

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

Principal Contractor _____	Phone# _____	Fax# _____
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Mailing address: _____

Architect/Engineer: _____	Phone# _____	Fax# _____
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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__

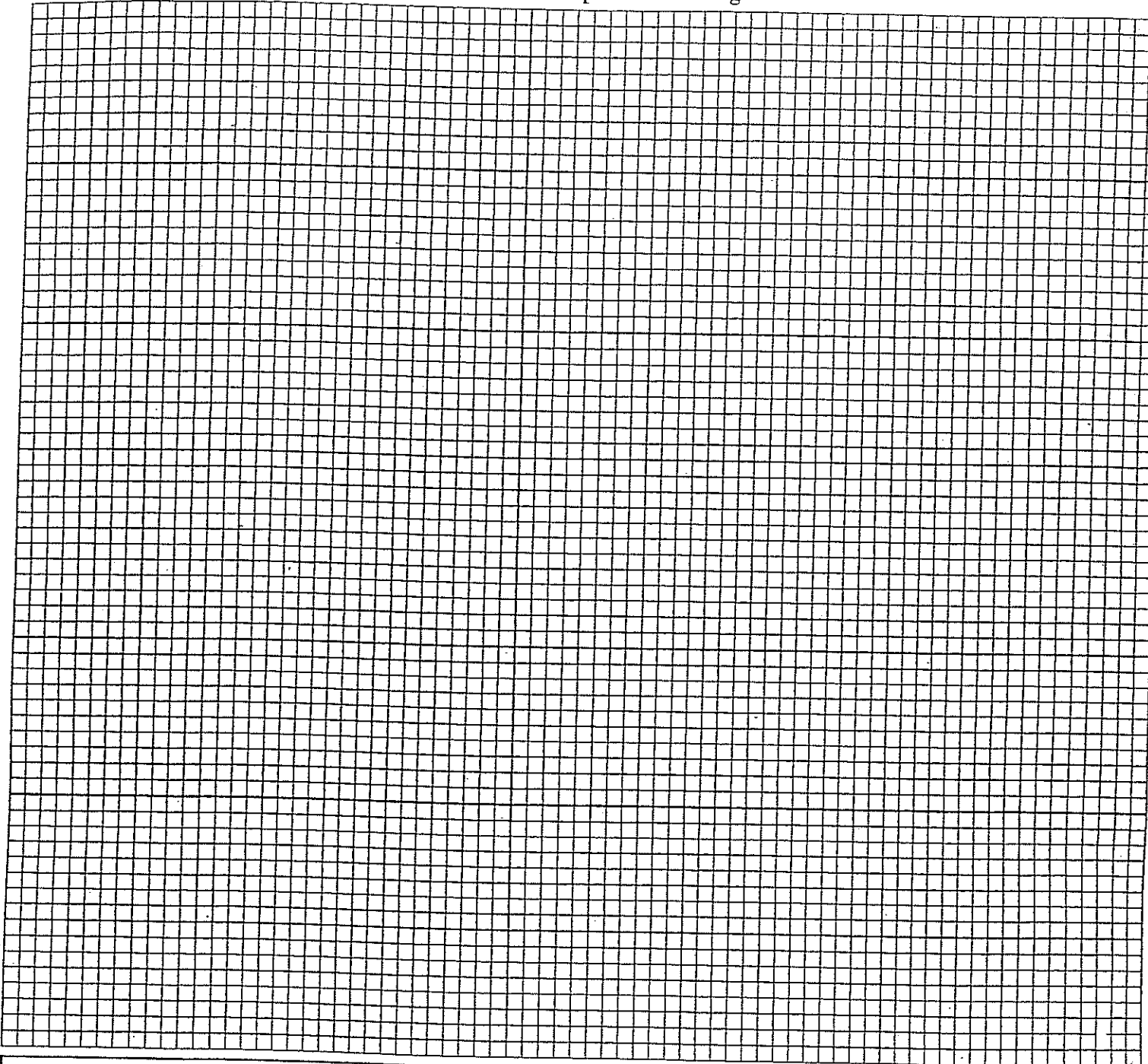
Permit Fee \$ _____ Approved by: _____

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!



