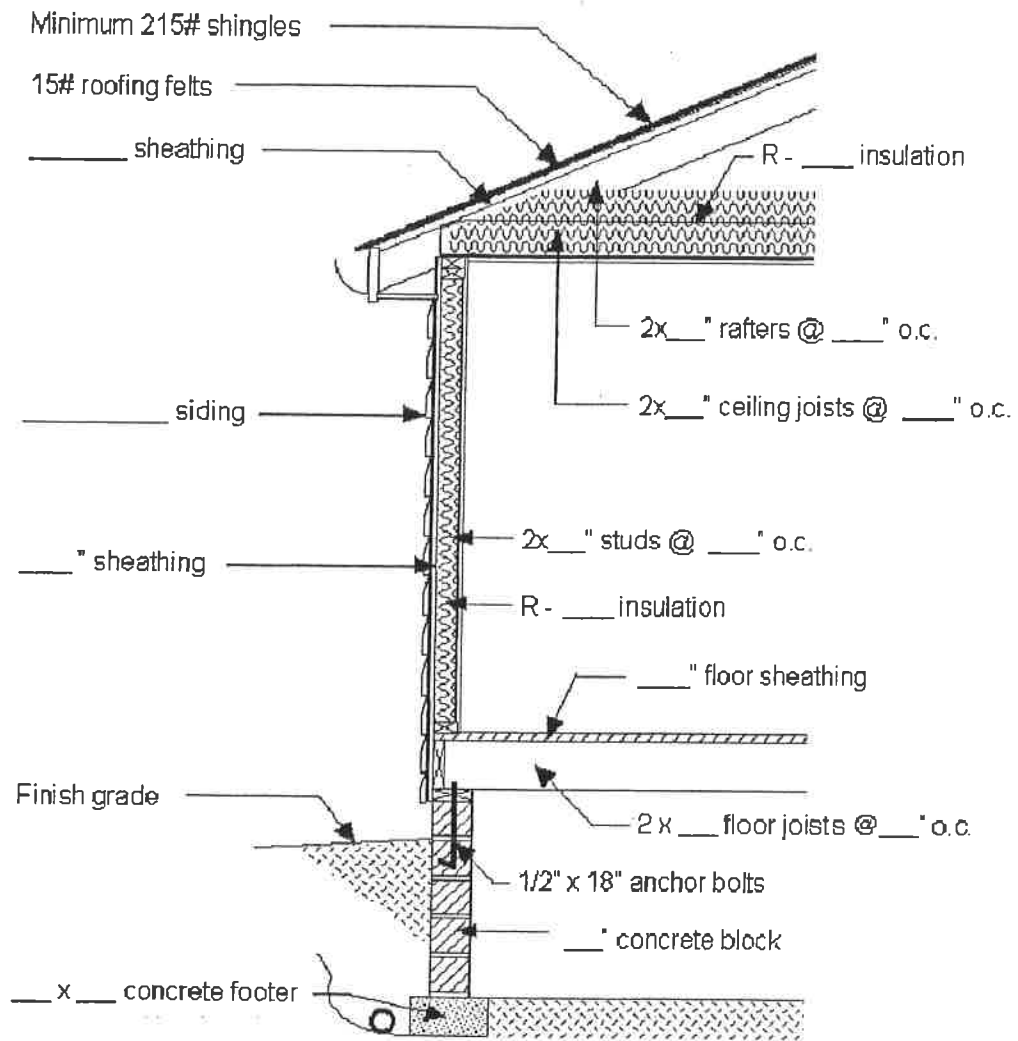


**Submittal requirements to obtain a building permit for:
NEW SINGLE FAMILY DWELLING**

- Completed 2 page application (make sure it is signed at the bottom of the page)
 - Permission from the township in the form of a land use permit of checklist
 - 2 copies of Site plan (must contain setback dimensions in four directions)
 - 2 copies of Elevation, Foundation & Framing plan
 - 2 copies of Floor Plan
 - Deck plan if over 30" high
 - PA Residential Energy Provisions Worksheet (insulation)
 - Driving directions
 - Proof of workman's compensation insurance, sole proprietorship or religious exemption.
-

- After submitting all required documents your application will be reviewed.
- CCIS will contact you with approval or denial within 2 weeks.
- If approved, your permit will be issued and the inspections fees are due when you pick-up the permit.



