

# UNIFORM CONSTRUCTION PERMIT APPLICATION



Richmond Township  
30348 Highway 408  
Townville PA. 16360

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Commonwealth of Pennsylvania  
DECD-CLGS 01/02

No. 2020-\_\_\_\_\_

## LOCATION OF PROPOSED WORK OR IMPROVEMENT

Municipality: \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## TYPE OF WORK OR IMPROVEMENT (Check One)

- New Building     Addition     Alteration     Repair     Demolition     Relocation
- Foundation Only     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)
- Multi-Family    (R-2)
- Hotels    (R-1)

### 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 Conditioning (i.e., electric, gas, oil, etc.) \_\_\_\_\_

Water Service: (Check)     Public     Private

Sewer Service: (Check)     Public     Private (Septic Permit # \_\_\_\_\_)

## Does or will your building contain any of the following:

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ BTU's \_\_\_\_\_ Type Vent \_\_\_\_\_

Elevator/Escalators/Lifts/Moving walks: (Check)     YES     NO

Sprinkler System:     YES     NO

Pressure Vessels:     YES     NO

Refrigeration Systems:     YES     NO

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft.  
Proposed Building Area: \_\_\_\_\_ sq. ft.  
Total Building Area: \_\_\_\_\_ sq. ft.

Number Of Stories: \_\_\_\_\_  
Height of Structure Above Grade: \_\_\_\_\_ ft.  
Area of the Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN**

Is the site located within an identified flood prone area? (*Check One*)       YES       NO  
Will any portion of the flood prone area be developed? (*Check One*)       YES       NO       N/A

Owner/Agent shall verify that any proposed construction 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 (d)*.

**HISTORIC DISTRICT**

Is the site located within a Historic District?       YES       NO  
If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.

The applicant certifies that all information on 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 provisions of the code(s) applicable to such permit.**

\_\_\_\_\_  
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:**

<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED _____
<input type="checkbox"/> CUT AND FILL	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED _____
<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> HARB	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

**APPROVALS:**

BUILDING PERMIT DENIED:	Date _____	Date Returned _____
BUILDING PERMIT APPROVED:	Date _____	
CODE ADMINISTRATOR	_____	
Date Issued _____	Date Expires _____	PERMIT # _____
BUILDING PERMIT FEE	\$ _____	RECEIPT # _____
PLUMBING PERMIT ( <i>if appl.</i> )	_____	RECEIPT # _____
MECHANICAL PERMIT ( <i>if appl.</i> )	_____	RECEIPT # _____
ELECTRICAL PERMIT ( <i>if appl.</i> )	_____	RECEIPT # _____

**PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

Type of document:	Submitted	Signed & Sealed	Date:	Revision Date:
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp.Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

**DATE STAMP:**

**INSPECTION CHECKLIST  
(FOR CODE ADMINISTRATOR USE ONLY)**

Address: \_\_\_\_\_ Permit # \_\_\_\_\_

Required	Type	Date	Inspector	Comments
	Foundation #1	_____	_____	_____
	Foundation #2	_____	_____	_____
	Foundation #3	_____	_____	_____
	Masonry #1	_____	_____	_____
	Masonry #2	_____	_____	_____
	Masonry #3	_____	_____	_____
	Plumbing #1	_____	_____	_____
	Plumbing #2	_____	_____	_____
	Plumbing #3	_____	_____	_____
	Mechanical #1	_____	_____	_____
	Mechanical #2	_____	_____	_____
	Mechanical #3	_____	_____	_____
	Electrical #1	_____	_____	_____
	Electrical #2	_____	_____	_____
	Electrical #3	_____	_____	_____
	Electrical #4	_____	_____	_____
	Framing #1	_____	_____	_____
	Framing #2	_____	_____	_____
	Framing #3	_____	_____	_____
	Wallboard #1	_____	_____	_____
	Wallboard #2	_____	_____	_____
	Wallboard #3	_____	_____	_____
	Final #1	_____	_____	_____
	Final #2	_____	_____	_____
	Final #3	_____	_____	_____
	Temporary C/O	_____	_____	_____
	Date Expires	_____	_____	_____
	Certificate of Occupancy	_____	_____	_____