

CONSTRUCTION PERMIT INSTRUCTIONS

ALL INFORMATION IS REQUIRED UNDER THE COMMONWEALTH OF PENNSYLVANIA UNIFORM CONSTRUCTION CODE. ACT NO. 45 of 1999

1. Construction permit application (s) are to be completed, signed and dated.
2. Two (2) sets of building plans and/or specifications (if required) are to be submitted with the application for residential construction projects.
Three (3) sets of building plans and/or specifications are to be submitted with the application for commercial construction projects.
Building plans may be waived at the discretion of the Building Official if work is minor in nature. Information required on building plans is outlined on the "Construction Drawings Requirements" included in this package.
3. If applicable, a site plan (survey) shall be submitted with the application.
4. The Municipality MUST sign-off on the Zoning, Historical District and Flood Hazard form.
5. Provide proof of Workers Compensation Insurance or complete the addendum application stating that the work will be done solely by owner or by contractor without any employees.
6. Complete Energy Code Compliance form
7. Sign OSHA Safety Standards form

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; . Return items 1 thrqwi j : to the municipality or contact the district inspector.

NOTE: This list is not all inclusive and the Municipality reserves the right to add, delete, and change this requirement list at any time. Additional information may be required by the Municipality in order to approve and issue a permit. You will be notified of all applicable fees per section 401.2. Once the permit fees are paid you will be given the permit placards that are to be placed in the window at the construction site and a list of all required inspections and the names and phone numbers of the inspectors

CONSTRUCTION DRAWINGS REQUIREMENTS

Drawings should be drawn to scale and shall provide the necessary information to verify compliance with the [Pennsylvania Uniform Construction Code](#).

Two (2) sets of building plans and/or specifications shall be submitted for residential construction projects. Three (3) sets of building plans and/or specifications shall be submitted with the application for commercial construction projects.

All construction drawings shall include the following information:

Site Plan Drawing: The construction documents submitted with the permit application shall be accompanied by a site plan showing the size and location of new construction, existing structures on the site, and distances from lot lines. For a demolition, the site plan shall show construction to be demolished, the location and size of existing structures, and construction that is to remain on the site or plot.

Structural Drawings: To include footing construction details, foundation construction details, framing construction details, masonry construction details, wood construction details, steel construction details, stair details and chimney details.

Foundation Drawings: To include all applicable dimensions including footing sizes with description of reinforcement (if applicable), layout and description of foundation drain system location of all slabs describing thickness of slab, base, reinforcement, vapor barrier and any slopes.

Floor Plans: To include location and sizes of all doors, windows, closets, decks, plumbing fixtures, wall and column sizes, thickness and material. Location and type of insulation. To include the use of all areas and means of egress components.

Roof Framing Drawings: To include size, type, location and anchoring of roof trusses. NOTE: For Pre-Engineered trusses, floor joists and beams, all specifications, bracing and installation instructions must be available at time of inspection.

Floor Framing Drawings: To include same as above, except for floor joists on each floor.

Electrical Drawings: To include all lighting facilities, smoke detectors, GFI and ARC fault protection, outlet box size, electrically operated equipment and electrical circuits required for all service equipment of the building or structure.

Mechanical Drawings: To include size and type of appliances, construction of flues and chimney system, ventilation air provided, fresh air make-up and provide gas shut-off locations.

Plumbing Drawings: To include a plan view and a riser diagram of waste and water piping, pipe sizing, grade of pipe, drainage fixture unit loads on stacks and drains, and water distribution design criteria.

CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED: _____

LOCATION OF PROPERTY: _____

LOT #: _____ PARCEL #: _____

SUBDIVISION: _____

MUNICIPALITY: _____

COUNTY: _____

OWNER NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

NOTE: Click on "PARCEL" above, to go to Beaver County Assessment Web Site to look up your Parcel Number

BUILDING PERMIT

- One Family Dwelling Multi Family Dwelling Commercial Use: _____
 New Construction Alteration Repair Demolition

DESCRIPTION OF CONSTRUCTION: _____

TOTAL SQ. FT. OF CONST: _____ ESTIMATED COST OF CONST: _____

Plan Review Required ARCHITECT/ENGINEER NAME: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX _____

BUILDER NAME: _____ EMAIL: _____
DBA: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES 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 BUILDING PERMIT FEE \$ _____
BY: _____ PLAN REVIEW FEE \$ _____
DATE: _____ MUNICIPAL FEE \$ _____
PERMIT NO. _____ TRAINING FEE \$ 4.) 0
TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL: _____

OVER FOR SUBCODE PERMIT

PLUMBING PERMIT

CONTRACTOR SAME AS BUILDER PROJECT ADDRESS: _____
 CONTRACTOR: _____ EMAIL: _____
 PARCEL NUMBER: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ MUNICIPALITY: _____

