.b.3
	25. The following shall be verified to ensure compliance:					
☐	f. Proportions of site-prepared mortar, grout, and prestressing grout for bonded tendons.	—	X	—	—	Art. 2.6A
☐	g. Placement of masonry units and construction of mortar joints.	—	X	—	—	Art 3.3B
☐	h. Placement of reinforcement, connectors, and prestressing tendons and anchorages.	—	X	—	Sec. 1.15	Art. 3.4, 3.6A
☐	i. Grout space prior to grout.	X	—	—	—	Art. 3.2D
☐	j. Placement of grout.	X	—	—	—	Art. 3.5
☐	k. Placement of prestressing grout.	X	—	—	—	Art. 3.6C
☐	l. Size and location of structural elements.	—	X	—	—	Art. 3.3F
☐	m. Type, size, and location of anchors, including other details of anchorage of masonry to structural members, frames, or other construction.	X	—	—	Sec. 1.2.2(e), 1.16.1	—
☐	n. Specified size, grade, and type of reinforcement, anchor bolts, prestressing tendons, and anchorages.	—	X	—	Sec. 1.15	Art. 2.4, 3.4

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION	FREQUENCY OF INSPECTION		REFERENCE FOR CRITERIA		
		CONTINUOUS	PERIODIC	IBC SECTION	TMS 402/ACI 530/ASCE 5[a]	TMS 602/ACI 530.1/ASCE 6[a]
☐	o. Welding of reinforcing bars.	X	—	—	Sec. 2.1.9.7.2, 3.3.3.4(b)	—
☐	p. Preparation, construction, and protection of masonry during cold weather (temperature below 40°F) or hot weather (temperature below 90°F).	—	X	Sec. 2104.3, 2104.4	—	Art. 18.C, 1.8D
☐	q. Application and measurement of prestressing force.	X	—	—	—	Art. 3.6B
☐	26. Preparation of any required grout specimens and/or prisms shall be observed.	X	—	Sec. 105.2.2, 2105.3	—	Art. 1.4

For SI: °C = [(°F) – 32]/1.8, 1 square foot = 0.0929 m².

a. The specific standards referenced are those listed in Chapter 35.

TABLE 1704.7

REQUIRED VERIFICATION AND INSPECTION OF SOILS

CHECK IF APPLICABLE	VERIFICATION AND INSPECTION TASK	CONTINUOUS DURING TASK LISTED	PERIODICALLY DURING TASK LISTED
☐	1. Verify materials below shallow foundations are adequate to achieve the design bearing capacity.	—	X
☐	2. Verify excavations are extended to proper depth and have reached proper material.	—	X
☐	3. Perform classification and testing of compacted fill materials.	—	X
☐	4. Verify use of proper materials, densities and lift thicknesses during placement and compaction of compacted fill.	X	—
☐	5. Prior to placement of compacted fill, observe subgrade and verify that site has been prepared properly.	—	X

File No. _____

Date _____

UC3

Uniform Construction Code (UCC)

ENERGY CODE PRESCRIPTIVE COMPLIANCE REPORT

PROJECT INFORMATION

Project Name: _____

Street Number and Name: _____

City: _____ Zip Code: _____

Political Subdivision: _____ County: _____

IECC **Climate Zone**

- ☐ Zone 10B
- ☐ Zone 11B
- ☐ Zone 12A
- ☐ Zone 12B
- ☐ Zone 13B
- ☐ Zone 14A
- ☐ Zone 15

ASHRAE/IESNA 90.1 **Climate Zone**

- ☐ Zone 4A
- ☐ Zone 5A

PROJECT DESCRIPTION

Building floor area: _____ square feet

- ☐ New construction
- ☐ Unconditioned shell
- ☐ Addition (conditioned)
- ☐ Unconditioned addition
- ☐ Alteration

If using *ASHRAE/IESNA* 90.1 prescriptions, indicate if ☐ Semi-heated Space or if ☐ Cooled Space

APPLICABLE STANDARDS

Check which standards will be used for each component listed below.

	IECC CHAPTER 8	*ASHRAE/IESNA 90.1*
Building Envelope	☐	☐
Mechanical Systems	☐	☐
Electrical/Lighting Systems	☐	☐

If no Building Envelope box was checked above, please indicate why the building envelope is exempt from the energy conservation requirements:

- ☐ Peak design rate of energy usage will be less than 3.4 Btu/h/sq.ft.
- ☐ Building or structure will be neither heated nor cooled.

Attach either the IECC Chapter 8 or the ASHRAE/IESNA "Prescriptive Report" for each of the components checked above.

File No. _____

Date _____

UC3

IECC Prescriptive Report: BUILDING ENVELOPE

Window and Glazed Door Area/Above Grade Wall Area Ratio: _____ %

Skylights

Total Roof Area: _____ square feet
Total Skylight Area: _____ square feet
U-factor: _____
Assembly Type: _____

R value of slab or below-grade walls: _____

Windows and Glass Doors (list individual assemblies):

Number/Location	PF	SHGC	U

Roof Assembly (list each type of assembly used):

Elements of Roof Assembly	Insulation Between Framing (R-Value)	Continuous Insulation (R-Value)

Floors Over Outdoor Air or Unconditioned Spaces (list each type of assembly used):

Elements Of Floor Assemblies	Insulation Between Framing (R-Value)	Continuous Insulation (R-Value)

Above-Grade Walls (list each type of assembly used):

Elements of Wall Assembly Used	No Framing (R-Value)	Metal Framing (R-Value)	Wood Framing (R-Value)

File No. _____

Date _____

UC3

IECC BUILDING ENVELOPE CHECKLIST (requirements that will also be checked during inspection process):

- All joints and penetrations caulked, gasketed, weather-stripped, or otherwise sealed.
- Windows, doors, and skylights certified as meeting leakage requirements.
- All component R-values and U-factors labeled as certified.
- Stair, elevator shafts, vents and other dampers integral to building envelope are equipped with motorized dampers. (Gravity dampers may be used in buildings less than 3-stories in height.)
- Cargo/loading dock doors weather sealed.
- Recessed lighting fixtures installed per Section 802.3.7
- Vestibule provided at building entrances, with self-closing doors.
- Vapor retarder installed.