Typical Wall Section through Addition

Pennsylvania Residential Energy Provisions Worksheet

PROJECT

Address _____
 Contractor _____
 Permit # _____
 Date _____ Date of Plan _____

Type of Dwelling: One or two family dwelling Townhouse

Compliance Path

IECC
 REScheck Software
 REScheck Package Generator
 Other

IRC

PA-Alternative Residential Energy Provisions

If using IECC, How are you documenting compliance?

Thermal Enclosure

Windows/Doors (U-value)
 Windows _____
 Skylights _____
 Other _____
 Glazed Doors (> 50% glass) _____
 Opaque Doors (≤ 50% glass) _____

Exterior Wall Insulation (R-Value)
 Cavity _____
 Continuous (Insulated Sheathing) _____

Roof (R-value)
 Standard Truss or Rafter _____
 Raised Heel/Energy Truss _____
 Cathedral Ceiling _____

Floors (R-Value)
 Over Unconditioned Space (unconditioned basements, vented crawlspaces, garages, etc.) _____
 Floors Exposed to Outside Air _____

Crawlspace Walls (Non-vented Crawlspace)
 Cavity _____
 Continuous (Insulated Sheathing) _____

Basement Walls - % above ground
 Front _____ %
 Rear _____ %
 Left Side _____ %
 Right Side _____ %

Slab Insulation (required if slab is < 12" below grade)

Required	Actual
U- .35	U- _____
U- .60	U- _____
U- _____	U- _____
U- .35	U- _____
U- .35	U- _____

Required	Actual
U- .35	U- _____
U- .60	U- _____
U- _____	U- _____
U- .35	U- _____
U- .35	U- _____

R- 20	R- _____
R- 13+5	R- _____

R- 19	R- _____
R- 13+5	R- _____

R- 38	R- _____
R- 30	R- _____
R- 30	R- _____

R- 38	R- _____
R- 30	R- _____
R- 30	R- _____

R- 30	R- _____
R- 30	R- _____

R- 30	R- _____
R- 30	R- _____

R- 13	R- _____
R- 10	R- _____

R- 13	R- _____
R- 10	R- _____

10/13	R- _____
R- IF<50%	R- _____
R- IF>50%	R- _____
19	R- _____
R10 @ 2 ft	R- @ _____ ft
<small>Add R-.5 if heated slab.</small>	

10/13	R- _____
	R- _____
	R- _____
19	R- _____
R10 @ 2 ft	R- @ _____ ft
<small>Add R-.5 if heated slab.</small>	

Required for REScheck package generator + software:

Gross area of exterior walls ① _____

Gross area of windows & glazed doors ② _____

Window to Wall Area: $2 \div 1 = \underline{\hspace{1cm}} \div \underline{\hspace{1cm}} = \underline{\hspace{1cm}}$

Recessed Light Fixtures Type: ASTM E-283
 Other (list) _____

Mechanical

Equipment Efficiency (For PA Alternative Trade-off; ResCheck Performance Alternative)

Furnace _____ AFUE
 Air Conditioner _____ SEER
 Heat Pump _____ HSPF

Duct Insulation

Location of Duct	Compliance Option			
	IECC		IRC	PA-Alt
	Supply	Return		
Outside of the Building	8	8	8	8
Within Insulated Outside Walls or Floors	8 ¹	8 ¹	8 ¹	8 ¹
Unconditioned Attics	8	8	8	8
Unconditioned Basements	8	8	8	6
Vented Crawlspace, and Garages	8	8	8	8

Note: ¹ R-6 allowed in Floor Trusses

Pipe Insulation: R-2 (minimum)

