## APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Applicable Codes: 2009 IBC/IRC, 2012 IBC Chapter 11, 2009 ICC A11 7.1

Please print legibly - failure to do so may result in a denial, delay or rejection of this application.

| Permit Application Date  |  | Permit   | Application No   |   |  |
|--|--|--|--|---|--|
|  | <u>1. P</u>  | ROPERTY INFORM   | ATION  | 1   |  |
| Owner:   |  |  |  | Tax Map:  |  |
| Site Address:  |  |  | ·  | Parcel No.:   |  |
| Municipality:  | County   | :  | Use Perm   | t No  |  |
| Use: Single-Family Dwellin   | ng / Duplex 🔲 Muli   | i Family 🔲 New Ma  | nufactured Home  | Relocated Manuf   | ictured Home   |
| Commercial Ot  | лет  | ***************************************  | Floodpla   | in present: Yes   | □ No   |
| Improvement Type:  New   | Addition A   | lteration  | eplacement   | ocation Other   |  |
|  | 2. BUILI   | DING OWNER'S INFO  | DRMATION   |   |  |
|  |  |  |  |   |  |
| First Name   | Mi.  | Last Na  | me   | Pho   | one No:  |
| Street Address   |  |  | City   | State   | Zip  |
|  | 3. BUII  | DING PERMIT APPI   | LICATION   |   |  |
| *****  |  |  |  |   |  |
| Total Lot Area:  | Aeres/Sq. Ft. ES   | TIMATED COST OF C  | CONSTRUCTION:  | <u> </u>  |  |
| ICC Use Group:   |  | _ ICC Construc   | tion Type:   |   |  |
| ESTIMATED START DATE:  |  | ESTI   | MATED COMPLET  | ION DATE:/  | /  |
| I certify that I am the owner of r work described has been author property lines for required setba laws governing the execution of areas in which this work is being further certify that this information applicant SIGNATURE: | record, or that I have be<br>ized by the owner of re<br>cks prior to the start of<br>this project. I certify the<br>g performed, at any rea<br>ion is true and correct the   | cord. I understand and a construction, and agree nat the Code official or i sonable hour, to enforce o the best of my knowle | mer of record to sub-<br>ssume responsibility<br>to conform to all ap-<br>nis representative sha<br>the provisions of th<br>dge and belief. Ref. | for the establishmer plicable local, state, all have the authority e Codes governing the 18 Pa. Cons. Stat. § | at of official and federal to enter the his project. I 4903. |
| Address:   |  |  | Phone  | : No.:  | 4  |
| •  | and the second s | /  |  |   |  |

| ·  | eneral contractor information o | an anniona incorpy y                             |                       | ional sheet(s) at  | mened       |
|--|---------------------------------|--|-----------------------|--------------------|-------------|
| Name of Contractor:                        |                                 | Phone No:  |                       |                    |             |
| Contractor Street Address                  |                                 |  | City                  | State              | Zip         |
| Person in Charge of Work:                  |                                 |  | Phone No.:            |                    |             |
| Email:                                     |                                 | Cell No.:  |                       |                    |             |
| Workman's Compensation Insurance:  Provide | ied 🗌 On Record 📗               | Exempt PA Ho                                     | ome Improvement Contr | r. Reg. #          |             |
|  | 6. PROJECT I                    | <u>DETAILS</u>                                   |                       |                    | <del></del> |
| Trades: Building Electrical Work           | ] Plumbing Work 🔲 M             | lechanical Work (HV                              | AC) Tire Suppression  | on/Fire Alarm S    | Systen      |
| Heat Source (if applicable):               | Fuel Type                       |  |                       |                    |             |
| Foundation Type:                           | oundation Slab as               | t Grade 🔲 Picr                                   | s 🗌 Other:            |                    |             |
|  | SUBCONTRACTOR                   |  |                       |                    |             |
| Please list so                             | ubcontractors for major trades. | Use additional sheet(s)                          | fneeded. Addition     | nal sheet(s) attac | ched        |
| Contractor                                 | Address                         |  | Phone No              | Pa HI              | C#          |
| Contractor                                 | Address                         |  | Phone No              | Pa HIO             | C #         |
| Contractor                                 | Address                         |  | Phone No              | Pa Hi              | C#          |
| Contractor                                 | Address                         |  | Phone No              | Pa HIO             | C#          |
| Contractor                                 | Address                         |  | Phone No              | Pu HIC             | 2#          |
| For afficial use only                      | 9. OFFICE INFO                  | RMATION  | <u></u>               |                    |             |
| APPLICATION FEE: \$                        | <u></u>                         | ISSUANCE I                                       | DATE                  | 1 1                |             |
| PERMIT FEE: \$                             |                                 | EXPIRATION                                       | N DATE                | - <del></del> -    |             |
| INSPECTION FEES \$                         |                                 | EXTENSION  | \\                    | / /                |             |
| TOTAL FEES \$                              |                                 | emerine no oth situation to have the base the th |                       | <i></i>            |             |
|  | DENIED INCOM                    | MPI ETF.   |                       |                    |             |
| LA ARCHAIGH ID. GRANTED                    | DENIED LINCOI                   | . TE LIE L E.                                    |                       |                    |             |