File No. _____

Date _____

UC3

IECC Prescriptive Report: MECHANICAL SYSTEMS

Fill in all the requested information for either a simple or complex HVAC system.

Simple HVAC System & Equipment:
The section 803.2.1 design loads calculated per the ASHRAE *Fundamentals Handbook* are:

Heating Load = _____

Cooling Load = _____

803.2.2 HVAC Equipment Performance

Manufacturer Model Number	Capacity	Equipment Efficiency	Table used from Section 803	Required Efficiency

Complex HVAC Systems & Equipment:
The section 803.2.1 design loads calculated per the ASHRAE *Fundamentals Handbook* are:

Heating Load = _____

Cooling Load = _____

803.2.1 HVAC Equipment Performance

Manufacturer Model Number	Capacity	Equipment Efficiency	Table used from Section 803	Required Efficiency

Fill in all the information requested below for the service water heating system.

Section 804 Service Water Heating Equipment Performance

Manufacturer Model Number	Capacity	Equipment Efficiency	Equipment Type	Required Efficiency

File No. _____

Date _____

UC3

IECC Building Mechanical Systems & Service Water Heater Requirement Checklist (requirements that will also be checked during inspection process):

- Load calculations per *ASHRAE Fundamentals Handbook-2001.*
- Plant Equipment and system capacity not greater than needed to meet loads.
- Minimum one temperature control device per zone.
- Stair and elevator shaft vents are equipped with motorized dampers
- Discharge dampers prohibited on constant volume fans & variable volume fans with motors >25hp.
- Balancing and pressure test connections on all hydronic terminal devices.
- Single–duct Variable Air Volume (VAV) terminals reduce primary air before reheating.
- Dual-duct (VAV) mixing boxes installed to minimize mixing.
- Controls capable of resetting supply air temperature (SAT) by 25% of SAT-room temperate difference.
- Minimum one humidity control device per installed humidification/dehumidification system.
- Automatic Controls: Setback to 55 degrees F (heat) & 85 degrees F (cool)
- Outside air supply and exhaust ducts equipped with gravity or motorized dampers with automatic shut off.
- Duct insulation: R-5 unconditioned spaces, R-8 outside building, R-8 between duct and exterior envelope.
- Duct construction per *International Mechanical Code* (IMC).
- Balancing devices provided in accordance with IMC.
- Minimum pipe insulation per Table 803.3.
- Heat traps in inlet/outlet fittings for service water heating.
- Pipe insulation for Service Water Heating per Section 804.5
- Water temperature controls: 110 degrees F for dwelling units, or 90 degrees F for other occupancies.
- Hydronic three-pipe systems not used.
- Operation and maintenance manual provided to building owner.

File No. _____

Date _____

UC3

IECC Prescriptive Report: Electrical Power & Lighting Systems

Fill in all the requested information for either the entire building method or the tenant portion/portion of the building method.

Entire Building Method:

Building Use or Area Type from Table 805.5.2: _____

Total Area of the Building (Sq.Ft.): _____

Total Interior Light Power (Watts): _____

Tenant Area or Portion of Building Method:

Tenant Area/ Building Portion	Use From Table 805.5.2	Total Area sq.ft.	Total Interior Lighting Power (Watts)

IECC Electrical Power & Lighting Systems Requirements Checklist requirements that will also be checked during inspection process):

- Exterior Lighting: Efficacy greater than 45 lumens/W
- Independent controls for each space (switch/occupancy sensor).
- Master switch at entry to hotel/motel guest rooms.
- Individual dwelling units separately metered.
- Each space provided with a manual control to provide uniform light reduction capability.
- If area is corridor, storeroom, restroom, or lobby; area must be continuously illuminated; areas greater than 250 sq.ft. or use less than 0.6 watts/sq.ft.
- Photocell/astronomical time switch on exterior lighting.
- Tandem wired one-lamp & 3-lamp ballasted luminaries.

File No. _____

Date _____

UC3

ASHRAE/IESNA 90.1 Prescriptive Report: Electrical Power & Lighting Systems

Fill in all the requested information for either the entire building method or the tenant portion/portion of the building method.

Entire Building Method:

Building Use or Area Type from Table 9.3.1.1: _____

Total Area of the Building (Sq.Ft.): _____

Total Interior Light Power (Watts): _____

Tenant Area or Portion of Building Method:

Tenant Area/ Building Portion	Use From Table 9.3.1.2, in Addendum G	Total Area Sq. Ft.	Total Interior Lighting Power (Watts)

ASHRAE/IESNA 90.1 Electric Power & Lighting Requirements Checklist (requirements that will also be checked during inspection process):

- Minimum Efficacy of 60 lumens/watts for lamps greater than 100W used for exterior lighting.
- Lighting power for freestanding canopy areas for building entrances with canopies less than or equal to 3 watts per square foot.
- Lighting power for building entrances without a canopy less than or equal to 33 watts per linear foot of exterior door width.
- Lighting power for buildings exits less than or equal to 20 watts per linear foot of exit door width.
- Lighting power for building facades less than or equal to 0.25 watts per square foot of the illuminated area.
- Independent manual or occupancy sensing controls for each space (remote switch with indicator allowed for safety or security).
- Automatic shutoff control for lighting in > 5000 sq.ft. buildings by time-of-day device, occupant sensor or other automatic control.
- Master switch at entry to hotel/motel guest room.
- Photocell/astronomical time switch on exterior lights (except areas requiring lighting during daylight hours).
- Tandem wired one-lamp and three-lamp ballasted luminaries (except high-frequency ballasts; luminaries not on same switch).
- Feeder conductors have been designed for a maximum voltage drop of 2 percent.
- Branch circuit conductors have been designed for a maximum voltage drop of 3 percent.

