

# UNIFORM CONSTRUCTION PERMIT APPLICATION SCHUYLKILL TOWNSHIP

**\* Required information**

**\*Date of Application** \_\_\_\_\_ **Permit #** \_\_\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

\*Parcel/Site Address: \_\_\_\_\_

Tax Parcel ID # \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_

Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

\*Owner: \_\_\_\_\_ \*Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

\*Owner Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

\*Applicant: \_\_\_\_\_ \*Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

\*Applicant Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

\*Contractor: \_\_\_\_\_ \*Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

\*Contractor Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Arch/Engr Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*TYPE OF WORK OR IMPROVEMENT (Check All That Apply)**

New Building | Addition | Alteration | Repair | Demolition | Accessibility | Change of Use | Relocation

**\*PERMIT INSERTS ENCLOSED (Check All That Apply)**

Building | Electrical | Mechanical | Plumbing | Residential |

Deck | Fence | Shed | Swimming Pool |

Commercial License | Rental License | Road Opening | Sign | Zoning |

**USE/OCCUPANCY CLASSIFICATION (Check All That Apply)**

A-1	<input type="checkbox"/>	A-2	<input type="checkbox"/>	A-3	<input type="checkbox"/>	A-4	<input type="checkbox"/>	A-5	<input type="checkbox"/>	B	<input type="checkbox"/>	E	<input type="checkbox"/>
F-1	<input type="checkbox"/>	F-2	<input type="checkbox"/>	H-1	<input type="checkbox"/>	H-2	<input type="checkbox"/>	H-3	<input type="checkbox"/>	H-4	<input type="checkbox"/>	H-5	<input type="checkbox"/>
I-1	<input type="checkbox"/>	I-2	<input type="checkbox"/>	I-3	<input type="checkbox"/>	I-4	<input type="checkbox"/>	M	<input type="checkbox"/>	R-1	<input type="checkbox"/>	R-2	<input type="checkbox"/>
R-3	<input type="checkbox"/>	R-4	<input type="checkbox"/>	S-1	<input type="checkbox"/>	S-2	<input type="checkbox"/>	U	<input type="checkbox"/>				

**\*DESCRIBE THE PROPOSED WORK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$** \_\_\_\_\_

**DESCRIPTION OF BUILDING USE (Check One)**

**RESIDENTIAL**

- Hotels (R-1)
- Multi-Family (R-2)
- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)
- Res. Care/Assisted Living (R-4)

**NON-RESIDENTIAL**

Use Group: \_\_\_\_\_  
Change in Use: YES NO  
If YES, Indicate Former: \_\_\_\_\_  
Maximum Occupancy Load: \_\_\_\_\_  
Maximum Live Load: \_\_\_\_\_

Sq. ft. of conditioned space		Floor area new construction (sq. ft.)	
Sq. ft. of unconditioned space		Floor area of addition (sq. ft.)	
Number of stories above grade		Floor area renovated (sq. ft.)	
Does it have a basement ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of multi-family dwelling units	
Total floor area (sq. ft.)		# of accessible dwelling units	

**\*ZONING COMPLIANCE**

Does municipality have a zoning ordinance? Yes No  
If "yes," has zoning permit been obtained? Yes No Date \_\_\_\_\_  
Minimum setbacks required by zoning ordinance (ft):  
Front \_\_\_\_\_ Rear \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_

**\*BUILDING/SITE CHARACTERISTICS**

Number of Residential Dwelling Units: \_\_\_\_\_ Existing, \_\_\_\_\_ Proposed  
Mechanical: Indicate Type of HVAC System (Hot Air, etc.) and Fuel (i.e., electric, gas, etc.)

Type: \_\_\_\_\_

Fuel: \_\_\_\_\_

Water Service: (Check) Public Private  
Sewer Service: (Check) Public Private (Septic Permit # \_\_\_\_\_)

**\*BUILDING SPECIAL FEATURES**

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ BTU's \_\_\_\_\_ Type Vent \_\_\_\_\_

Elevator/Escalators/Lifts/Moving walks: (Check) YES NO

Sprinkler System: YES NO

Pressure Vessels: YES NO

Refrigeration Systems: YES NO

**\*BUILDING DIMENSIONS**

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

**\*FLOODPLAIN**

Is the site located within an identified flood prone area? (Check One) YES NO N/A  
Will any portion of the flood prone area be developed? (Check One) YES NO N/A

If "yes," attach one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d).