PLUMBING SYSTEM New Additional Alterations
 TYPE Public Sewer Private Septic
 TYPE Public Water Private Well

DESCRIPTION OF CONSTRUCTION: _____

ESTIMATED COST OF PLUMBING WORK: _____

NO.	FIXTURE	NO.	FIXTURE	NO.	FIXTURE
_____	Water Closet	_____	Urinal/Bidet	_____	Bath Tub
_____	Lavatory	_____	Shower	_____	Floor Drain
_____	Sink	_____	Dishwasher	_____	Drinking Fountain
_____	Washing Machine	_____	Hose Bibb	_____	Water Heater
_____	Fuel Oil Piping	_____	Gas Piping	_____	Hot Water Boiler
_____	Steam Boiler	_____	Sewer Pump	_____	Interceptor/Separator
_____	Backflow Preventer	_____	Greasetrap	_____	Sewer Connection
_____	Water Service Connection	_____	Stacks	_____	
_____	Other	_____		Other	_____
_____	Other	_____		TOTAL #	_____
				FIXTURES	_____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES 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. _____

BUILDING PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

MUNICIPAL FEE \$ _____

TRAINING FEE \$ 4.) 0

TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL: _____

OVER FOR SUBCODE PERMIT

MECHANICAL PERMIT

CONTRACTOR SAME AS BUILDER PROJECT ADDRESS: _____
CONTRACTOR: _____ EMAIL: _____
ADDRESS: _____
PARCEL NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

HEATING SYSTEM New Replacement Electric Solar
FUEL Gas Oil
TYPE Hydronic Forced Air

DESCRIPTION OF CONSTRUCTION: _____

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:	_____		_____	

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APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

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

MECHANICAL PERMIT APPLICATION ~ APPROVED ~ DENIED

BY: _____

DATE: _____

PERMIT NO. _____

BUILDING PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

MUNICIPAL FEE \$ _____

TRAINING FEE \$ 4.)0

TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL: _____

OVER FOR SUBCODE PERMIT

ELECTRICAL PERMIT

CONTRACTOR SAME AS BUILDER PROJECT ADDRESS: _____
 CONTRACTOR: _____ EMAIL: _____
 ADDRESS: _____
 PARCEL NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____

TYPE OF ELECTRICAL WORK: New Replacement Repair /Alterations

MUNICIPALITY: _____
 UTILITY COMPANY: _____
 WORK ORDER NUMBER: _____

DESCRIPTION OF CONSTRUCTION: _____

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: _____
 Other: _____
 Other: _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES 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. _____

BUILDING PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

MUNICIPAL FEE \$ _____

TRAINING FEE \$ **4.50**

TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL: _____

ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

- ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIEU OF THIS FORM
- APPLICANT/OWNER 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, AS WELL AS COMPLIANCE WITH THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

===== **FOR MUNICIPAL USE ONLY** =====

ZONING SIGNOFF APPROVED DOES NOT APPLY
ADDITIONAL COMMENTS: _____

HISTORICAL DISTRICT SIGNOFF APPROVED DOES NOT APPLY
ADDITIONAL COMMENTS: _____

FLOOD HAZARD AREA YES NO
IF YES COMPLIANCE WITH § 403.62a(d)(1)(2)(3) IS REQUIRED
ADDITIONAL COMMENTS: _____

BY: SIGNATURE: _____ TITLE: Municipal Zoning Officer

PRINT NAME: _____ DATE: _____

PHONE NUMBER: (_____) _____ - _____

WORKERS' COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

PART I

The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

Certificate of Insurance OR Certificate of Self-Insurance (please attach)

Affidavit of Exemption (if you select this, fill out PART II below)

PART II

Basis for exemption (check one):

Applicant is an individual who owns the property

Contractor/Applicant is a sole proprietorship without employees

Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain: _____

All of the contractor/applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

Other: Please explain: _____

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to un-sworn falsifications to authorities.

Signature: _____ Title: _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

ENERGY CODE COMPLIANCE 1 & 2 FAMILY DWELLING ONLY

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

IMPORTANT: Section N1102.4 of the 2015 International Residential Code requires that: An Air Leakage Test is performed by an approved third party testing and verifying that the building has an air leakage rate of not exceeding 5* air changes per hour. (*as amended by PA-UCC)

***** SELECT TYPE OF ENERGY CODE COMPLIANCE *****



REScheck ATTACH COMPLIANCE CERTIFICATE

REScheck SOFTWARE CAN BE OBTAINED AT: www.energycodes.gov

NOTE: - Section N1101.14 of the 2015 International Residential Code requires that: A permanent certificate shall be posted on or in the electrical distribution panel. The certificate shall be completed by the builder or registered design professional. The certificate shall list the predominate R-values of insulation installed in or on ceiling/roof, walls, foundation (slab, basement wall, crawlspace wall and/or floor) and ducts outside conditioned spaces; U-factors for fenestration; and the solar heat gain coefficient (SHGC) of fenestration.

