CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED _____

LOCATION OF PROPERTY _____

LOT & BLOCK OR PARCEL NUMBER _____

SUBDIVISION _____

MUNICIPALITY _____ COUNTY _____

OWNER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE AND EMAIL _____

BUILDING PERMIT

☐ Commercial Use _____

☐ New Construction ☐ Alteration ☐ Repair ☐ Demolition ☐ Sign

DESCRIPTION OF CONSTRUCTION _____

_____

TOTAL SQ. FT. OF CONSTRUCTION _____ ESTIMATED COST OF CONSTRUCTION _____

ARCHITECT/ENGINEER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

BUILDER NAME _____

DBA _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITY'S CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENT OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

UNDER THE PROVISIONS OF ORDINANCE NO. 6735, YOU MAY BE ENTITLED TO A PROPERTY TAX EXEMPTION ON YOUR CONTEMPLATED ALTERATION OR NEW CONSTRUCTION. AN APPLICATION FOR EXEMPTION MAY BE SECURED FROM THE ZONING DEPARTMENT AND MUST BE FILED WITH THE CITY OF NEW CASTLE AT THE TIME A BUILDING PERMIT IS SECURED. (ORD 6735. PASSED 10-22-81.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

_____ _____ _____

APPLICANT/AGENT SIGNATURE PRINT NAME DATE

★ ★ ★ ★ **FOR DEPARTMENT USE ONLY** ★ ★ ★ ★

BUILDING PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY _____

DATE _____

PERMIT NO. _____

BUILDING PERMIT FEE $ _____

PLAN REVIEW FEE $ _____

MUNICIPAL FEE $ _____

TRAINING FEE $ 4.00

TOTAL PERMIT FEE $ _____

REASON(S) FOR DENIAL _____

OVER FOR SUBCODES PERMIT

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

PLUMBING PERMIT

☐ CONTRACTOR SAME AS BUILDER

CONTRACTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

PLUMBING SYSTEM ☐ New ☐ Additional ☐ Alterations

TYPE ☐ Public Sewer ☐ Private Septic

TYPE ☐ Public Water ☐ Private Well

DESCRIPTION OF WORK _____

_____

ESTIMATED COST OF PLUMBING WORK _____

NO.	EQUIPMENT	NO.	EQUIPMENT	NO.	EQUIPMENT
_____	Water Closet	_____	Urinal/Bidet	_____	Bath Tub
_____	Lavatory	_____	Shower	_____	Floor Drain
_____	Sink	_____	Dishwasher	_____	Drinking Fountain
_____	Washing Machine	_____	Hose Bibb	_____	Water Heater
_____	Hot Water Boiler	_____	Sewer Pump	_____	Backflow Preventer
_____	Greastrap	_____	Automatic Sprinkler System		
_____	Other: _____	_____	Other: _____		
_____	Other: _____	_____	Other: _____		

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

_____ _____ _____

APPLICANT/AGENT SIGNATURE PRINT NAME DATE

★ ★ ★ ★ **FOR DEPARTMENT USE ONLY** ★ ★ ★ ★

PLUMBING PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY _____ DATE _____

PERMIT NO. _____

PLUMBING PERMIT FEE $ _____

PLAN REVIEW FEE $ _____

TRAINING FEE $ 4.00

TOTAL PERMIT FEE **$** _____

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

ELECTRICAL PERMIT

☐ CONTRACTOR SAME AS BUILDER

CONTRACTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

TYPE OF ELECTRICAL WORK ☐ New ☐ Additional ☐ Alterations

UTILITY COMPANY _____

WORK ORDER NUMBER _____

DESCRIPTION OF WORK _____

_____

ESTIMATED COST OF ELECTRICAL WORK _____

NO.	EQUIPMENT	NO.	SIZE	EQUIPMENT	NO.	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	AMP Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	AMP Sub-Panels	_____	_____	KW Oven/Surface Unit
_____	Switches	_____	_____	AMP Sub-Panels	_____	_____	KW Electric Water Heater
_____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP/KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garbage Disposal	_____	_____	KW Electric Dryer Receptacle
_____	Spa/Hot Tub	_____	_____	KW Central A/C Unit	_____	_____	KW Baseboard Heat

_____ Swimming Pool ☐ Above Ground ☐ In Ground

_____ Other: Fire Alarm System _____

_____ Other: Cable/Cat 5 _____

_____ Other: Phone _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

_____ _____ _____

APPLICANT/AGENT SIGNATURE PRINT NAME DATE

★ ★ ★ ★ **FOR DEPARTMENT USE ONLY** ★ ★ ★ ★

ELECTRICAL PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY _____ DATE _____

PERMIT NO. _____

ELECTRICAL PERMIT FEE $ _____

PLAN REVIEW FEE $ _____

TRAINING FEE $ 4.00

TOTAL PERMIT FEE $ _____

OVER FOR SUBCODES PERMIT

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

MECHANICAL PERMIT

☐ CONTRACTOR SAME AS BUILDER

CONTRACTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

HEATING SYSTEM ☐ New ☐ Replacement

FUEL ☐ Gas ☐ Oil ☐ Electric ☐ Solar

TYPE ☐ Hydronic ☐ Forced Air

DESCRIPTION OF WORK _____

_____

ESTIMATED COST OF MECHANICAL WORK _____

NO.	EQUIPMENT	NO.	EQUIPMENT	NO.	EQUIPMENT
_____	Water Heater	_____	Fuel Oil Piping	_____	Gas Piping
_____	Steam Boiler	_____	Hot Water Boiler	_____	Hot Air Furnace
_____	Oil Tank	_____	LPG Tank	_____	Fireplace
_____	Other: _____	_____	Other: _____		