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

| Deck Plan w/ Roof Submitta | Deck | Plan | w/ | Roof | Sub | mitte |
|----------------------------|------|------|----|------|-----|-------|
|----------------------------|------|------|----|------|-----|-------|

- Provide Plans for Roof (looking down from above) and Plan of Deck, indicate Existing Structure, and New Construction. All drawings must include types, sizes and spans of all materials used such as Posts, Beams, Joists, Trusses and Rafters,
- See Drawings and Details Figures 1.1, 1.2 and 1.3 for Item locations and additional information.

| 200 2 (0.00.2)   |   |
|--|---|
| Roof Type:  Select one: Shed Gable HIp Other Roof Size (overall dimensions):  Length: Width:   | Deck Size (overall dimensions):  • All Fasteners MUST be exterior grade,  • Length: Width:  (a) Flooring:  • Material:  |
| 1 Roof Covering: • Type:   | ■ Size (nominal):  X  |
| 2 Roof Sheathing:  • Type: Thickness:  | Floor Joists;     Material:     Size (nominal):     Spacing Center to Center:   |
| (3) Rafters or Trusses: (circle one)  • Type: Pitch: Spacing: Spacing: Pitch: Spacing: Pitch: Spacing: Pitch: Pitc | • Clear span distance:  ① Carrier Beam (floor):   |
| 4 Carrier Beam (roof):  • Material:  • Size (nominal):  X  | <ul> <li>Material;</li> <li>Size (nominal): X</li> <li>Spacing Center to Center;</li> <li>Clear span distance;</li> </ul>   |
| <ul> <li>Spacing Center to Center:</li> <li>Clear span distance:</li> </ul>  | 1) Support Post (deck):   |
| 5 Support Post (roof): (n/a if post runs thru to footer)   | <ul> <li>Material;</li> <li>Size (nominal):</li> <li>Post Length;</li> </ul>  |
| Material: Size (nominal): Post Length:   | Footer; (Select one or provide drawing if other) • Type 'A':  |
| Guardrail:   | • Type 'B':   |
| <ul> <li>Required if floor is 30" or more above ground,</li> <li>Constructed so no opening will allow 4" sphere to pass thru,</li> <li>See note</li> </ul>   |   |
| Stairs (where applicable):   |   |
| <ul> <li>No. of Treads (9" min.):</li> <li>No. Risers (8½" max.):</li> <li>Min. 4" high toe Kick.</li> </ul>   | & Niotos  |
| <ul> <li>7 Handrail:</li> <li>Constructed so πο opening will allow 4 sphere to pass thru.</li> <li>See Figure 1.2 for Acceptable Handrall Details</li> <li>See note</li> </ul>   | <ul> <li>Note:         <ul> <li>Handrall assemblies and guards</li> <li>shall be able to resist a single</li> <li>concentrated load of 200lbs.</li> <li>applied in any direction at any point along the top.</li> </ul> </li> </ul> |

