



Keystone Inspection Agency

248 N. Main Street, Suite 1, Pleasant Gap, PA, 16823

Office: 814-359-3333 Fax: 814-359-3332

Please fill in the Township or Borough in which the project is being completed:

_____ (TWP/BORO) **APPLICATION FOR BUILDING PERMIT #**

Application Requirements: The following documents to be submitted with the application:

- **New Single-Family Homes:** Zoning, Water, & Sewer Permits, and TWO sets of plans
- **Renovations/Additions:** Zoning Permit, and TWO sets of plans *may also need water/sewer permits
- **New Commercial Structures:** Zoning, Water, & Sewer Permits, and TWO sets of sealed plans
- **Commercial Renovations/ Additions:** Zoning Permit, and TWO sets of plans
- **All Health Care Structures:** Pennsylvania Department of Health Approval.

Location of Proposed Project:

Municipality: _____ Tax Parcel# _____

Address: _____

Owners Name: _____

Phone: _____ Email: _____

Type of Sewage: ☐ Public / Private Co.
☐ Private (septic tank)

Type of Water: ☐ Public / Private Co.
☐ Private (Well)

Please check only one:

Type of Work: ☐ New Construction ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition
☐ Relocation ☐ Change of Use ☐ Plumbing ☐ Mechanical ☐ Electrical
☐ Sprinkler System ☐ Swimming Pool ☐ Foundation only

Declared Cost of Project: \$ _____ omit cents

The applicant verifies that all the information on this application is correct and the work shall be completed with the Approved construction documents, the PA-ACT45 (Uniform Construction Code) and any additional approved building code requirements adopted by the municipality.

The property owner and applicant assume the responsibility of locating all property right-of-way's, 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 verifies the 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 an agent of either, or by the Registered Design Professional employed in connection with the proposed project.

X

Signature of Owner or Authorized Agent

X

Print name of Owner or Authorized Agent

Workers Compensation Insurance Coverage Information

****Please Return This Form with Your Application****

A. The Applicant is:

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

☐ YES

☐ NO

*If yes, please complete section "B" only. *

B. Insurance Information:

Name of Applicant: _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers compensation

☐ *Certificate Attached*

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No: _____

☐ *Certificate Attached*

Policy Expiration Date: _____

C. Exemption * Only complete section C if the applicant is a contractor 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 Workers' 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 township.**

☐ Religious exemptions under the Worker' Compensation Law.

Subscribed and sworn to before me this
_____ Day of _____ 20____

Signature of Public Notary
My Commission expires: _____

Signature of applicant
Address _____

County of: _____
Municipality of: _____

Residential Sprinkler Paper

House Bill 377: PA ACT 1 of 2011

On April 25, 2011, House Bill 377, was approved and adopted. All contractors and/or homeowners who are constructing a **new one-family of two-family dwelling** must complete a sprinkler paper.

This form must be submitted with your building application.

No permit will be issued until a sprinkler paper is signed and returned to the agency.

Please check ONE of the boxes below:

☐ New Construction will be equipped with an automatic fire sprinkler system.

☐ New Construction will NOT be equipped with an automatic fire sprinkler system.

Contractor Signature

Business Name

Date

Homeowner/ Buyer Signature

Date

RESIDENTIAL PROJECTS ONLY:

Contractor: Name: _____
Address: _____
Email: _____ Phone: _____

Architect/ Engineer: Name: _____
Address: _____
Email: _____ Phone: _____

Square Footage: Basement: _____ Garage: _____ 1st Floor: _____ 2nd Floor _____
Crawl Space: _____ 1st FL Addition: _____ 2nd FL Addition _____

Description of Building Use: ☐ One- Family Dwelling (R-3) ☐ Two- Family Dwelling (R-3)

Describe Proposed Work: _____

Building Characteristics:

of Residential Dwelling units: Existing _____ Proposed _____
Mechanical Systems (heating, ventilation, air conditioning, gas, electric, oil, etc.) _____

Does your home contain any of the following fireplaces?

How many? Fuel type _____ Vent Type _____

Flood Plan Area: Owner/ Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Penna. Flood Plan Management ACT 166 of 1978: specifically, section 60.3.

Is it within identified Flood Hazard Area? ☐ Yes ☐ No

Will any portion of the flood zone be developed? ☐ Yes ☐ No

Historical District: Is the site with in a Historical Districts? ☐ Yes ☐ No

If the construction is proposed within a Historical District a certificate of appropriateness may be required from the municipality before this permit can be processed.

