Submittal requirements to obtain a building permit for:

RESIDENTIAL ADDITION

- ☐ Completed six page application (make sure it is signed at the bottom of the page)
- ☐ Permission from the township in the form of a checklist (signed and sealed)
- ☐ 3 copies of Site plan (must contain setback dimensions in four directions)
- ☐ 3 copies of Elevation, Foundation & Framing plan
- ☐ 3 copies of Floor plan
- ☐ Deck plan if over 30" high
- ☐ PA Residential Energy Provisions Worksheet (insulation)
- ☐ Driving directions
- ☐ Proof of workman's compensation insurance, sole proprietorship or religious exemption.

- ➢ After submitting all required documents your application will be reviewed.
- ➢ CCIS will contact you with approval or denial within 2 weeks.
- ➢ If approved, your permit will be issued and the inspections fees are due when you pick-up the permit.

9528 LINCOLN HIGHWAY, SUITE 3 • BEDFORD, PA • 15522
PHONE: 814.624.0224 • FAX: 814.624.0524

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date	Type Permit				Is Owner Applicant (Y/N)
____/____/____	☐ Building (B)	☐ Electrical (E)	☐ Mechanical (M)	☐ Plumbing (P) ☐ Other (O) (See Item 9)	

1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning

Subdivision	Lot Number	Parcel Type		
		☐ Residential (R)	☐ Industrial (I)	
		☐ Commercial (C)	☐ Other (O)	

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone

Street Address	City	State	Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR (LAST NAME, FIRST NAME)	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

No. Street

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)
Plan Number	

IMPROVEMENT TYPE:

- ☐ NEW CONSTRUCTION (1)
- ☐ ADDITION (2)
- ☐ ALTERATION (3)
- ☐ REPAIR / REPLACEMENT (4)
- ☐ DEMOLITION (5)
- ☐ RELOCATION (6)
- ☐ FOUNDATION ONLY (7)
- ☐ CHANGE OF USE ONLY (8)

PROPOSED USE:

ASSEMBLY
- ☐ THEATRE (1)
- ☐ NIGHT CLUB (2)
- ☐ RESTAURANT (3)
- ☐ CHURCH (4)
- ☐ OTHER ASSEMBLY (5)

☐ **BUSINESS (6)**

EDUCATIONAL
- ☐ (GRADES 1-12) (7)
- ☐ DAY CARE FACILITY (8)

FACTORY
- ☐ MODERATE HAZARD (9)
- ☐ LOW HAZARD (10)

☐ **HIGH HAZARD (11)**

INSTITUTIONAL
- ☐ GROUP HOME (12)
- ☐ HOSPITAL (13)
- ☐ JAIL (14)

☐ **MERCANTILE (15)**

RESIDENTIAL
- ☐ Manufactured Home
- ☐ MULTI-FAMILY (17)
- ☐ BOCA TWO FAMILY (18)
- ☐ CABO TWO FAMILY (19)
- ☐ BOCA SINGLE FAMILY (20)
- ☐ CABO SINGLE FAMILY (21)

STORAGE
- ☐ MODERATE HAZARD (22)
- ☐ LOW HAZARD (23)

☐ **OTHER (24)**
PARKING GARAGE
CARPORT
MOTOR FUEL SERV.
REPAIR GARAGE
PUBLIC UTILITY
HPM
_____
_____
_____
_____
_____
_____
_____
_____

Structural (check that applicable)
Frame

☐ Steel (1) ☐ Concrete (3) ☐ Other (5), Identify: _____
☐ Masonry (2) ☐ Wood (4)

Exterior (Check those applicable)
Walls

☐ Steel (1) ☐ Concrete (3) ☐ Other (5), Identify: _____
☐ Masonry (2) ☐ Wood (4)

Are any **structural assemblies** fabricated off-site? ☐ Yes ☐ No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start ____/____/____	Est. Finish ____/____/____	Building Est. Value $

6. ELECTRICAL PERMIT APPLICATION

Electrical Work ☐ **Yes** ☐ **N**

Total Service_____AMPS | Number of Circuits:_____2 WIRE _____3 WIRE _____4 WIRE | Number of Service Outlets:_____110V _____220V