☐ Plan Required

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

_____ _____ _____

APPLICANT/AGENT SIGNATURE PRINT NAME DATE

★ ★ ★ ★ **FOR DEPARTMENT USE ONLY** ★ ★ ★ ★

MECHANICAL PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY _____ DATE _____

PERMIT NO. _____

MECHANICAL PERMIT FEE $ _____

PLAN REVIEW FEE $ _____

TRAINING FEE $ 4.00

TOTAL PERMIT FEE $ _____

COMMERCIAL PLAN REVIEW CHECK LIST

PLEASE PRINT

COMPANY: _____PHONE:_____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
POLITICAL SUBDIVISION/MUNICIPALITY (TOWNSHIP, BOROUGH, CITY:)_ _____
BUILDING NAME: _____
BUILDING ADDRESS:_____
CITY: _____ STATE___ ZIP: _____COUNTY:_____
OCCUPANCY CLASSIFICATION: (from Chapter 3 of the IBC)_____
BUILDING SIZE (GROSS SQUARE FEET):_____STORIES (including basement): _____
TYPE OF CONSTRUCTION: (from Chapter 4 of the IBC _____

TYPE OF SUBMISSION

( )New Building ( )Modification to an existing Building ( )Addition ( )Revision to approved Plans

REQUIREMENTS FOR FINAL PLAN APPROVAL

___ Complete set of drawings (including electrical, mechanical, plumbing, energy)
___ Site plan Site plan requirements include all of the following:
(1) The size and location of new construction and existing structures on the site.
(2) Accurate boundary lines.
(3) Distances from lot lines.
(4) The established street grades and the proposed finished grades.
(5) If the construction involves demolition, the site plan shall indicate construction that is to be demolished and the size and location of existing structures and construction that will remain on the site or plot.
(6) Location of parking spaces, accessible routes, public transportation stops and other required accessibility features.
___ Minimum 15"by 24" size paper
___ Floor plans, elevations and typical cross sections
___ Door and window schedule
___ Room finish schedule
___ Minimum scale of 1/8" = 1'0"
___ Name, address and telephone number of owner must be indicated on all submitted documents
___ Copies of any reference documents, such as approved or engineered systems, not in the IBC being used.
___ Sprinkler plans and specifications
___ Fire alarm plans and specifications

MECHANICAL PLAN REVIEW REQUIREMENTS

In order to perform a thorough Mechanical Plan Review, the following specifications, drawings and details should be submitted:
Complete plans and specifications of all heating, ventilating and air conditioning work.
Labeling criteria of all mechanical equipment.
Heating equipment data including the following information:

1. Equipment capacity (b.t.u.).
2. Controls.
3. Appliance layouts showing location, access and clearances.
4. Disconnect switches.
5. Indoor and outdoor design temperatures.

Ventilation data, ductwork and equipment including the following:

1. Ventilation schedule indicating the amount of outside air (in c.f.m.) supplied to each room or space.
2. Layout showing outside air intakes.
3. Construction of ducts, including support and sheet metal thickness.
4. Duct lining and insulation materials with flame spread and smoke-developed ratings.
5. Exhaust fan ductwork layout and termination to the outside.
6. Size of louvers and grilles for attic ventilation.

Boiler and water heater equipment and piping details including safety controls and distribution piping layout.
Gas and fuel oil piping layout, material, sizes, and valves.
Combustion air intake quantities and details.
Chimney and chimney connector or vent and vent connector details and connector gages and clearances.

Mechanical refrigeration equipment data and details.
Solid fuel burning appliance details including incinerator and fireplace drawings and details.
Energy conservation equipment data and details

PLUMBING PLAN REVIEW REQUIREMENTS

In order to perform a thorough Plumbing Plan Review, the following specifications, drawings and details should be submitted:

Complete plans and specifications of all plumbing work.
Plumbing fixture and piping material specifications including identification of the applicable referenced standard.
Plumbing fixture information to include:

1. The occupant load used to determine the number of required plumbing fixtures.
2. Number and distribution based on the use group.
3. Accessible plumbing facilities and details.
4. Anti-scald shower valves.

Plumbing piping plan showing layout, pitch of drainage lines, cleanouts, size of traps, and riser diagram.
Water supply and distribution plan showing piping sizes, valves, water heater details and temperature-pressure relief valve with discharge pipe.
Sanitary drainage and vent system riser diagram showing drainage fixture units (dfu), sizes and vent termination details through the roof.
Potable water system riser diagram showing piping sizes and provisions for protection of potable water supply.
Piping support and installation schedule.
Storm drainage details including rain gutter or roof drain sizes and downspout/leader sizes.
Health care plumbing and fixture details.

ELECTRICAL PLAN REVIEW REQUIREMENTS

In order to perform a thorough Electrical Plan Review, the following specifications, drawings and details should be submitted:

Complete plans and specifications of all electrical work.
Labeling criteria of all electrical equipment.
Lighting floor plan including electrical circuits indicating conduit and wiring sizes.
Power floor plans including electrical circuits indicating conduit and wiring sizes, equipment and disconnect switches.
Panelboard schedule.
Lighting fixture schedule.
Symbol schedule and diagrams.
Specifications to include requirements for:

1. Raceway and conduit with fittings, if applicable.
2. Wire and cable.
3. Electrical boxes, fittings and installation.
4. Electrical connections.
5. Electrical wiring devices.
6. Circuit and motor disconnects.
7. Hangers and supporting devices.
8. Electrical identification.
9. Service entrance and details.
10. Overcurrent protection.
11. Switchboards.
12. Grounding.
13. Transformers.
14. Panelboards.
15. Motor control centers.
16. Lighting fixtures.
17. Fire protective signaling systems, if applicable.
18. Automatic fire detection systems, if applicable.