RESIDENTIAL PROJECTS ONLY

Please complete the questionnaire and return with your application.

***If the following information is on the (2) sets of plans submitted this questionnaire does NOT need completed. ***

Please review the following notes before beginning the questionnaire.

- Minimum footer depth is 36" below grade, this includes pole buildings and decks.
- Sill plate is required to be pressure treated with anchor bolts at 12" from each corner; 6' on center and with 12" of each splice.
- ALL trusses must have tie downs on each end or other approved method for anchoring.
- If rafters or trusses are spaced at 24" on center sheathing must have "H" clips installed in the center between each truss or rafter spacing.
- Minimum required "R" value for the insulation are the following: Foundation R10, Exterior Walls R21, Attic R49, and may require R30 in ceilings between the basement area and first floor.
- Electrical Systems must meet 2014 NEC or IRC 2015 and utility Rules & Regulations.

Questionnaire:

1. What size are the footers? Width _____ Thickness _____
2. What type of foundation? ☐ Concrete ☐ Block ☐ Pre-Cast ☐ Slab on Grade
3. What size foundation wall? ☐ 8" ☐ 10" ☐ 12"
4. What size are the wall studs? ☐ 2x4 ☐ 2x6
5. What is the spacing of the studs? ☐ 16" o/c ☐ 19.5" o/c ☐ 24" o/c
6. What type of floor joist? ☐ TJI ☐ SPF ☐ OTHER _____
7. What size floor joist? ☐ 2x6 ☐ 2x8 ☐ 2x10 ☐ 2x12
8. What is the spacing of the floor joist? ☐ 12" o/c ☐ 16" o/c ☐ 19.5" o/c ☐ 24" o/c
9. If two story, are you using the same floor joist and spacing? ☐ Yes ☐ No: If not, what size and spacing will you be using? _____
10. What type of subfloor and thickness will be used? _____
11. Is the roof system going to be pre-engineered: ☐ Trusses ☐ Rafters
12. If rafters what size? ☐ 2x6 ☐ 2x8 ☐ 2x10 ☐ 2x12
13. What is the spacing of the trusses/rafters? ☐ 16" o/c ☐ 19.5" o/c ☐ 24" o/c ☐ 48" o/c
14. What type of roof sheathing? ☐ Plywood ☐ OSB What thickness? _____
15. List type of attic ventilation. ☐ Ridge vent ☐ Soffit Vent ☐ Other: _____
16. What type of roof finish? ☐ Shingle ☐ Metal ☐ Other: _____
17. What type of finish for exterior walls? _____
18. List R values to be used: Found. _____ 1st FL. _____
2nd FL. _____ Attic _____ Ext. Walls _____
19. What materials are being used on the interior walls? (drywall etc.) _____
20. What type of flooring cover? ☐ Carpet ☐ Wood ☐ Vinyl ☐ Tile ☐ Other _____

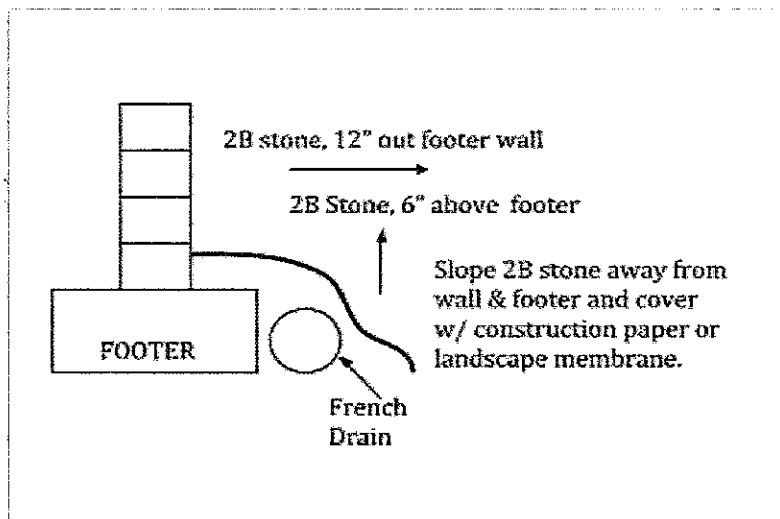
21. What type of Heat/ A/C will be used? _____
22. What type of fuel is being used? ☐ Oil ☐ Gas ☐ Wood ☐ Electric
23. Specify all header sizes for the doors and window openings:

24. Specify type of sizing for all support beams, spacing of support columns:

25. Specify what type and size of windows in bedrooms:

Please list below any additional information you feel is needed to help speed the permit process for your project:

GENERAL NOTE: concerning foundation and French Drain requirements: Any basement area and/ or habitable space below finish grade requires a Foundation/ French Drain to be installed per drawing below:



COMMERCIAL PROJECTS ONLY:

Contractor: Name: _____ Phone: _____
Address: _____
Email: _____

Architect/ Engineer: Name: _____ Phone: _____
Address: _____
Email: _____

Commercial Building Dimensions:

Existing Area Sq. Ft. _____ #of Stories _____
Height above Grade _____ ft. _____ in.
Proposed Building Area SQ.FT. _____
Area of Largest Floor SQ.FT. _____
Total Building Area SQ. FT. _____

Description of Building Use: Construction Type: _____ Use Group: _____
Change in Use: ☐ Yes ☐ No If yes, indicate former use: _____
Max. Occupancy Load: _____ Max. Live Load: _____

Describe Proposed Work: _____

Building Characteristics:

of Residential Dwelling units: Existing _____ Proposed _____
Mechanical Systems (heating, ventilation, air conditioning, gas, electric, oil, etc.) _____

Do any units contain fireplaces? **How many?** _____
Fuel type _____ Vent Type _____

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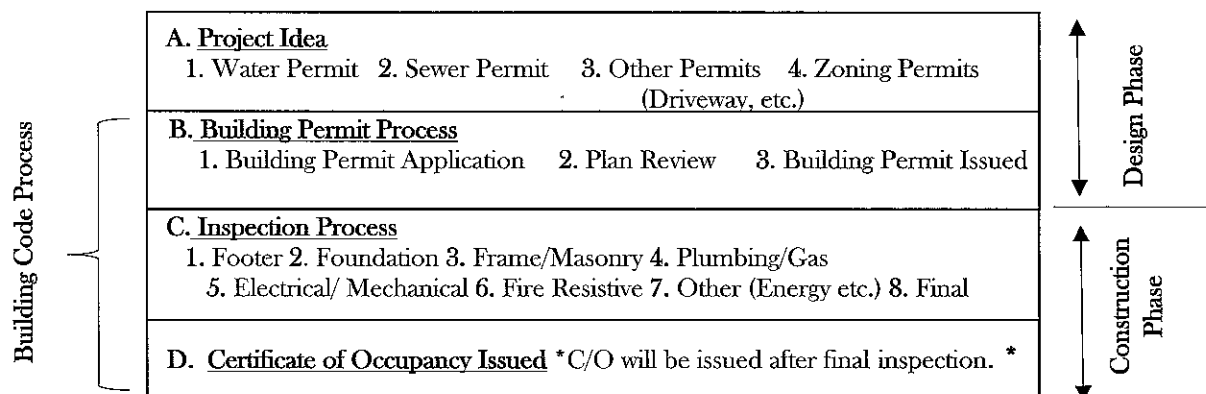
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Other Commercial Information:

Elevator/Escalators/Lifts/Moving Walks: ☐ Yes ☐ No Describe: _____
Sprinkler System: ☐ Yes ☐ No
Pressure Vessels: ☐ Yes ☐ No
Refrigerator/ Freezer System: ☐ Yes ☐ No

As the Applicant; please review the following:

The Building Regulatory Process:



(For Code Administrator Use Only:)

√	Additional Permits/ Approvals	Notes / Approval	APPROVED DATE
	Street Cut/ Driveway		
	Cut and Fill		
	PennDOT Highway Occupancy		
	DEP Floodway or Floodplain		
	Sewer Connection		
	ON- Lot Septic		
	Zoning		
	HARB		
	Other		

(For Code Administrator Use Only)

Occupancy Information

Floor Level	# of Units	Max. Occupancy	MaxLiveLoad (lbs. per sq. ft.)	Total Sq. Footage	Floor Level	# of Units	Max. Occupancy	Max.LiveLoad (lbs. per sq. ft.)	TotalSq. Footage
Basement					7 th Floor				
1 st Floor					8 th Floor				
2 nd Floor					9 th Floor				
3 rd Floor					10 th Floor				
4 th Floor					Other				
5 th Floor					Roof				
6 th Floor									

VALIDATION BY: _____

Building Permit # _____ Date Permit Issued _____

Permit Fee: \$ _____ Approved by: _____