	POWER DEVICES	No.	OUTPUT/LOAD		POWER DEVICES	No.	OUTPUT/LOAD
1				7			
2				8			
3				9			
4				10			
5							
6				Total Number of Motors			

Utility Service Revisions:

Est. Start ____/____/____	Est. Finish ____/____/____	Electrical Work Est. Value $

7. PLUMBING PERMIT APPLICATION

Plumbing Work ☐ Yes ☐ No

Enter the Number of Fixtures Being Installed, Replaced or Repaired					
Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size _____IN.		Water Meter Size _____IN.		Avg. Daily Water Use _____GPD	
Utility Service Revisions:					
Est. Start _____/____/_____		Est. Finish _____/____/_____		Plumbing Work Est. Value $	

8. MECHANICAL PERMIT APPLICATION

Mechanical Work ☐ Yes ☐ No

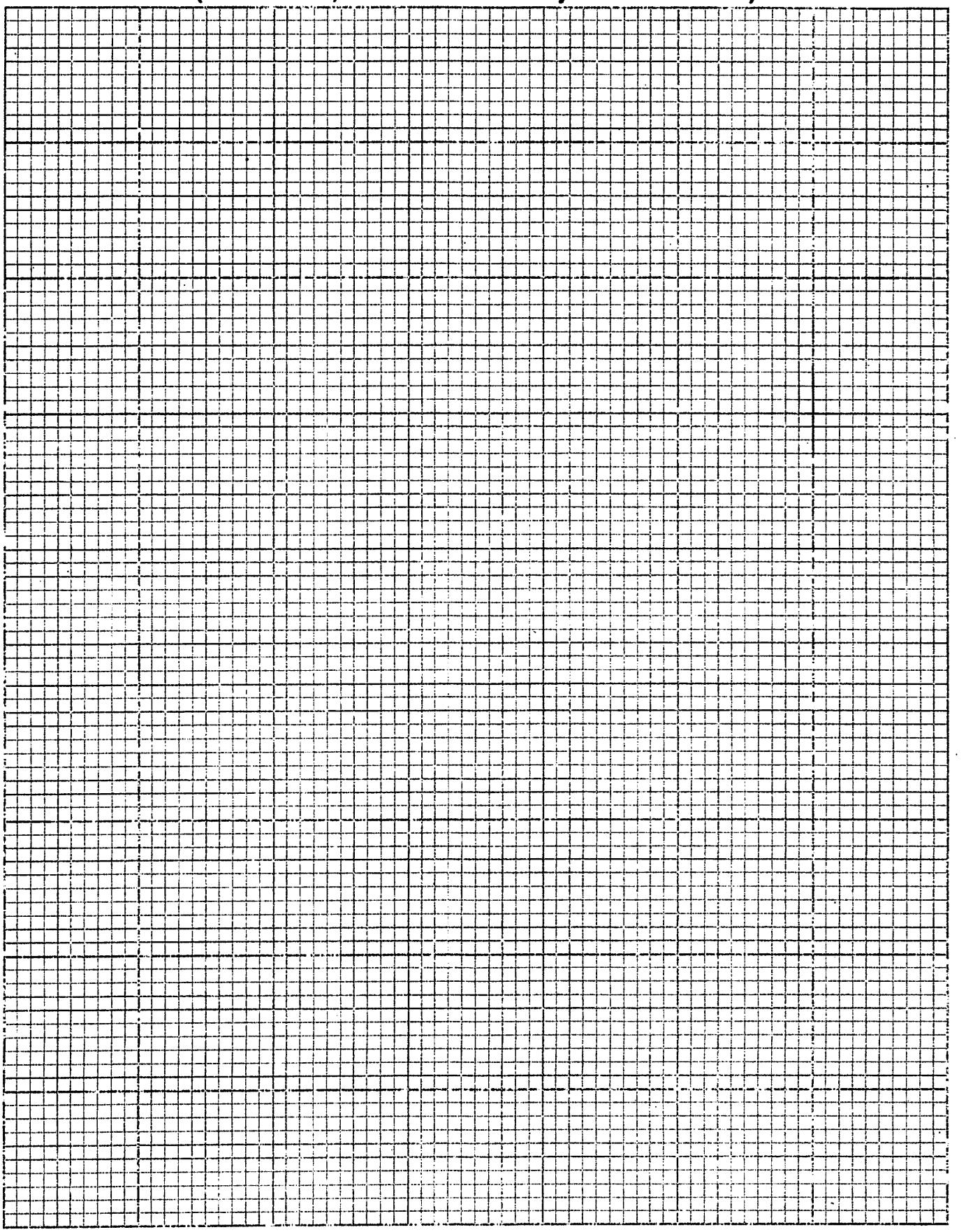
Enter Number of New or Replacement Units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) ☐ Gas (1)		☐ Oil (2)	☐ Electric (3)	☐ Coal (4)	☐ Wood (5) ☐ Other (6)
Est. Start _____/____/_____		Est. Finish _____/____/_____		Mechanical Work Est. Value $	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start _____/____/_____	Est. Finish _____/____/_____	Est. Value $

