

# KEYSTONE INSPECTION AGENCY

1743 CIRCLEVILLE ROAD

STATE COLLEGE, PA 16803 (814) 238-1708 TELEPHONE/FAX

## SPRING TOWNSHIP. APPLICATION FOR BUILDING PERMIT# 13-

APPLICATION REQUIREMENTS: Documents to be submitted with the application include the following:

- New Single Family Home-Zoning, Water, Sewer Permits and Two Sets of Plans.
- New commercial Structures-Zoning, Water, Sewer Permits, Two Sets Of Sealed Plans.
- Building Renovations and/or Additions-Zoning Permit, Two Sets Of Plans and May Need Water and Sewer.
- All Health Care Structures Must have Penna. Department of Health Approval.

### LOCATION OF PROPOSED CONSTRUCTION OR WORK

Municipality-	Tax Parcel#-	<b>TYPE OF SEWAGE DISPOSAL</b>
Address-No.&Street-		<input type="checkbox"/> Public/Private Company
Rural Directions-		<input type="checkbox"/> Private (Septic Tank, etc)
Owners-		<b>TYPE OF WATER SUPPLY</b>
		<input type="checkbox"/> Public/Private Company
		<input type="checkbox"/> Private (Well, Cistern, etc.)

### TYPE OF CONSTRUCTION OR WORK

DECLARED COST=\$

(CHECK ONE)

- New Building  Addition  Alteration  Repair  Demolition  Foundation Only  Relocation  
 Plumbing  Mechanical  Electrical  Change of Use  Swimming Pool  Sprinkler System

The applicant certifies that all information on this application is correct and the work shall be completed 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 right-of-ways, flood areas, etc. Insurance 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 an agent of either or by the Registered Design Professional employed in connection with the proposed project.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Principal Contractor

Phone#

Fax#

Mailing address:

Architect/Engineer:

Phone#

Fax#

Mailing address

# APPLICATIONS REQUIREMENTS CONT.

## COMMERCIAL BUILDING DIMENTIONS

Existing Area: \_\_\_\_\_ sq.ft. Number of Stories: \_\_\_\_\_ Height of Structure Above Grade \_\_\_\_\_ ft \_\_\_\_\_ in  
Proposed Building Area: \_\_\_\_\_ sq.ft. Area of Largest Floor: \_\_\_\_\_ sq.ft.  
Total Building Area: \_\_\_\_\_ sq.ft.

Single Family Home=Basement \_\_\_\_\_ sq.ft., Garage \_\_\_\_\_ sq.ft., 1st Floor \_\_\_\_\_ sq.ft., 2nd Floor \_\_\_\_\_ sq.ft.  
Crawl Space \_\_\_\_\_ sq.ft., 1st Floor Addition \_\_\_\_\_ sq.ft., 2nd Floor Addition \_\_\_\_\_ sq.

## FLOODPLAIN AREAS

Is the site within an identified flood hazard area? (check one) Yes No

Will any portion of the flood hazard area be developed? (check one) Yes No

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the NATIONAL FLOOD INSURANCE PROGRAM and the PENNSYLVANIA FLOOD PLAIN MANAGEMENT ACT-166-1978, SPECIFICALLY SECTION 60.3

## HISTORIC DISTRICTS

Is the site within a Historic District Yes No

(IF THE CONSTRUCTION IS PROPOSED WITHIN A HISTORIC DISTRICT, A CERTIFICATE OF APPROPRIATENESS MAY BE REQUIRED FROM THE MUNICIPALITY BEFORE THIS PERMIT CAN BE PROCESSED!)

## DESCRIBE THE PROPOSED WORK:

## DESCRIPTION OF BUILDING USE

### ---RESIDENTIAL---

- One Family Dwelling (R-3)
- Two Family Dwelling (R-3)

### ---NON RESIDENTIAL---

Construction type: \_\_\_\_\_  
Use Group: \_\_\_\_\_  
Change In Use: \_\_\_\_=Yes \_\_\_\_=No  
If Yes, Indicate Former Use: \_\_\_\_\_  
Maximum Occupancy Load: \_\_\_\_\_  
Maximum Lived Load: \_\_\_\_\_

## BUILDING CHARACTERISTICS

NUMBER OF RESIDENTIAL DWELLING UNITS: \_\_\_\_\_ Existing \_\_\_\_\_ Proposed  
MECHANICAL SYSTEMS: Indicate The Type of Heating, Ventilation, Air Conditioning (gas, electric, oil, etc.)