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

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

Tradeoff	Component	Reduced R-value	Minimum Equipment Efficiency ^{c,d}					
			South		Central		North	
				AFUE ^a	HSPF ^b			
A	Walls between conditioned and unconditioned spaces ^e	R-13						
	Floors over unconditioned basements	R-19		83	8.3			
B	Duct insulation Unconditioned Basement	R-4		84 ^g	9.1			
	Attic & Exterior Walls ^f	R-6		83 ^g	9.0 ^g			
C	Walls between conditioned and unconditioned spaces ^e	R-13						
	Floors over unconditioned basements	R-19						
	Duct insulation ^g Unconditioned Basement	R-4		89	9.8			
	Attic & Exterior Walls ^f	R-6						

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

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE
2009 INTERNATIONAL BUILDING CODE SERIES IS ENFORCED

Application Date _____ Application No. _____

1. PROPERTY OWNER'S INFORMATION

Tax Map _____ Owner _____

Parcel No. _____ Site Address _____

Zone: Agricultural _____ Commercial _____ Conservation _____ Industrial _____ Residential _____

2. BUILDING OWNER'S INFORMATION

First Name: _____ Mi.: _____ Last Name: _____ Phone No.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

3. BUILDING PERMIT APPLICATION

Description of Work: *(provide details on plot plan along with existing structures on lot)* _____

Total Lot Area _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ _____

ICC Use Group: _____ ICC Construction Type: _____

ESTIMATED START DATE ____ / ____ / ____ ESTIMATED COMPLETION DATE ____ / ____ / ____

4. MUNICIPAL INFORMATION

Municipality _____ Use Permit No. _____

Permits Required:

Sewage Certificate Type: Public _____ On Lot _____ Permit No. _____

Driveway Certificate Type: Twp. _____ PennDot _____ Permit No. _____

Type of Water System: Public _____ Well _____ Other _____

Storm Water Management ? _____

Soil Erosion Plan ? _____ Soil Conservation Review ? _____

5. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

APPLICANT SIGNATURE _____ DATE _____

Address _____ Phone No _____

(TURN PAGE OVER)

6. CONTRACTOR INFORMATION

Please list additional general contractor information on additional sheet(s) if applicable

Name of Contractor _____ Phone No _____

Chief Executive Officer _____ Phone No _____

Person in Charge of Work _____ Phone No. _____

Contractor Address _____

City _____ State _____ Zip _____

Home Improvement Contractor Registration # _____

Proof of "Workman's Compensation" Insurance _____

7. SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades, use additional sheet(s) if applicable

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

Contractor _____ City, State, Zip _____ Phone No _____

7. OFFICE INFORMATION

APPLICATION FEE: \$ _____ ISSUANCE DATE _____ / _____ / _____

PERMIT FEE: \$ _____ EXPIRATION DATE _____ / _____ / _____

INSPECTION FEES \$ _____ EXTENSION DATE _____ / _____ / _____

TOTAL FEES \$ _____

APPLICATION IS: GRANTED _____ DENIED _____

SIGNATURE OF PERMIT OFFICER _____ DATE _____

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

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

(attach to building permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Worker' Compensation Law.
____ Yes ____ No

If the answer is "yes", complete Section B or C below.

If the answer is "no", complete Section C below.

B. Insurance Information:

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation

____ Original Certificate attached.

Name of Workers' Compensation insurer _____

Workers' Compensation Insurance Policy No. _____

____ Original Certificate attached.

Policy Expiration Date _____

C. Exemption... **MUST BE NOTARIZED...**

Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation insurance. The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Worker' Compensation Law for one of the following reasons, as indicated.

____ **Contractor with no employees.** Contractor prohibited by Law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Municipality.