File No. _____

Date _____

UC3

ASHRAE/IESNA 90.1 Prescriptive Report: Building Envelope

Roof Assembly (list each type of assembly used per table 5.3)

List Building Envelope Option: Residential Non-residential Semi-heated	Opaque Elements	Assembly Max. U	Insulation Min. R

Walls, Above-Grade (list each type of assembly used per table 5.3)

List Building Envelope Option: Residential Non-residential Semi-heated	Opaque Elements	Assembly Max. U	Insulation Min. R

Floor Assembly (list each type of assembly used per table 5.3)

List Building Envelope Option: Residential Non-residential Semi-heated	Opaque Elements	Assembly Max. U	Insulation Min. R

Slab on Grade Floors (list each type of assembly used per table 5.3)

List Building Envelope Option: Residential Non-residential Semi-heated	Opaque Elements	Assembly Max. U	Insulation Min. R

Wall, Below Grade (list each type of assembly used per table 5.3)

List Building Envelope Option: Residential Non-residential Semi-heated	Opaque Elements	Assembly Max. U

Opaque Doors (list each type of assembly used per table 5.3)

List Building Envelope Option: Residential Non-residential Semi-heated	Opaque Elements	Assembly Max. U

File No. _____

Date _____

UC3

ASHRAE/IESNA 90.1 Prescriptive Report: Building Envelope (Continued)

Fenestration (list each type of assembly used per table 5.3)

List Building Envelope Option: Residential Non-residential Semi-heated	% Vertical Glazing	SHGC Multiplier	Assembly Max. U	SHGC North	SHGC All

Skylights (list each type of assembly used per table 5.3)

List Building Envelope Option: Residential Non-residential Semi-heated	Type	% of Roof	Assembly Max.	SHGC Max.

ASHRAE/IESNA 90.1 Building Envelope Requirements Checklist (requirements that will also be checked during inspection process):

- Open-blown or poured loose-fill insulation has not been used in attic roof spaces with ceiling slope greater than 3 in 12.
- Wherever vents occur, vents are baffled to deflect incoming air above the insulation.
- Recessed lights, equipment and ducts are not affecting insulation thickness.
- No roof insulation is installed on a suspended ceiling with removable ceiling panels.
- All exterior insulation is covered with protective material.
- Cargo and loading dock doors are equipped with weather seals.
- Windows & skylights are labeled & certified by the manufactures for U-factor & SHGC.
- Fixed windows & skylights unlabeled by manufacturer have been site labeled using the default U-factor & SHGC.
- Other unlabeled vertical fenestration, operable and fixed, not labeled by the manufacturer, has been site labeled using the default U-factor and SHGC.
- All joints & penetrations are caulked, gasketed, weather-stripped, or otherwise sealed.
- Windows, doors, and skylights certified as meeting leakage requirements.
- Components R-values & U-factors labeled as certified.
- Building entrance doors have a vestibule and equipped with closing devices.

File No.	
Date	
	UC3

ASHRAE/IESNA 90.1 Prescriptive Report: Mechanical Systems (Simple)

A building that is less than 2 stories in height, and, has less than 25,000 total square feet floor area, and, has a single HVAC zone, must meet the requirements for a simple mechanical system.

If the requirements for a **simple mechanical system** apply, fill in all of the following information.

Cooling (if provided)			
Manufacturer Name			
Mfg'er Specified Efficiency			
☐	Air Conditioner	Min. Efficiency (Table 6.2.1A)	
☐	Heat Pump	Min. Efficiency (Table 6.2.1B)	
☐	Packaged Terminal & Room AC & Heat Pump	Min. Efficiency (Table 6.2.1D)	
	Is Economizer required per Table 6.1.3?	☐ Yes ☐ No	
Heating			
Manufacturer Name			
Mfg'er Specified Efficiency			
☐	Heat Pump	Min. Efficiency (Table 6.2.1A)	
☐	Heat Pump	Min. Efficiency (Table 6.2.1D)	
☐	Fuel Fired Furnace	Min. Efficiency (Table 6.2.1E)	
☐	Fuel Fired Boiler	Min. Efficiency (Table 6.2.1F)	
☐	Electric Resistance Heat		
Service Hot Water			
Manufacturer Name			
Mfg'er Specified Efficiency			
	Load calculated per 7.2.1		
	Efficiency/Performance Requirements per 7.2.2		
	Prescriptive Path per 7.3, if combined boiler/service hot water		

ASHRAE/IESNA 90.1 Mechanical Systems (Simplified) Requirements Checklist (requirements that will also be checked during inspection process):

- Energy recovery ventilation required if outside air quality supplied by the system is greater than 3000 cfm & greater than 70% of the supply air quantity at min. outside air designs.
- Manual change over or dual set-point thermostat supplied.
- Heat pump controls to prevent supplemental heater operation.
- Systems controls to prevent reheat or any other form of simultaneous heating & cooling for humidity control supplied.
- Programmable time clock on HVAC systems greater than 15,000 BTU/H & supply fan greater than 3/4/hp.
- HVAC piping shall be insulated in accordance with Table 6.2.4.1.3 insulation suitable for outdoor service.
- Ductwork & plenums insulated in accordance with Table 6.2.4.1.2A & 6.2.4.1.2B and ducted systems air balanced.
- Thermostats shall be interconnected to prevent simultaneous heating & cooling.

File No. _____

Date _____

UC3

ASHRAE/IESNA 90.1 Mechanical Systems (Simple) Requirements Checklist (continued)

- Dampers automatically shut on systems greater than 300 cfm.
- Optimum start controls supplied on systems with capacities greater than 10,000 cfm.

ASHRAE/IESNA 90.1 Service Hot Water Systems Requirements Checklist (requirements that will also be checked during inspection process):

- Service Hot Water Piping Insulation meets 7.2.3
- Temperature maintenance automatic time switches installed (7.2.4.2)
- Outlet temperature controls installed (7.2.4.4)
- Circulating pump controls installed (7.2.4.4)
- Storage temperature controls installed (7.2.4.1)
- Heat traps installed (7.2.6)

File No. _____

Date _____

UC3

ASHRAE/IESNA 90.1 Prescriptive Report: Mechanical Systems (Complex)

If the requirements for a **complex mechanical system** apply, fill in all of the following information.