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

PAGES 5 AND 6 ARE FOR DEPARTMENT USE ONLY

11. DATA ENTRY

Application Received: / /

By:

Application Reviewed: / /

By:

Data Entry: / /

By:

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____

FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____

LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____

LOT AREA PER ROOM _____ ENCROACHMENTS _____

OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____

LOADING SPACE _____

SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____

BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		$					
PLUMBING		$					
MECHANICAL		$					
ELECTRICAL		$					
		$					
TOTAL		$	**TO BE ENTERED ON PART 18**				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					**PLUMBING**				
CURB OR SIDEWALK CUT					**ROOFING**				
ELEVATOR					**SEWER**				
ELECTRICAL					**SIGN OR BILLBOARD**				
FURNACE					**STREET GRADES**				
GRADING					**USE OF PUBLIC AREAS**				
OIL BURNER					**DEMOLITION**				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	☐ Yes ☐ No	☐ Yes ☐ No		
Soil Report	☐ Yes ☐ No	☐ Yes ☐ No		
Architectural Drawings	☐ Yes ☐ No	☐ Yes ☐ No		
Structural Drawings	☐ Yes ☐ No	☐ Yes ☐ No		
Mechanical Drawings	☐ Yes ☐ No	☐ Yes ☐ No		
Electrical Drawings	☐ Yes ☐ No	☐ Yes ☐ No		
Job Specifications	☐ Yes ☐ No	☐ Yes ☐ No		
Structural Connect. Drwngs.	☐ Yes ☐ No	☐ Yes ☐ No		
Structural Calculations	☐ Yes ☐ No	☐ Yes ☐ No		
Special Inspection Data	☐ Yes ☐ No	☐ Yes ☐ No		
Sprinkler Drawings	☐ Yes ☐ No	☐ Yes ☐ No		
Sprinkler Calculations	☐ Yes ☐ No	☐ Yes ☐ No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