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



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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:

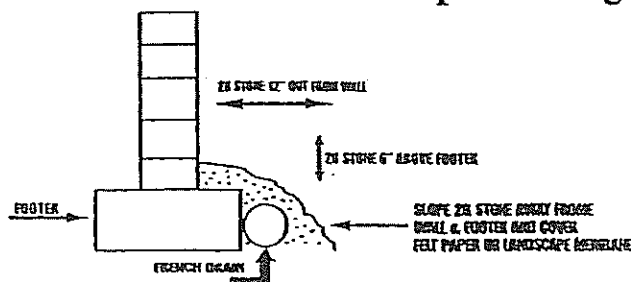
Electircal System must meet the (2008NEC) or the (2009IRC) AND Utility Rules & Regulations.

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.



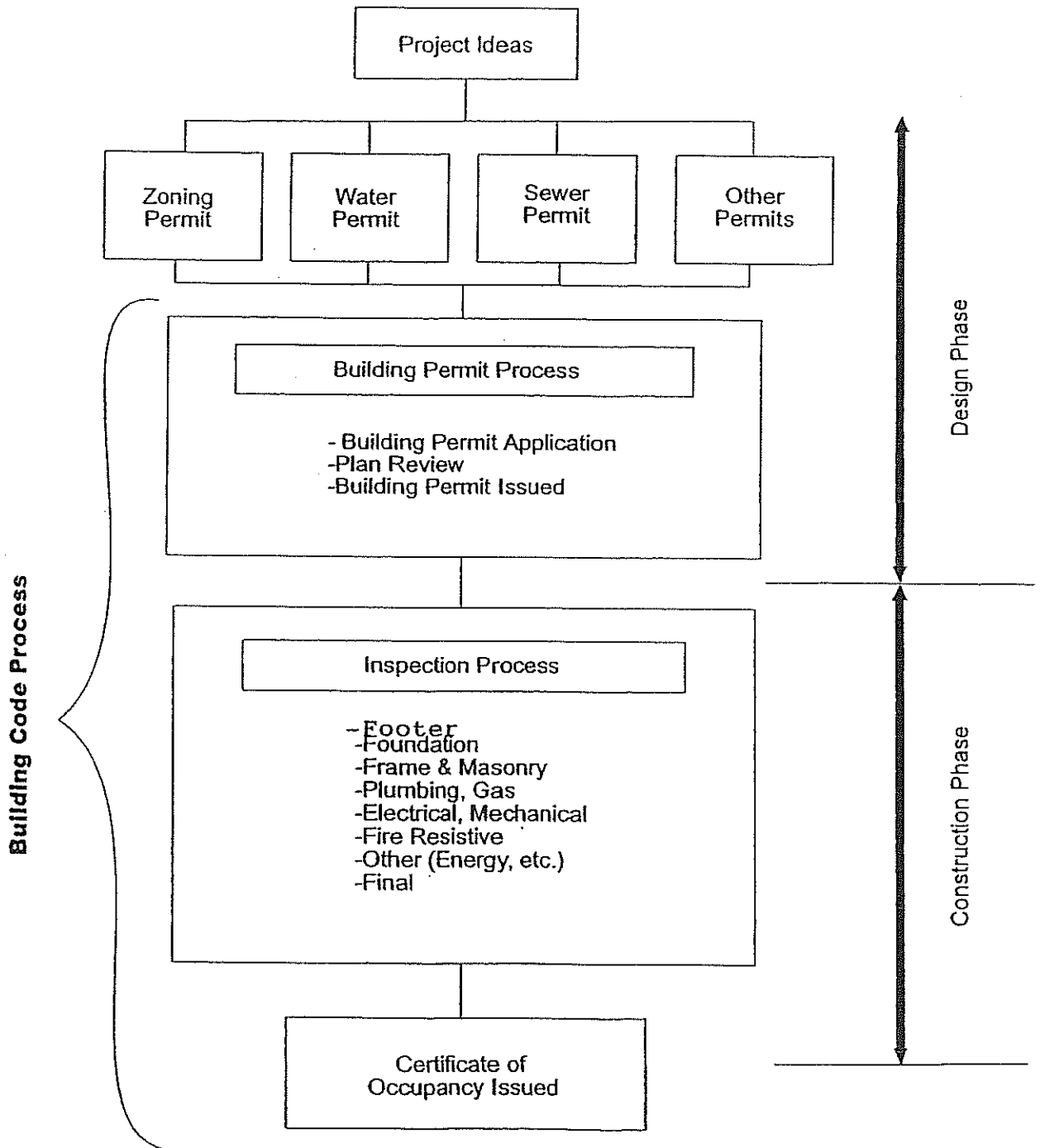


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The Building Regulatory Process





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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 _____