Does your building contain any of the following: Fireplaces: How many \_\_\_\_ Fuel Type \_\_\_\_ Vent Type \_\_\_\_

## COMMERCIAL

Elevator/Escalators/Lifts/Moving Walks:(check one) \_\_\_\_\_ Yes \_\_\_\_\_ No  
Sprinkler System: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Pressure Vessels: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Refrigeration/Freezer System: \_\_\_\_\_ Yes \_\_\_\_\_ No

(FOR CODE ADMINISTRATOR USE ONLY)

**ADDITIONAL PERMITS/APPROVALS REQUIRED**

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

**OCCUPANCY INFORMATION**

Type of Construction					Use Group				
	Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.	Total Square Footage		Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.	Total Square Footage
BASEMENT					SEVENTH FLOOR				
FIRST FLOOR					EIGHTH FLOOR				
SECOND FLOOR					NINTH FLOOR				
THIRD FLOOR					TENTH FLOOR				
FOURTH FLOOR					OTHER				
FIFTH FLOOR					ROOF				
SIXTH FLOOR									

**VALIDATION BY:**

Building Permit Number \_\_\_\_\_ Date Permit Issued \_\_\_\_\_ 20\_\_

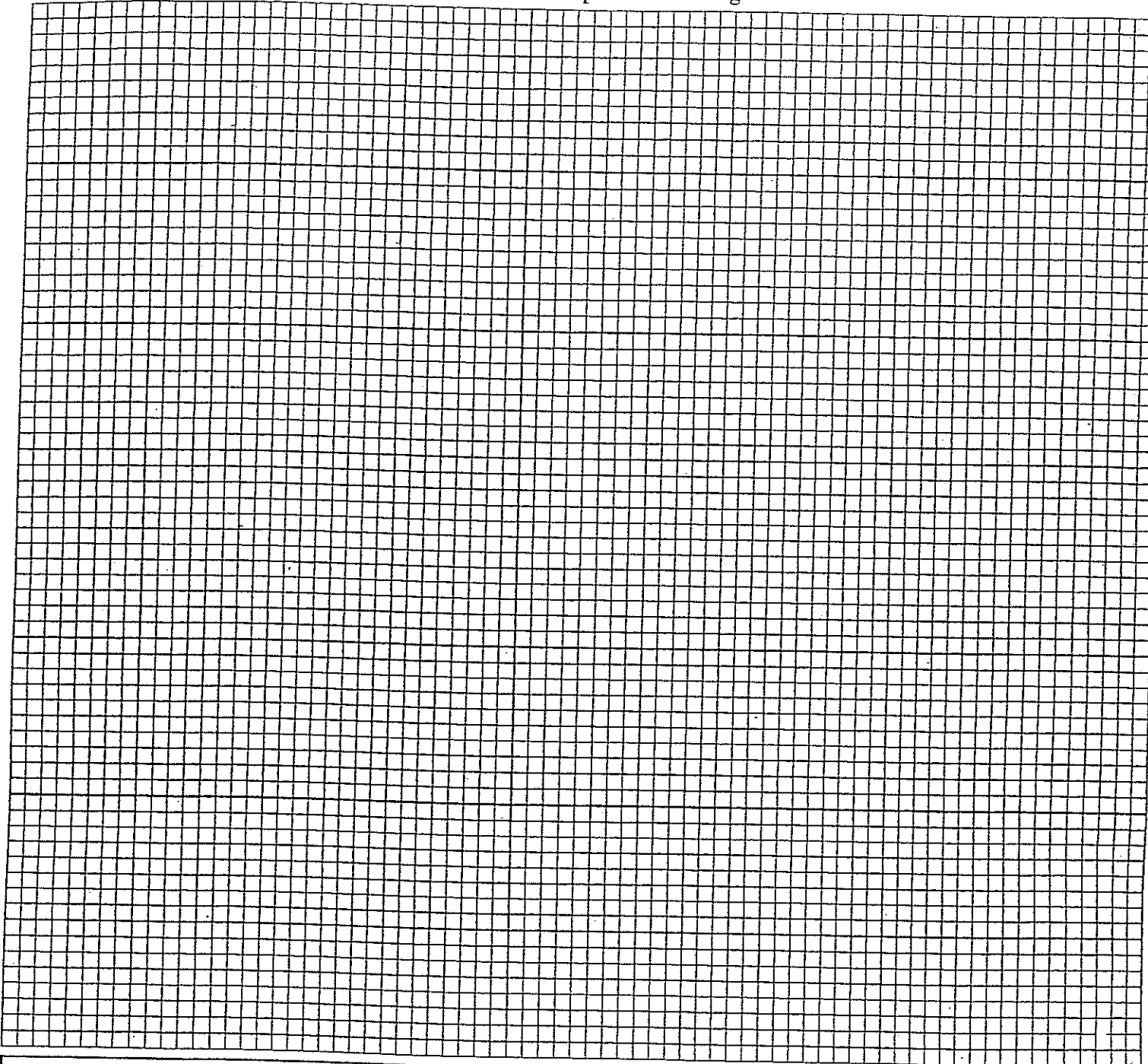
Permit Fee \$ \_\_\_\_\_ Approved by: \_\_\_\_\_

**PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

Type of document:	Submitted	Sign & 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		
Flood Hazard Area Data-	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**SITE PLAN- DIMENNSIONS TO BE COMPLETED BY APPLICANT**

Sketch plan showing size & location of new structure plus all existing!



<b>ZONING OFFICAL USE ONLY!</b>			<b>ZONING PERMIT#</b> =	<b>ZONING PERMIT FEE</b>
<b>ZONING DISTRICT</b> =	<b>LOT SQ.FT.</b> =		<b>COVERAGE</b> =	<b>%</b>
				<b>\$</b>
<b>Set Backs</b>	<b>Required</b>	<b>Provided</b>		
Front			Number of off-street parking spaces	
Right Side			1 Enclosed.....	
Rear			2 Outdoors.....	
Left Side			Date	
<b>NOTES</b>			Permit issued _____ 20	
			Approved _____	
			Municipality= <u>Spring</u> Township -Centre County PA	



**KEYSTONE INSPECTION AGENCY**  
1743 CIRCLEVILLE ROAD  
STATE COLLEGE, PA 16803 (814) 238-1708 TELEPHONE/FAX

**FOR RESIDENTIAL USE ONLY**

**INFORMATION NEEDED TO BE PROVIDED ON PLANS OR DRAWINGS**

Provide two copies of Plans/Drawings with Building Permit Application along with this questionnaire. (All items may not be apply, depending on what you are building.)

(Please print or type and complete both side of questionnaire.)

**NOTE:**

Min. footer depth required is 36" below grade, this includes pole building and decks.

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" \_\_\_\_\_

**NOTE:**

Sill plate is required to be pressure treated with anchor bolts @ 12" from each corner  
6' on center and within 12" of each splice

4. What size are the wall studs? 2x4 \_\_\_\_\_ 2x6 \_\_\_\_\_
5. What is the spacing of studs? 16" o/c \_\_\_\_\_ 24" o/c \_\_\_\_\_ 19.5" o/c \_\_\_\_\_
6. What type floor joist? TJI \_\_\_\_\_ SPF \_\_\_\_\_ Other \_\_\_\_\_
7. What size floor joist? 2x6 \_\_\_\_\_ 2x8 \_\_\_\_\_ 2x10 \_\_\_\_\_ 2x12 \_\_\_\_\_
8. What is the spacing of 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 & spacing will you be using? \_\_\_\_\_
10. What type of sub floor & thickness? (specify) \_\_\_\_\_
11. Is roof system going to be pre-engineered Trusses \_\_\_\_\_ or Rafters \_\_\_\_\_
12. If rafters what size? 2x6 \_\_\_\_\_ 2x8 \_\_\_\_\_ 2x10 \_\_\_\_\_ 2x12 \_\_\_\_\_
13. What is the spacing of Trusses or Rafters? 16' o/c \_\_\_\_\_ 19.5" o/c \_\_\_\_\_ 24" o/c \_\_\_\_\_ 48" o/c

**NOTE:**

All Trusses must have tie downs on each end!