===== OR =====



SIMPLIFIED PRESCRIPTIVE BUILDING ENVELOPE THERMAL COMPONENT CRITERIA

CLIMATE ZONE 5 REQUIREMENTS

FENESTRATION - (WINDOWS)	U-0.32	SKYLIGHTS	U-0.55
CEILING	R-49	WOOD FRAME WALLS	R-20 or R-13 & R-5 h
MASS WALLS	R-13/17	FLOORS	R-30 g
BASEMENTS	R-15/19c	SLABS	R-10 – 2’ d
CRAWLSPACES	R-15/19c		

- c. 15/19 means R-15 continuous insulation on the interior or exterior of the home or R-19 cavity insulation at the interior of the basement wall. 15/19 shall be permitted to be met with R-13 cavity insulation on the exterior of the basement wall plus R-5 continuous insulation on the interior or exterior of the home.
- d. R-5 shall be added to the required slab edge R-values for heated slabs. Insulation depth shall be the depth of the footing or 2 feet, whichever is less in Zones 1 through 3 for heated slabs.
- g. Or insulation sufficient to fill y=the framing cavity, R-19 minimum.
- h. The first value is cavity insulation, the second value is continuous insulation, so “13+5” means R-13 cavity insulation plus R-5 continuous insulation.

SIGN ENERGY COMPLIANCE FORM

My signature on behalf of or as the contractor / applicant for this building permit constitutes that I will comply with energy code as outlined in the Rescheck certificate attached or the climate zone checked above.

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

OSHA SAFETY STANDARDS

PROPERTY ADDRESS: _____

LOT #: _____ PARCEL #: _____

MUNICIPALITY: _____ COUNTY: _____

I AM FULLY AWARE OF THE US DEPARTMENT OF LABOR, OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS AND UNDERSTAND THAT I MUST COMPLY WITH THESE STANDARDS FOR THE DURATION OF MY CONSTRUCTION PROJECT.

APPLICANT/OWNER SIGNATURE: _____ DATE: _____

REQUIRED INSPECTIONS UNDER PA UCC ACT 45-1999

PERMIT NO.:

LOCATION:

MUNICIPALITY:

COUNTY:

(1) Upon receipt of approved building permit, such building permit must be posted on the job site so it is visible from the street and remain posted until a final inspection has been made. Approved plans must be retained on the job site. Where a Certificate of Occupancy is required, such building shall not be occupied until a final inspection has been made.

(2) The approved building permit will become null and void if construction work is not started within 180 days of date the permit is issued as noted on the building permit. Work must be completed within five (5) years of date of issuance.

(3) Detailed Inspection Procedures may be found on the [UCC Web Site](#). These inspections may be scheduled Monday through Friday between 8:00 A.M. and 4:30 P.M. by contacting **Joanna Beres**, Building Inspector, at 412-821-0337 ext. 27. Kindly give 2 business days advance notice. Electrical and Plumbing inspector names and extensions are listed below.

Indicates if required

Footing - prior to pouring but after reinforcement rods are in place.

Foundation / Masonry -(before backfilling)- walls must be parged and waterproofed; sill plate must be wolmanized (if within 8" of grade) with required anchor bolts in place. **Electrical** - prior to covering structural members.

Electrical - Contact **John Lucchesi** @ 412-821-0337 ext. 55.

Plumbing - prior to covering structural members. Includes Basement, Under Floor Slab, drains waste, vents, and required air/water tests. Contact **Joanna Beres** @ 412-821-0337 ext. 27.

H.V.A.C. - prior to covering structural members. Contact **Joanna Beres** @ 412-821-0337 ext. 27.

Framing - prior to covering structural members, but after H.V.A.C., electrical and plumbing installations. Rough Inspection stickers must be on site at this time.

Insulation - To be performed after framing work is completed, and before wall and ceiling membranes are installed.

Fire Suppression - to be performed when the fire alarm system and or fire suppression systems are installed and functioning.

Wallboard - During the installation of the wall coverings.

Blower Door Test - Must be completed before Final Inspection.

Final Inspection - prior to occupancy. Electrical and plumbing final inspection stickers must be posted before the Building Final is given.

NOTICE: ALL PERMITS require a final inspection.

Requests for a final inspection require at least a 2 business day notice.

APPLICANT/OWNER SIGNATURE: _____ DATE: _____