Heating System Design Load: _____
Cooling System Design Load: _____

HVAC Equipment Performance per section 6.2.1 in Addendum I

Manufacturer/ Model #	Capacity	Equipment Efficiency	Table used from Section 6.2.1	Required Efficiency	1992 Epact

Service Hot Water		
Manufacturer Name		
Mfg'er Specified Efficiency		
	Load calculated per 7.2.1	
	Efficiency/Performance Requirements per 7.2.2	
	Prescriptive Path per 7.3, if combined boiler/service hot water	

ASHRAE/IESNA 90.1 Mechanical Systems (Complex) Requirements Checklist (requirements that will also be checked during inspection process):

- Economizers per 6.3.1
- Simultaneous heating & cooling limitations per 6.3.2
- Air system design & condoles per 6.3.3
- Hydronic system design & control 6.3.2.2.3
- Heat rejection equipment per 6.3.5
- Energy recovery per 6.3.6.
- Exhaust Hoods per 6.3.7
- Radiant Heating systems per 6.3.8
- Hot gas bypass limitations per 6.3.9
- Service hot water piping insulation meets 7.2.3
- Temperature maintenance automatic time switches installed per 7.2.4.2
- Outlet temperature controls installed per 7.2.4.3
- Circulating pump controls installed per 7.2.4.4
- Storage temperature controls installed per 7.2.4.1
- Heat traps installed per 7.2.6

Code Administrators
Inc

1525 Oregon Pike Suite 901
Lancaster, PA 17601
T: 717-859-3350 F: 717-859-3363
www.CodeAdministrators.com

Application for Commercial Building Permit and Plans Examination

Please note that the following are required to be submitted with this application:

Two (2) Sets of Site Plans
Two (2) Complete Sets of Stamped & Signed Construction Drawings
Two (2) Sets of Specifications
When Possible an Additional Digital Submission of Construction Documents is Requested

Property Information

Project Address _____ City _____ Zip _____

Owner's Name _____ Phone _____ Fax _____ **Email** _____

Owner's Address _____ City _____ State _____ Zip _____

Scope of Project

Description of Work: _____

_____

_____

Cost of Construction _____ Square Feet _____ Stories Above Grade _____ Stories Below Grade _____

Check ALL That Apply:

❑ New Building	❑ Addition	❑ Interior Alterations	❑ Exterior Alterations
❑ Change in Use	❑ Accessibility	❑ Change in Occupancy	❑ Fire Sprinkler System
❑ HVAC	❑ Plumbing	❑ Electrical	❑ Fire Alarm System
❑ Sign	❑ Demolition	❑ Foundation Only	❑ Roof

Construction Type:	IA ❑	IIA ❑	IIIA ❑	VA ❑	IV ❑	IB ❑	IIB ❑	IIIB ❑	VB ❑
Use Group:	A-1 ❑	A-2 ❑	A-3 ❑	A-4 ❑	A-5 ❑	B ❑	E ❑	F-1 ❑	F-2 ❑
	H-1 ❑	H-2 ❑	H-3 ❑	H-4 ❑	H-5 ❑	I-1 ❑	I-2 ❑	I-3 ❑	I-4 ❑
	M ❑	R-1 ❑	R-2 ❑	R-3 ❑	R-4 ❑	S-1 ❑	S-2 ❑	U ❑	

Phased Project / Deferred Submittals

(If not needed for project, write N/A)

Please note the following regarding Phased Projects and Deferred Submittals:

- **Work can only be done on reviewed and approved construction documents.**
- **Construction documents for total building approval must be submitted and reviewed before any additional construction can occur.**
- **This limited approval does not guarantee that a permit will be issued for the entirety of the construction project.**
- **The Applicant assumes all risk.**

❑ I am requesting a Phased Approval. (If checked, please indicate the total number of phases and brief description of the scope of work for each in the space provided below.)

❑ I am requesting a Deferred Approval. (Please check the disciplines you wish to defer and indicate their estimated submittal date in the space provided below.)

❑ Architectural ❑ Structural ❑ Accessibility ❑ Energy/Insulation

❑ Electrical ❑ Mechanical ❑ Plumbing ❑ Fire Sprinkler System

❑ Fire Alarm System ❑ Wood Roof Trusses (Stamped and Signed)

Design Professional (This Section must be fully completed prior to permit processing.)

Name Phone Fax

Address City State Zip

Company Phone

Pennsylvania License Number **Email**

Contractor Information

(If not needed for project, write N/A)

General Contractor:

Company Name | Phone | Fax

Address | City | State | Zip

Contact | **Email** | Cell

Electrical Contractor:

Company Name | Phone | Fax

Address | City | State | Zip

Contact | **Email** | Cell

HVAC Contractor:

Company Name | Phone | Fax

Address | City | State | Zip

Contact | **Email** | Cell

Plumbing Contractor:

Company Name | Phone | Fax

Address | City | State | Zip

Contact | **Email** | Cell

Fire Alarm Contractor:

Company Name | Phone | Fax

Address | City | State | Zip

Contact | **Email** | Cell

Fire Sprinkler Contractor:

Company Name | Phone | Fax

Address | City | State | Zip

Contact | **Email** | Cell

Applicant Certification

This Section MUST be Fully Completed.

As the owner, lessee, design professional employed in connection with the proposed work or agents thereof, I certify that:

- All information provided on and with this application is true and correct and that the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality;
- I understand that this permit is valid for one (1) year after its issuance by the Municipality;
- I understand that this permit shall become invalid unless the authorized construction work begins within 180 days of this permit's issuance or if the authorized construction work is stopped for a period longer than 180 days;
- I understand that no work may be started, or continued, unless a permit is issued by, and the fees paid to, the Municipality;
- I understand that, once issued, a copy of this permit will remain on the work site until the completion of this project;
- I understand that a Building Permit Placard shall be placed on the property visible from the street;
- I am responsible for locating all property lines, setback lines, easements, rights-of-way, flood areas, etc.;
- I understand that the issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body;
- I understand all applicable codes, ordinances and regulations;
- Any changes to the approved documents will be submitted in writing and these changes will not occur until they have been reviewed and approved;
- I understand that Code Administrators, Inc., or their authorized representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit;
- I understand that I am required to apply for any required Zoning Permits;
- I understand that I am responsible for any plan review fees or any additional inspections fees, which may be required during construction, that were not identified during the initial permit approval; and,
- I understand that all fees must be paid in full before a Certificate of Use and Occupancy can be issued. Should I decide to cancel the project, I agree that I am responsible for any fees incurred in the reviewing process.