14. What type of roof sheathing? Plywood \_\_\_\_\_ OSB \_\_\_\_\_ that Thickness? \_\_\_\_\_

**NOTE:**

If rafters or trusses are spaced at 24" o/c sheathing must have H clips installed in the center between each truss or rafter spacing.

(over)

15. list type of attic ventilation. (exaple) Ridge vent \_\_\_ Soffit vent \_\_\_ Other \_\_\_

16. What type roof finish material? Shingle \_\_\_ Metal \_\_\_ Other \_\_\_

17. What type of finish for Exterior Wall? \_\_\_

**NOTE:**

Min required R-values for insulation are: Foundation-R10; Exterior Walls R18; Attic-R38, and may required R21 in ceiling between basement area and first floor.

18. List R Values you will be using. Foundation \_\_\_ 1st Floor \_\_\_ Attic \_\_\_ Exterior walls \_\_\_

19 What material is being used for Interior Wall? Drywall \_\_\_ (etc) \_\_\_

20. What type of Floor Covering? Carpet \_\_\_ Wood \_\_\_ vinyl \_\_\_ Tile \_\_\_ Other \_\_\_

21. What type of Heat/AC being used? Please list \_\_\_

22. What type of Fuel being used? Oil \_\_\_ Gas \_\_\_ Wood \_\_\_ Electric \_\_\_

23. Specify all header sizes for doors & window openings \_\_\_

24. Specify type an sizing of all support beams, spacing of support columns \_\_\_

25. Specify what type & size of windows in bedrooms. \_\_\_

**NOTE:**

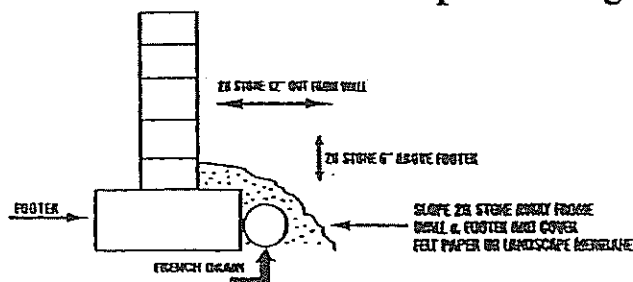
Electircal System must meet the (2008NEC) or the (2009IRC) AND Utility Rules & Regulations.

Areas between attached garage & house must have 1/2" drywall installed as a fire separations (EXAMPLE) Wall and Ceiling or Wall up to the underside of roof sheathing.

Please List Below any additional information you feel is needed to help speed the permit process for your project. \_\_\_

**GENERAL NOTE CONCERNING FOUNDATION/ FRENCH DRAIN REQUIRMENTS**

Any basement area and/or habitable space below finish grade requires a Foundation/French drain to be installed as per drawing below.



