

PERMIT APPLICATION

BUILDING PERMIT _____ **ELECTRICAL PERMIT** _____

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____

Rear Yard _____ Ft. (Rear of building to property line) _____

Side Yard _____ Ft. Side Yard _____ FT. _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT	ELECTRICAL PERMIT
Contractor _____ <small>(if owner, put same name above)</small>	Contractor _____ <small>(if owner, put same name above)</small>
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Cell _____	Phone _____ Cell _____
Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>	Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>
Estimate of total costs for all work _____	Estimate of total costs for all work _____
Total square feet: _____ Use Group _____ Type Construction _____	
No. of Stories: _____ Height of Structure _____	
Description of work: _____	
Type of work:	
Alterations/Additions of: _____ Square Ft. _____	
() Roofing - Total square feet _____	
() Fencing, supply height if it exceeds 6 foot _____	
() Sign - Total Square feet _____	
() Pool - Total Square feet _____	
() Decks - Total Square feet _____	
() Demolition - Total Square feet _____	
() Accessibility _____	
Other: _____	
I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.	
Signature: _____ Owner () Contractor () Owner Representative ()	Signature: _____ Owner () Contractor () Owner Representative ()

Technical Site	Data No.	Size	Items
_____	_____	_____	Lighting Fixtures
_____	_____	_____	Receptacles
_____	_____	_____	Switches
_____	_____	_____	Detectors
_____	_____	HP _____	Motor-Fractional
_____	_____	_____	Communication Devices
_____	_____	_____	Alarm Devices/Systems
_____	_____	_____	Emergency & Exit Lights
_____	_____	_____	Pool Bonding
_____	_____	_____	Service
_____	_____	_____	Sub-Panels
_____	_____	_____	Feeders
_____	_____	_____	Baseboard Heater
_____	_____	_____	Dryer Receptacle
_____	_____	Range _____	Dishwasher _____ Garbage Disposal _____
_____	_____	Heater _____	Central A/C Units _____
_____	_____	_____	Signs _____
_____	_____	_____	Survey Fee _____
_____	_____	_____	Others: _____

BUILDING CODE OFFICIAL USE ONLY	ELECTRICAL CODE OFFICIAL USE ONLY
Plans Approved _____ Plans Approved with Comments _____	Plans Approved _____ Plans Approved with Comments _____
UCC Building Fee: _____	UCC Electrical Fee: _____
Plan Review Fee: _____	Plan Review Fee: _____
Admin. Fee: _____	Admin. Fee: _____
State Fee: _____	State Fee: _____
Total Cost: _____	Total Cost: _____
Code Official: _____ State Cert.# _____	Code Official: _____ State Cert.# _____
Date Issued: _____	Date Issued: _____

PERMIT APPLICATION

MECHANICAL PERMIT _____ **PLUMBING PERMIT** _____
 Municipality _____ County _____ Tax Parcel _____
 Construction Site Location _____ Date Received _____
 Owner _____ Tenant _____
 Address _____ Address _____
 State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____
 Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