Applicant Printed Name | Phone | **Email**

Address | City | State | Zip

Applicant Signature | Date

COMMONWEALTH CODE INSPECTION SERVICES

Date____/____/_____ **APPLICATION FOR PLAN REVIEW**

&

APPLICATION FOR COMMERCIAL BUILDING PERMIT

FAILURE TO FILL OUT THIS PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

Municipal Tracking #

Permit #

Plan Review #

PROPERTY ADDRESS

Street Address:	Parcel	Zoning
Subdivision:	Lot	Type
Municipality	County	

OWNER ADDRESS

Last name or Business	First name	Phone Fax	
Address	City	State	Zip

TYPE OF APPLICATION

☐ Building ☐ Electrical ☐ Accessibility ☐ Fire Alarm ☐ Other
☐ Plumbing ☐ Mechanical ☐ Fire Suppression ☐ Occupancy

Type of Work (Check all that apply)

☐ New Construction
☐ Additional construction
☐ Alteration/Structural/Egress Change
☐ Repair/Renovation ☐ IBC ☐ IEBC (1☐ 2☐ 3☐)
☐ Foundation Permit
☐ Change of Use/Occupancy
☐ Initial Certificate of Occupancy

Type of Construction
(Check all that apply)

☐ IA ☐ IV
☐ 1B
☐ IIA ☐ VB
☐ IIB ☐ VA
☐ IIIA ☐ Separate Use
☐ IIIB ☐ Non-separated Use

Previous L&I Certificate #(s)

PROPOSED CODE/YEAR
FOR THIS PROJECT

Use Group (List all)

☐ A1	☐ H1	☐ R1
☐ A2	☐ H2	☐ R2
☐ A3	☐ H3	☐ R3
☐ A4	☐ H4	☐ R4
☐ A5	☐ H5	
		☐ S1
☐ B	☐ I1	☐ S2
	☐ I2	
☐ E	☐ I3	☐ U
	☐ I4	
☐ F1		
☐ F2	☐ M	

Fire Separation

☐ Single Use

☐ Separated Uses

☐ Non-separated Mixed Use

☐ Incidental Use
Main Use_____

Fire Suppression (List all)

Type:
☐ Wet (Water)
#_____Standard_____

☐ Dry (Water)
#_____Standard_____

☐ Chemical
#_____Standard_____

Type_____

Start Date	Finish Date	Total Value of All Work

Description of proposed project:

Electrical Permit Information

Electrical Service Size

_____Amps Power Company Name_____

_____Volts Power Company Job #_____

_____Ø

General outlets: _____120 volt _____240 volt

Circuits: _____2 wire _____3 wire _____4 wire

Device Name	Watts	Amps	#	Device Name	Watts	Amps	#

Start Date	Finish Date	Value of work

Plumbing Permit Information

Water Service Size

Water Company Name_____

_____In. Dia. Water Company Job #_____

_____Pressure at main (PSI) _____Supply at main (GPM)

Supply branches: _____Hot _____Cold Total Demand: GPM_____ PSI_____

Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#

☐ **Sewer** Sewer Company Name_____ Job #_____

Size of Main_____ in. Size of Lateral_____ in. Capacity of System_____ dfu

☐ **Septic** S.E.O. Name_____ Job #_____

Size of Tank_____ gal. Size of Lateral_____ in. Capacity of System_____ dfu.

Size of Building Drain_____ in. Total Calculated Outflow _____ dfu

Fixture Name	Drain (in)	Vent(in)	DFU	Fixture Name	Drain (in)	Vent(in)	DFU

Grease Trap _____ gal. Garbage Disposal #_____ Air Admittance Valve #_____ Back Flow Preventer #_____

Start Date	Finish Date	Value of Plumbing Work

Mechanical Permit Information

Number of systems	Type(s)			
SYSTEM	BTU	FUEL	VENT TYPE (+R-?)	FUNCTION (Heat? Cool? Water? Vent?)

Fuel Gas? □ yes □ no Public? □ yes □ no Piping Type(s)_____

Oil? □ yes □ no Tank Capacity?_____ Underground? □ yes □ no

Electric? □ yes □ no Total KW_____

Duct Detectors? □ yes □ no Number of Zones?_____ Type?_____

Kitchen Hood? □ yes □ no Fire Suppression System? □ yes □ no Type?_____

Hazardous Exhaust? □ yes □ no Fire Suppression System □ yes □ no Type?_____

Fire Dampers? □ yes □ no Smoke Dampers □ yes □ no

Smoke Control System? □ yes □ no Governing Code Section(s)_____

Regular Exhaust Fans? □ yes □ no Number?_____ Duct Type(s)_____

Fireplace? □ yes □ no Number?_____

Gas? □ yes □ no Piping Type_____ Vent Type_____

Masonry? □ yes □ no Material Type_____ Chimney Type_____

Electric? □ yes □ no Kw?_____

Start Date	Finish Date	Value of work

Fire Alarm Permit Information

Requiring Code Section_____

Type(s) of Wiring_____

Battery Back Up □ yes □ no Generator □ yes □ no

Number of Zones_____

Type(s) of System(s)_____

Type(s) of Detectors(s)_____
Smoke, heat, infrared, ultraviolet, etc.

Types of Special Applications_____

Types of Initiating Tests_____

Start Date	Finish Date	Value of Work

Fire Suppression System Permit

Requiring Code Section(s)_____ Number of Systems_____

Design:	NFPA 13	□ yes	□ no	Wet System	□ yes	□ no	Number_____
	NFPA 13R	□ yes	□ no	Dry System	□ yes	□ no	Number_____

System Type	Piping Type	System Design Pressure (PSI)	System Design Capacity (GPM)

Alternate Systems □ yes □ no Pre-action □ yes □ no Number of Systems_____

System Type	Chemical	Capacity	Reference Standard(s)

Start Date	Finish Date	Value of Work

PROPOSED DEFERRED SUBMITTALS

□ Foundation Permit	ETA	____/____/____
□ Structural Steel	ETA	____/____/____
□ Fire Suppression	ETA	____/____/____
□ Fire Alarm	ETA	____/____/____
□ Roof Truss	ETA	____/____/____
□ Floor Truss	ETA	____/____/____
□ Spec Books	ETA	____/____/____

Design Professional in Responsible Charge

Name:_____

Registration Number_____

Seal:

FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

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, and I 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 delegated 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.