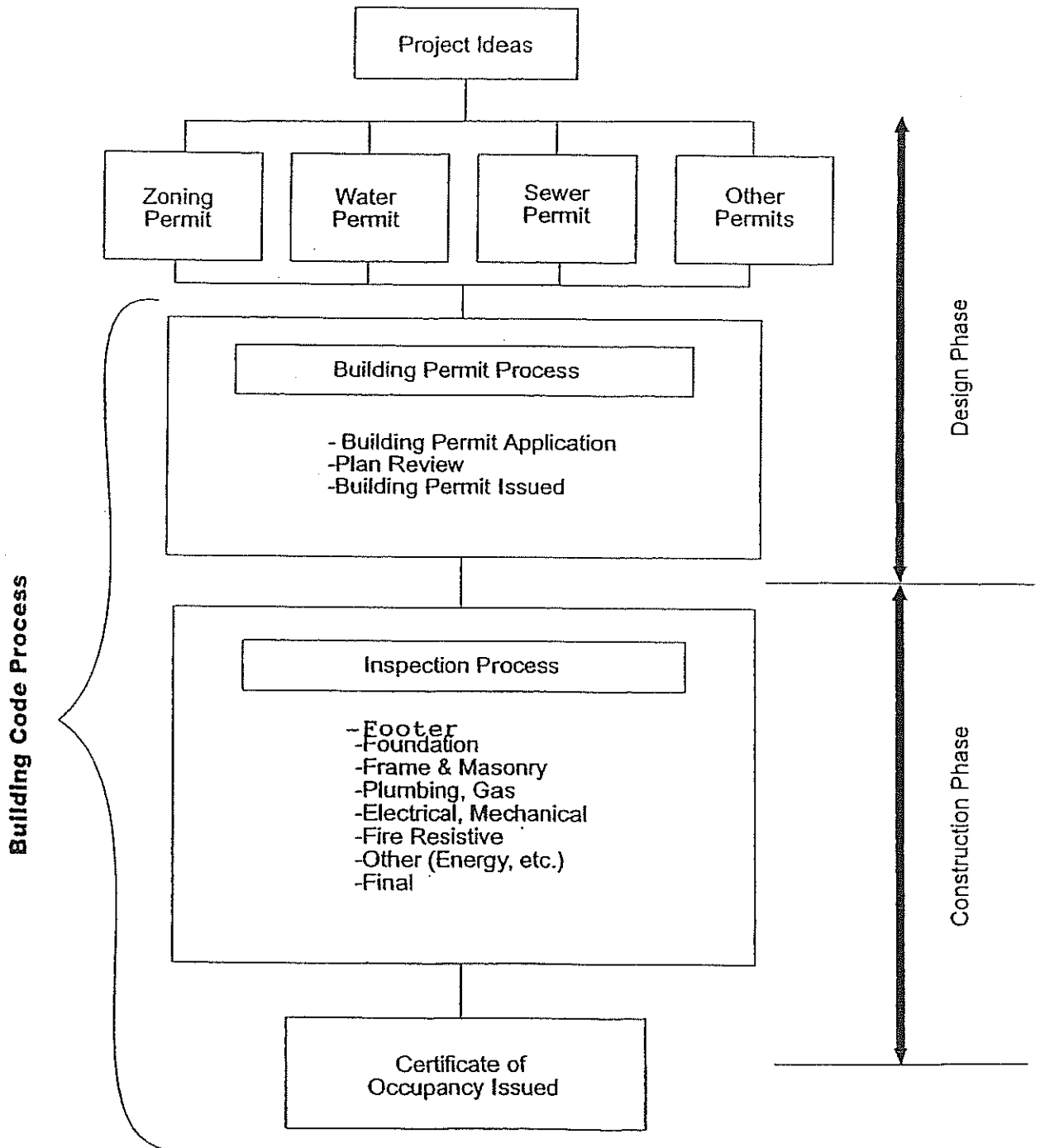


# KEYSTONE INSPECTION AGENCY

1743 CIRCLE VILLER ROAD

STATE COLLEGE, PA 16803 (814) 238-1708 TELEPHONE/FAX

## The Building Regulatory Process





# KEYSTONE INSPECTION AGENCY

1743 CIRCLEVILLE ROAD

STATE COLLEGE, PA 16803 (814) 238-1708 TELEPHONE/FAX

## Workers' Compensation Insurance Coverage Information (attach to building permit application)

### A. The applicant is

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

Yes

No

If the answer is "yes," complete Sections B ~~and C~~ below as appropriate.

### 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

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's 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 exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(Signature of Notary Public)

My commission expires: \_\_\_\_\_

Signature of applicant  
Address: \_\_\_\_\_

County of \_\_\_\_\_  
Municipality of \_\_\_\_\_