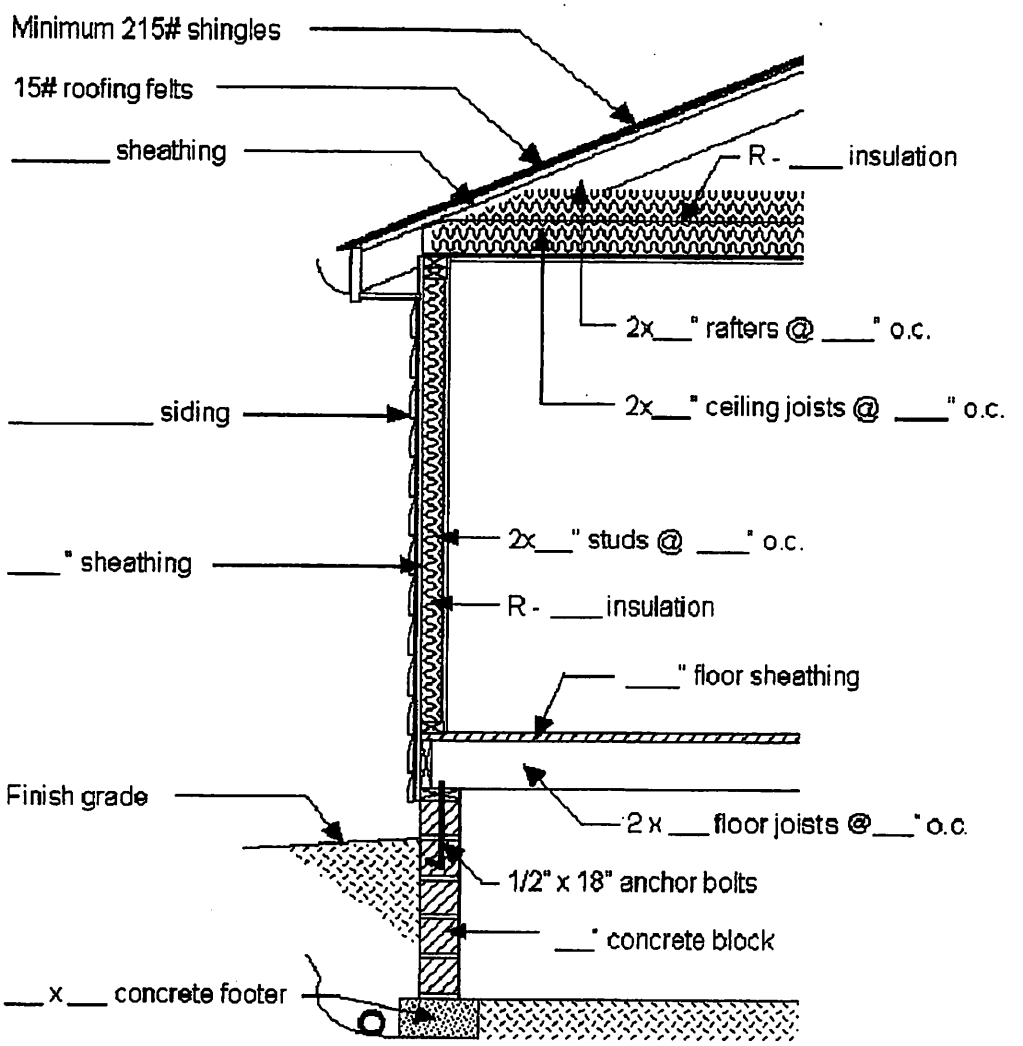
18. VALIDATION

	Date	Number	Permit/Insp. Fee
Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee

Plan Review Fee (From Part 14)	
Certificate of Occupancy Fee	
Other Fee	
TOTAL FEES	

Prepared By:_____ Date_____

Approved By:_____ Title_____



Typical Wall Section through Addition

DIRECTIONS

(to be filled in completely before permit will be issued)

Last name of owner: _____

Address of project:

Directions: _____

_____

_____

_____

_____

Please note
Inspectors cannot inspect what they cannot find, please make directions clear. Please use road or street names, distances between turn offs, whether traveling north, south, east or west. Landmarks are very helpful.

Pennsylvania Residential Energy Provisions Worksheet

PROJECT

Address _____

Contractor _____

Permit # _____

Date _____ Date of Plan _____

Type of Dwelling: ☐ One or two family dwelling ☐ Townhouse

Compliance Path	☐ **IECC** ☐ RES*check* Software ☐ RES*check* Package Generator ☐ Other	☐ **IRC**	☐ **PA-Alternative Residential Energy Provisions**
If using IECC, How are you documenting compliance?			