Applicant_____ **Date**_____ **Phone**_____

Fax_____ **Email**_____ **Mobile**_____

PERSONNEL

General Contractor

General Contractor _____

Contact Person_____ Are there other prime contractors? □ yes □ no If yes, list separately.

Street Address_____

City_____ State_____ Zip_____

Phone_____

Mobile_____

Fax_____

Email

Architect

Architect in Responsible Charge_____

Lead Architect_____Contact Person_____

Street Address_____

City_____State_____Zip_____

Phone_____

Mobile_____

Fax_____

Email_____

Structural Engineer

Firm_____

Lead Engineer_____Contact Person_____

Street Address_____

City_____State_____Zip_____

Phone_____

Mobile_____

Fax_____

Email_____

Electrical Engineer

Firm_____

Lead Engineer_____Contact Person_____

Street Address_____

City_____State_____Zip_____

Phone_____

Mobile_____

Fax_____

Email_____

Mechanical Engineer

Architect in Responsible Charge_____

Lead Architect_____ Contact Person_____

Street Address_____

City_____ State_____ Zip_____

Phone_____

Mobile_____

Fax_____

Email

Plumbing Engineer

Firm_____

Lead Engineer_____ Contact Person_____

Street Address_____

City_____ State_____ Zip_____

Phone_____

Mobile_____

Fax_____

Email

Fire Alarm Engineer / Designer

Firm_____

Lead Engineer/Designer_____ Contact Person_____

Street Address_____

City_____ State_____ Zip_____

Phone_____

Mobile_____

Fax_____

Email

Fire Suppression Engineer / Designer

Firm_____

Lead Engineer_____ Contact Person_____

Street Address_____

City_____ State_____ Zip_____

Phone_____

Mobile_____

Fax_____

Email

NOTICE

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to Commonwealth Code Inspection Service for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at

TECHNICON
Enterprises Inc., II
200 Bethlehem Drive
Suite 201
Morgantown, PA 19543

Tel. (610) 286-1622
Fax (610) 286-1679

Technicon Enterprises Inc.,II
Company Overview

Technicon Enterprises Inc. II is a municipal consulting firm located in Morgantown, Pennsylvania. TEI-II was incorporated in 2001. We have a current staff of 14 employees. Our staff consists of Licensed Civil Engineers, Licensed Sewage Enforcement Officers and seven Certified Building Inspectors. We are fully certified to conduct both Commercial and Residential plan reviews and inspections. TEI-II has a full time receptionist to assist in scheduling inspections. TEI-II is currently appointed as the Codes Enforcement Officer in sixteen (16) municipalities within Berks, Chester, Lancaster, and Montgomery Counties.

TEI II prides itself in providing efficient and cost-effective services while meeting the specific needs of each municipal client. We emphasize good communication between ourselves, Municipal Officials and the residents. We are very proud of the reputation that we have earned as Code Enforcement Officers and will gladly provide references upon request.

Potential benefits to Earl Township residents are:

- TEI-II prides itself in responsiveness to the residents. We guarantee to provide inspection services when given a 24 hour notice by the applicant or his/her contractor. Our staffing also allows for quick turn around of permit applications

- Seven of TEI II's inspectors have qualified as International Building Code Inspectors by taking written examinations in a variety of disciplines. In addition, TEI II utilizes its engineers for the inspections of commercial, industrial and special structures when necessary. This flexibility and depth allows us to provide year round coverage to the Township with no lapses typically associated with illness or vacation. Our program and staff is currently compliant with the requirements of the Statewide Building Code.

TEI II is focused on client service and satisfaction at modest rates. If you have any questions or concerns, please call me at (610) 286-1622.

Sincerely,

Jeff Kerlin
President

Date Stamp

TECHNICON ENTERPRISES INC., II

EARL TOWNSHIP
LANCASTER COUNTY

BUILDING PERMIT
DATA INFORMATION PACKET

EVERYTHING IN THIS PACKET IS IMPORTANT. READ EVERYTHING THAT IS IN THIS PACKET CAREFULLY AND COMPLETELY. READ IT BEFORE YOU FILL OUT THE PERMIT APPLICATION.

EVERYTHING THAT IS IN THIS PERMIT DATA INFORMATION PACKET MUST BE RETURNED TO TOWNSHIP WITH THE COMPLETED APPLICATION.

THIS IS AN ORIGINAL APPLICATION. ONCE YOU SUBMIT IT – AND ANYTHING ELSE REQUIRED TO BE SUBMITTED ALONG WITH IT – TO THE TOWNSHIP, IT WILL NOT BE RETURNED TO YOU. THEREFORE, YOU ARE ADVISED TO MAKE A COPY OF THIS APPLICATION ONCE YOU HAVE COMPLETED IT AND KEEP A COPY FOR YOUR RECORDS.

REQUIREMENTS FOR OBTAINING A BUILDING PERMIT

(A 15 business day review period is permitted by State Code)

Listed below are the items that are required to be submitted to Technicon Enterprises, Inc., II in order for you to obtain a building permit. Failure to submit the required items will result in a denial of the issuance of the permit. The required applications are attached.

1. The Building Permit Application must be made either by the Owner(s) or Lessee of the building or structure, or an agent of either, or by the Registered Design Professional employed in connection with the proposed work.

2. All application must be accompanied by two sets of site plans.

3. All Application shall be accompanied by not less than three (3) sets of construction documents. It is recommended but not required that a Registered Design Professional prepare the construction documents. The documentation shall include the name and address of the Registered Design Professional and shall be signed, dated and sealed.

4. If this application is for a new home and municipal water and/or sewer connections will be made a copy of the issued permit or receipt is required prior to a building permit being issued.

5. If this application is for a new home a driveway permit is required.

6. All new water fixtures must be of the "low flow" water conservation type.

7. NO WORK SHALL BEGIN UNTIL A BUILDING PERMIT HAS BEEN ISSUED.

If you have any questions, please call (610) 286-1622.