____ **Homeowner** who elects to perform all of the work without contracting or hiring others to assist.

____ **Religious exemption** under Worker' Compensation Law.

Signature of applicant: _____

Address: _____

Commonwealth of Pennsylvania

County of _____

On this, the ____ day of _____, 20 __, before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

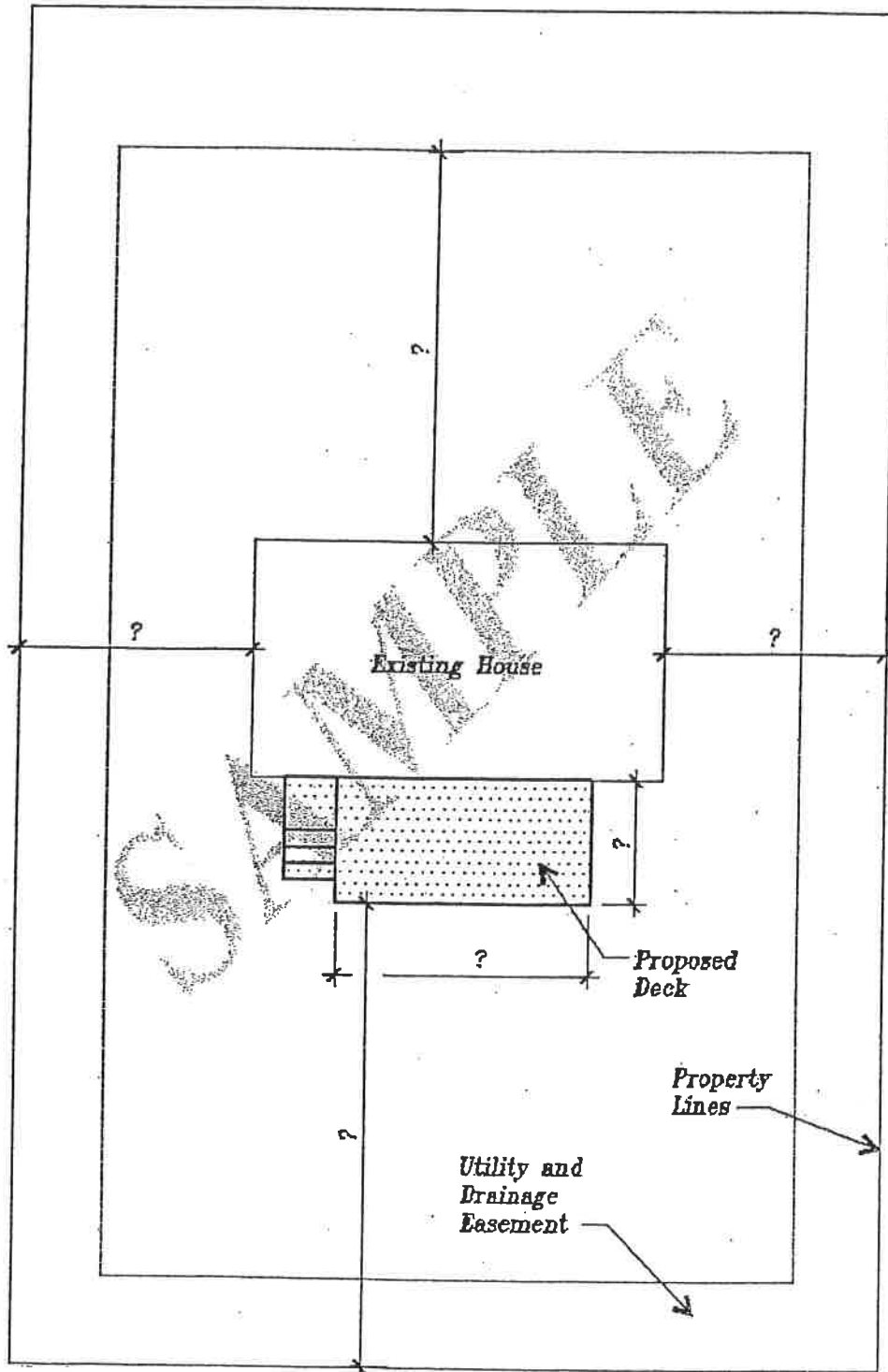
Notary Public

SAMPLE SITE PLAN

Roadway

Curb

Boulevard



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

DIRECTIONS

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

Last name of owner: _____

Address of project:

Directions: _____

Please note

*Inspectors cannot inspect what they cannot find, please make directions clear.
Please use road or street names, distances between turn offs, whether traveling north, south,
east or west. Landmarks are very helpful.*