**\*WETLANDS**

Is the site located within an identified wetland area? (Check One) YES NO  
Will any portion of the wetland area be developed? (Check One) YES NO N/A

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the Commonwealth of Pennsylvania Department of Environmental Protection (25 Pa. Code Chapter 105).

**FOR CODE ADMINISTRATOR USE ONLY**

**ADDITIONAL PERMITS/APPROVALS REQUIRED:**

STREET CUT/DRIVEWAY -----	APPROVED _____
CUT AND FILL -----	APPROVED _____
PENNDOT HIGHWAY OCCUPANCY -----	APPROVED _____
DEP FLOODWAY OR FLOODPLAIN -----	APPROVED _____
SEWER CONNECTION-----	APPROVED _____
ON-LOT SEPTIC-----	APPROVED _____
ZONING-----	APPROVED _____
HARB -----	APPROVED _____
OTHER _____	APPROVED _____

**APPROVALS:**

BUILDING PERMIT DENIED:	Date _____	Date Returned _____
BUILDING PERMIT APPROVED:	_____	Date _____
CODE ADMINISTRATOR _____		
Date Issued _____	Date Expires _____	PERMIT # _____
BUILDING PERMIT FEE \$ _____		RECEIPT # _____
PLUMBING PERMIT (if appl.) _____		RECEIPT # _____
MECHANICAL PERMIT (if appl.) _____		RECEIPT # _____
ELECTRICAL PERMIT (if appl.) _____		RECEIPT # _____

**PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

Type of document:	Submitted		Signed & Sealed		Date:	Revision Date:
	Yes	No	Yes	No		
Geotechnical Report	Yes	No	Yes	No	_____	_____
Foundation Plans	Yes	No	Yes	No	_____	_____
Construction Drawings	Yes	No	Yes	No	_____	_____
Structural Calculations	Yes	No	Yes	No	_____	_____
Electrical Drawings	Yes	No	Yes	No	_____	_____
Mechanical Drawings	Yes	No	Yes	No	_____	_____
Plumbing Drawings	Yes	No	Yes	No	_____	_____
Specifications	Yes	No	Yes	No	_____	_____
Workers Comp. Certificate	Yes	No	Yes	No	_____	_____
<b>Plans Reviewed by</b> _____			<b>PA Reg &amp; Cert #</b> _____			
<b>Accessibility Rev'd by:</b> _____			<b>PA Reg &amp; Cert #</b> _____			

**DATE STAMP:**

<b>APPLICATION RECEIVED</b>	<b>REVIEWS COMPLETED</b>	<b>PERMITS APPROVED</b>

## Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The applicant certifies that description of use, estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc.
3. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Schuylkill Township.
4. This project will be constructed and the work will be completed in accordance with the "approved" construction documents and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405, and any additional approved building code requirements adopted by the Municipality.
5. Any changes to the approved documents will be filed with Schuylkill Township.
6. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to Schuylkill Township.
7. No error or omission in either the drawings and specifications or application, whether approved or not, or issuance of a permit shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405 and any additional approved building code requirements adopted by the Municipality.
8. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as:

\_\_\_ ARCHITECT \_\_\_ ENGINEER \_\_\_ CONTRACTOR \_\_\_ AGENT/OTHER:

9. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

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APPLICANT **MUST** COMPLETE THE ENTIRE SECTION BELOW:

\* **OWNER**    **OTHER** *INDICATE* (    Architect        Engineer        Contractor        Agent/Other)

•Applicant signature:

\_\_\_\_\_

•Name (typed or printed)

\_\_\_\_\_

•Phone Number

Fax Number

email

\_\_\_\_\_

•Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_