THE FOLLOWING PLANS SHALL BE SUBMITTED, IN DUPLICATE, ALONG WITH THE BUILDING PERMIT APPLICATION

I. SITE PLAN

All Applicants shall submit a Site Plan drawn to scale, and the Site Plan shall contain at minimum the following information:

A. Lot dimensions, including all existing and proposed structures
B. Building location on lot and setbacks
C. Street or highway right-of-ways and any other easements or right-of-ways
D. Existing or proposed septic & well locations
E. Existing or proposed driveway location with percentage of slope (or grade) of lot, e.g. 3%, etc.

THE FOLLOWING PLANS SHALL ALSO BE SUBMITTED IN DUPLICATE AND SHALL BE DRAWN ON A SCALE OF ONE-QUARTER ¼ INCH = 1' FOOT. THE FOLLOWING PLANS SHALL ALSO BE SUBMITTED IN DUPLICATE.

II. ELEVATION PLANS

Elevation Plans of the front, back, and both sides of the structure shall be submitted and shall, at minimum, show the following (from the finished grade):

A. Floor lines with dimensions, and dimensions from grade to peak.
B. Overhangs or porches (with dimensions and materials).
C. Exterior coverings and materials.
D. Roof materials and roof slope.
E. Louvers and vents (with sizes).
F. Chimney size, chimney material, and location of chimney above ridge line and from nearest wall.

III. FOUNDATION PLAN

A. Basement crawl spaces and slabs.
B. Footings to include depth size and width.
C. Foundation material and sizes with window and door sizes and locations.
D. Structural members, and their sizes and types.
E. Stairs and their sizes and types.
F. Interior and exterior dimensions.

IV. FLOOR PLANS

A. First, second and third (if applicable) floors with all dimensions.
B. Structural framing members, and their sizes, directions and spacing.
C. Stairs, stairways and stairwells, including dimensions.

D. A window and door schedule showing the manufacturer, insulation u-factor, model, sizes and locations for each. (Bedroom windows must meet egress requirements (attach manufacturers specifications)
E. A plan showing the complete insulation package that will be installed and certified by the installer (insulation thickness, R-valve, type).
F. Plumbing drawings, including fixtures, size of supply vent and drain lines.
G. Mechanical plan, including heating and/or cooling unit with efficiency rating.
H. Electrical plan, including smoke detector locations.

V. CROSS SECTION

A. Building or wall cross sections.
B. Footer and foundation type and details.
C. Framing details with floor-to-floor height.
D. Roof construction and all material used throughout.
E. Section through chimneys and/or fireplaces showing damper(s), smoke chamber, throat, flue(s), clean out and mantle.

FOR RESIDENTIAL CONSTRUCTION, IT IS STRONGLY RECOMMENDED THAT ALL OF THE PLANS LISTED ON THESE PAGES BE PREPARED BY A REGISTERED DESIGN PROFESSIONAL.

FOR ALL COMMERCIAL CONSTRUCTION, IT IS REQUIRED THAT ALL OF THE PLANS LISTED ON THESE PAGES BE PREPARED BY A LICENSED ARCHITECT OR LICENSED PROFESSIONAL ENGINEER.

INSPECTIONS REQUIRED DURING THE STAGES OF CONSTRUCTION

THE ISSUANCE OF THE BUILDING PERMIT FOR WHICH YOU HAVE APPLIED REQUIRES YOU TO COMPLY WITH ALL PROVISIONS OF ALL CODES APPLICABLE TO BOTH CONSTRUCTION AND CONSTRUCTION INSPECTIONS. FOLLOWING ARE THE STAGES OF CONSTRUCTION WHEN THE CODE ENFORCEMENT OFFICER MUST BE NOTIFIED. INSPECTIONS MUST BE SCHEDULED A MINIMUM OF TWENTY-FOUR (24) HOURS IN ADVANCE UNLESS OTHERWISE SPECIFIED IN THE INSPECTION INSTRUCTIONS. INSPECTIONS BY THE CODE ENFORCEMENT OFFICER MUST BE COMPLETED BEFORE YOU PROCEED TO THE NEXT STAGE OF CONSTRUCTION.

ELECTRICAL INSPECTIONS

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

PLEASE NOTE: As the appointed Third-Party Agency, Technicon Enterprises, Inc., II will perform all electrical inspections for all permitted work under the Uniform Construction Code. To schedule inspections, please call (610) 286-1622.

INSPECTION #1

FOOTINGS, STORM WATER, SEDIMENTATION AND CONTROLS

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

This inspection is to be scheduled AFTER excavation is completed and forming for footings, reinforcement and grade stakes have been installed. Concrete **MAY NOT** be poured until this Inspection has been completed and approved by the Code Enforcement Officer. Prior to this Inspection, ALL storm water and sedimentation controls must be installed. **Note**: Footings are required to have smooth side and sharp corners, be continuous and of appropriate size. Property lines or setback lines MUST be staked accurately to identify those property lines.

INSPECTION #2

FOUNDATION BACKFILL

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made upon your completion of foundation and foundation drains but PRIOR to any backfilling and setting of joists in a frame structure or upon completion of all walls before setting ceiling joists and rafters in a masonry structure. All parging and waterproofing must be completed prior to this inspection. Foundation drains will also be inspected at this time. UNDER NO CIRCUMSTANCES ARE BACKFILLING OR FRAMING TO BE STARTED UNTIL THIS INSPECTION #2 HAS BEEN COMPLETED AND APPROVED BY THE CODE ENFORCEMENT OFFICER.

INSPECTION #3

ROUGH FRAMING

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made upon completion of all framing, rough plumbing, and rough wiring. All concealed plumbing and mechanical equipment should be installed prior to calling for this Inspection and must be tested at this time. An Electrical rough wiring inspection sticker must be posted on-site at this time, the Plumbing Air Test Certification (5 lb/psi for 15 minutes for Waste and Drain piping and 50 lb/psi for 15 minutes for Water Supply Piping) must be presented at this time.

All fire stopping, fire blocking, and fire caulking must be in place prior to the rough framing inspection.

UNDER NO CIRCUMSTANCES SHOULD ANY INSULATION, DRYWALL OR PLASTERING BE STARTED BEFORE INSPECTION #3.

INSPECTION #4

WALLBOARD OR LATHE INSPECTION

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

This inspection will be made after the installation and completion of all wallboard and/or lathe. However, under no circumstances should any plastering or taping and finishing of joints and fasteners be done prior to this Inspection.