Thermal Enclosure	**Required**	**Actual**	**Required**	**Actual**
Windows/Doors (U-value)				
Windows	U- .35	U-	U- .35	U-
Skylights	U- .60	U-	U- .60	U-
Other _____	U-	U-	U-	U-
Glazed Doors (> 50% glass)	U- .35	U-	U- .35	U-
Opaque Doors (≤ 50% glass)	U- .35	U-	U- .35	U-
Exterior Wall Insulation (R-Value)				
Cavity	R- 19	R-	R- 19	R-
Continuous (Insulated Sheathing)	R- 13+5	R-	R- 13+5	R-
Roof (R-value)				
Standard Truss or Rafter	R- 38	R-	R- 38	R-
Raised Heel/Energy Truss	R- 30	R-	R- 30	R-
Cathedral Ceiling	R- 30	R-	R- 30	R-
Floors (R-Value)				
Over Unconditioned Space (unconditioned basements, vented crawlspaces, garages, etc.)	R- 30	R-	R- 30	R-
Floors Exposed to Outside Air	R- 30	R-	R- 30	R-
Crawlspace Walls (Non-vented Crawlspace)				
Cavity	R- 13	R-	R- 13	R-
Continuous (Insulated Sheathing)	R- 10	R-	R- 10	R-
Basement Walls - % above ground				
Front ____ %	10/13	R-	10/13	R-
Rear ____ %	R__ If≤50%	R-		R-
Left Side ____ %	R__ If>50%	R-		R-
Right Side ____ %	19	R-	19	R-
Slab Insulation (required if slab is < 12" below grade)	R10 @ 2 ft Add R-5 if heated slab	R__@__ft	R10@ 2 ft Add R-5 if heated slab	R__@__ft

Required for REScheck package generator + software:

Gross area of exterior walls ① _____

Gross area of windows & glazed doors ② _____

Window to Wall Area: 2 ÷ 1 = _____ ÷ _____ = _____

Recessed Light Fixtures Type: ☐ ASTM E-283
☐ Other (list)_____

Mechanical

Equipment Efficiency (For PA Alternative Trade-off; ResCheck Performance Alternative)

Furnace _____ AFUE

Air Conditioner _____ SEER

Heat Pump _____ HSPF

Duct Insulation

Location of Duct	Compliance Option			
	IECC		IRC	PA-Alt
	Supply	Return		
Outside of the Building	8	8	8	8
Within Insulated Outside Walls or Floors	8[1]	8[1]	8[1]	8[1]
Unconditioned Attics	8	8	8	8
Unconditioned Basements	8	8	8	6
Vented Crawlspaces, and Garages	8	8	8	8

Note: [1] R-6 allowed in Floor Trusses

Pipe Insulation: R-2 (minimum)

Applies to HVAC piping < 55°F or >105°F, and Circulating Hot Water Piping

PA- Alternative Residential Energy Provisions – Trade-offs Section PA 502

Tradeoff	Component		Reduced R-value	Minimum Equipment Efficiency[c,d]					
				South		Central		North	
						AFUE[a]	HSPF[b]		
A	Walls between conditioned and unconditioned spaces[e]		R-13			83	8.3		
	Floors over unconditioned basements		R-19						
B	Duct insulation	Unconditioned Basement	R-4			84[g]	9.1		
		Attic & Exterior Walls[f]	R-6			83[g]	9.0[g]		
C	Walls between conditioned and unconditioned spaces[e]		R-13			89	9.8		
	Floors over unconditioned basements		R-19						
	Duct insulation[g]	Unconditioned Basement	R-4						
		Attic & Exterior Walls[f]	R-6						

a. Annual Fuel Utilization Efficiency (AFUE) applies to oil and gas furnaces and boilers.
b. Heating Seasonal Performance Factor (HSPF) applies to heat pumps.
c. Any Seasonal Energy Efficiency Ratio (SEER) may be used for air conditioning equipment.
d. For buildings with multiple furnaces, boilers or heat pumps having different AFUE or HSPF values, use the capacity weighted average of the efficiency ratings of the installed equipment to determine whether the building complies with the minimum equipment performance requirement.
e. Examples include, but are not limited to, walls between the house and garage, and basement stairway walls and ceiling when the floor above an unconditioned basement is insulated.
f. Ducts in exterior walls with insulated sheathing of R-5 or more do not need to be insulated.
g. If ducts are located in both the attic and unconditioned basement, R-6 can be used for the attic ducts and R-4 can be used for the unconditioned basement ducts.