<p>MECHANICAL PERMIT</p> <p>Contractor _____ (if owner, put same name above)</p> <p>Address _____ City _____ State _____ Zip _____ Phone _____ Cell _____ Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Technical Site</td> <td></td> </tr> <tr> <td>Data No.</td> <td>Fixture/Equipment</td> </tr> <tr><td>_____</td><td>Water Heater</td></tr> <tr><td>_____</td><td>Fuel Oil Piping</td></tr> <tr><td>_____</td><td>Gas Piping</td></tr> <tr><td>_____</td><td>Steam Boiler</td></tr> <tr><td>_____</td><td>Hot Water Boiler</td></tr> <tr><td>_____</td><td>Hot Air Furnace</td></tr> <tr><td>_____</td><td>Oil Tank</td></tr> <tr><td>_____</td><td>LPG Tank</td></tr> <tr><td>_____</td><td>Fireplace</td></tr> <tr><td>_____</td><td>Hydronic Piping</td></tr> <tr><td>_____</td><td>Appliances</td></tr> <tr><td>_____</td><td>Solar</td></tr> <tr><td>_____</td><td>Heat Pump</td></tr> <tr><td>_____</td><td>Fire Dampers</td></tr> <tr><td>_____</td><td>Exhaust Hood Sys.</td></tr> <tr><td>_____</td><td>HVAC</td></tr> </table> <p>Others: _____ _____ _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	Technical Site		Data No.	Fixture/Equipment	_____	Water Heater	_____	Fuel Oil Piping	_____	Gas Piping	_____	Steam Boiler	_____	Hot Water Boiler	_____	Hot Air Furnace	_____	Oil Tank	_____	LPG Tank	_____	Fireplace	_____	Hydronic Piping	_____	Appliances	_____	Solar	_____	Heat Pump	_____	Fire Dampers	_____	Exhaust Hood Sys.	_____	HVAC	<p>PLUMBING PERMIT</p> <p>Contractor _____ (if owner, put same name above)</p> <p>Address _____ City _____ State _____ Zip _____ Phone _____ Cell _____ Fed Employee No. _____ (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Technical Site</td> <td></td> <td style="width:20%;">Technical Site</td> <td></td> </tr> <tr> <td>Data No.</td> <td>Items</td> <td>Data No.</td> <td>Items</td> </tr> <tr><td>_____</td><td>Water Closet</td><td>_____</td><td>Interceptor/Separator</td></tr> <tr><td>_____</td><td>Urinal/Bidet</td><td>_____</td><td>Backflow preventer</td></tr> <tr><td>_____</td><td>Bath tub</td><td>_____</td><td>Grease trap</td></tr> <tr><td>_____</td><td>Lavatory</td><td>_____</td><td>Sewer Connection</td></tr> <tr><td>_____</td><td>Shower</td><td>_____</td><td>Sewer Pump</td></tr> <tr><td>_____</td><td>Floor drain</td><td>_____</td><td>Stacks</td></tr> <tr><td>_____</td><td>Sink</td><td>_____</td><td>Solar</td></tr> <tr><td>_____</td><td>Dishwasher</td><td></td><td></td></tr> <tr><td>_____</td><td>Drinking fountain</td><td></td><td></td></tr> <tr><td>_____</td><td>Washing Machine</td><td></td><td></td></tr> <tr><td>_____</td><td>Hose Bibb</td><td></td><td></td></tr> <tr><td>_____</td><td>Water Heater</td><td></td><td></td></tr> <tr><td>_____</td><td>Fuel Oil Piping</td><td></td><td></td></tr> <tr><td>_____</td><td>Gas Piping</td><td></td><td></td></tr> <tr><td>_____</td><td>Steam Boiler</td><td></td><td></td></tr> <tr><td>_____</td><td>Hot Water Boiler</td><td></td><td></td></tr> <tr><td>_____</td><td>Water Service Connection</td><td></td><td></td></tr> </table> <p>Others: _____ _____ _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	Technical Site		Technical Site		Data No.	Items	Data No.	Items	_____	Water Closet	_____	Interceptor/Separator	_____	Urinal/Bidet	_____	Backflow preventer	_____	Bath tub	_____	Grease trap	_____	Lavatory	_____	Sewer Connection	_____	Shower	_____	Sewer Pump	_____	Floor drain	_____	Stacks	_____	Sink	_____	Solar	_____	Dishwasher			_____	Drinking fountain			_____	Washing Machine			_____	Hose Bibb			_____	Water Heater			_____	Fuel Oil Piping			_____	Gas Piping			_____	Steam Boiler			_____	Hot Water Boiler			_____	Water Service Connection		
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Building Inspection Underwriters of PA, Inc

570.344.9681 Fax 570.969.9700

REQUEST FOR INSPECTION

Date Received _____ Time Received _____

Township _____ County _____

Permit Number _____ (MUST have to schedule inspection)

Job Name _____

Lot _____ Section _____ Street _____

Town _____

Development _____

.....
TYPE INSPECTION

- | | |
|-----------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> FOOTINGS (BEFORE POUR) | <input type="checkbox"/> FOOTINGS |
| <input type="checkbox"/> BASEMENT/FOUNDATION WALLS | <input type="checkbox"/> SLAB (PRE-POUR) |
| <input type="checkbox"/> DAMPROOFING/INSULATION | <input type="checkbox"/> PERIMETER DRAINS |
| <input type="checkbox"/> ELECTRIC SERVICE | (Service Request # _____) |
| <input type="checkbox"/> ROUGH ELECTRIC | <input type="checkbox"/> ROUGH PLUMBING |
| <input type="checkbox"/> ROUGH MECHANICAL | <input type="checkbox"/> ROUGH FRAMING |
| <input type="checkbox"/> FINAL FRAMING (after <u>ALL</u> mechanicals) | |
| <input type="checkbox"/> INSULATION | <input type="checkbox"/> DRYWALL |
| <input type="checkbox"/> ACCESSIBILITY | |
| <input type="checkbox"/> FINAL (NEED MINIMUM 48 HOURS NOTICE) | |

.....
READY WHEN _____ (DATE & TIME)

REQUESTED BY _____ PHONE # _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Residential Plan Review Requirements

1. Plan(s) showing to scale the size and location of all new construction and existing structures on the site. Distances from lot lines, established street grades and the proposed finished grades. Site plan shall be drawn in accordance with an accurate boundary line survey.
2. Two (2) sets of plans and specifications with the following information included.

Building Plan Review Requirements

- Front, rear, and side elevations
- Footing/foundation diagram
- Garage/living area separation wall(s)
- Window and door schedule
- Design loads and design calculations
- Location of all smoke detectors or heat detectors
- "R" value of wall and ceiling insulation

Plumbing Plan Review Requirements

- Isometric diagram of potable water supply system with fixtures, locations and WSFU values
- Isometric diagram of DWV system with fixtures, location and DFU values

Mechanical Plan Review Requirements

- Location and size of equipment
- Air distribution and return air system
- Ventilation and exhaust schedule(s)
- Combustion air requirements for all new appliances
- Gas piping diagram

Electrical Plan Review Requirements

- Location of electrical devices: lighting, receptacles, switches, equipment, appliances, transformers, panels, and subpanels
- Size and type of conductors
- Panel and subpanel schedule

***** Homeowners are permitted to draw their own plans. All plans must be to scale. *****