INSPECTION #5

FINAL INSPECTION AND ISSUANCE OF CERTIFICATE OF OCCUPANCY

MINIMUM TWENTY-FOUR (24) HOUR WORKING NOTICE IS REQUIRED

The final inspection will be made upon completion of the structure. Prior to the final inspection the following items must be completed: grading, seeding, installation of any driveway and a final electrical inspection sticker must be placed on the main electrical panel. No Use and Occupancy Permit will be issued until the Code Enforcement Officer has determined that the structure is in full compliance with the approved Building Plans and provisions of all Codes.

NOTE: NO DWELLING OR STRUCTURE MAY BE OCCUPIED IN ANY MANNER UNTIL THE ISSUANCE OF A FINAL USE AND OCCUPANCY PERMIT. ANY DEVIATION FROM THE APPROVED BUILDING PLANS SUBMITTED WITH YOUR ORIGINAL APPLICATION MUST BE APPROVED BY THE BUILDING CODE OFFICIAL, IN WRITING, BEFORE PROCEEDING WITH ANY CHANGE.

I/WE HAVE RECEIVED A COPY OF THE REQUIRED INSPECTIONS AND ARE FULLY AWARE OF THESE REQUIREMENTS.

Date: _____ _____
Applicant's Signature

Date: _____ _____
Applicant's Signature

Date Stamp

UNIFORM CONSTRUCTION CODE BUILDING PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Building Permit #_____

County: _____ Municipality: _____ Zoning District_____

Site Address: _____ Tax Parcel # _____

Lot # _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

Principal Contractor: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

Architect: _____ Phone # _____ Fax # _____

Mailing Address: _____ Cell: _____

TYPE OF WORK OR IMPROVEMENT *(Check All That Apply)*

☐ New Building ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition ☐ Renovation
☐ Change of Use ☐ Plumbing ☐ Mechanical ☐ Electrical

Describe the proposed work: _____

_____

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) $ _____

DESCRIPTION OF BUILDING USE *(Check One)*

RESIDENTIAL
☐ One-Family Dwelling (R-3)
☐ Two-Family Dwelling (R-3)

NON-RESIDENTIAL
Specific Use: _____
Use Group: _____
Change in Use: ☐ YES ☐ NO
If YES, Indicate Former: _____
Maximum Occupancy Load: _____
Maximum Live Load: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
Mechanical: Indicate type of Heating/Ventilating/Air Condition (i.e., electric, gas, oil, etc.)
Water Service: *(Check)* ☐ Public ☐ Private (Well Permit# _____)
Sewer Service: *(Check)* ☐ Public ☐ Private (Sewage Permit # _____)
Electrical ☐ YES ☐ NO **Electrical Service** ☐ YES ☐ NO

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ Type Vent _____
Elevator/Escalators/Lifts/Moving walks: *(Check)* ☐ YES ☐ NO
Sprinkler System: ☐ YES ☐ NO
Pressure Vessel: ☐ YES ☐ NO
Refrigeration Systems: ☐ YES ☐ NO

FOR CODE ADMINISTRATOR USE ONLY

FLOODPLAIN

Is the site located within an identified flood hazard area? *(Check One)* ☐ YES ☐ NO

Will any portion of the flood hazard area be developed? *(Check One)* ☐ YES ☐ NO ☐ N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3

Lowest Floor Level: _____

The applicant certifies that all information o this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

I/WE HAVE RECEIVED A COPY OF THE REQUIRED INSPECTIONS AND ARE FULLY AWARE OF THESE REQUIREMENTS.

Date: _____ _____
Applicant's Signature

Date: _____ _____
Applicant's Signature

_____ _____
Signature of Owner or Authorized Agent Print Name of Owner or Authorized Agent

_____ _____
Address Date

Directions to Site: _____

_____

_____

FOR CODE ADMINISTRATOR USE ONLY

ADDITIONAL PERMITS/APPROVALS REQUIRED

☐ STREET CUT/DRIVEWAY	APPROVED	_____
☐ PENNDOT HIGHWAY OCCUPANCY	APPROVED	_____
☐ DEP FLOODWAY OR FLOODPLAIN	APPROVED	_____
☐ EROSION AND SEDIMENT CONTROL PLAN	APPROVED	_____
☐ SEWER CONNECTION	APPROVED	_____
☐ ON-LOT SEPTIC	APPROVED	_____
☐ ZONING	APPROVED	_____
☐ PUBLIC WATER CONNECTION	APPROVED	_____
☐ OTHER _____	APPROVED	_____

APPROVALS

BUILDING PERMIT DENIED: Date _____ Date Returned ___

BUILDING PERMIT APPROVED: Date _____ Permit # _____

CODE ADMINISTRATOR _____

Date Issued _____ Date Expires _____ Permit # ___

BUILDING PERMIT FEE	$ _____	Receipt # ___
ZONING PERMIT FEE	$ _____	Receipt# ___
PLUMBING PERMIT *(if appl.)*	_____	Receipt # ___
MECHANICAL PERMIT *(if appl.)*	_____	Receipt # ___
ELECTRICAL PERMIT *(if appl.)*		Receipt #

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of documents:	Submitted		Signed & Sealed		Date:	Revision Date:
Foundation Plans	☐ Yes	☐ No	☐ Yes	☐ No	_____	_____
Construction Drawings	☐ Yes	☐ No	☐ Yes	☐ No	_____	_____
Electrical Drawings	☐ Yes	☐ No	☐ Yes	☐ No	_____	_____
Mechanical Drawings	☐ Yes	☐ No	☐ Yes	☐ No	_____	_____
Plumbing Drawings	☐ Yes	☐ No	☐ Yes	☐ No	_____	_____
Specifications	☐ Yes	☐ No	☐ Yes	☐ No	_____	_____
Flood Hazard Area Data	☐ Yes	☐ No	☐ Yes	☐ No	_____	_____
Workers Comp. Certificate	☐ Yes	☐ No	☐ Yes	☐ No	_____	_____

BUILDING DIMENSIONS

Existing Building Area:	_____ sq.ft.	Number Of Stories:	_____
Proposed Building Area:	_____ sq.ft.	Height of Structure Above Grade	_____ ft.
Total Building Area:	_____ sq.ft.	Area of the Largest Floor:	_____ sq.ft.