

Catharine Township Municipality

1229 Recreation Drive, Williamsburg, PA 16693
Email: catharinetownship@yahoo.com

Phone: 814.832.3851
Website: catharinetownship.org

Required checklist to obtain a building permit for:

COMMERCIAL BUILDING

- Complete 9page Application for Building Permit/Use Certificate
- Land Use Permit (signed and approved by Municipality).
- Set of drawings signed and sealed by architect/engineer
- Site plans (include all existing structures, proposed structure and their distances to all lot lines).
- Application for Certificate of Use and Occupancy or Current Certificate of Use and Occupancy if applicable
- Energy compliance documentation if applicable
- Worker's Compensation Insurance Coverage Information Form
- Driving instructions

All Commercial Buildings will require a CCIS permit

- ⇒ After submitting all required documents your application will be reviewed.
- ⇒ CCIS will contact you to let you know if your application has been approved or denied (if applicable).
- ⇒ When the project is approved you will be notified the Building Permit is ready. Prior to obtaining the building permit all charges (i.e. municipality, administrative, inspection fees...) must be paid.
- ⇒ Be advised additional fees may be applied throughout the project for failed or missed inspections.

Date ___/___/___

**APPLICATION FOR PLAN REVIEW
&
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

PROPERTY ADDRESS

Street Address:	Parcel	Zoning
Subdivision:	Lot	Type
Municipality	County	

OWNER ADDRESS

Last name or Business	First name	Phone	Fax
Address	City	State	Zip

TYPE OF APPLICATION

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Other
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Occupancy	
Type of Work (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Additional construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy		Type of Construction (Check all that apply) <input type="checkbox"/> IA <input type="checkbox"/> IV <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> VB <input type="checkbox"/> IIB <input type="checkbox"/> VA <input type="checkbox"/> IIIA <input type="checkbox"/> Separate Use <input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use		Previous L&I Certificate #(s) PROPOSED CODE/YEAR FOR THIS PROJECT
Use Group (List all) <input type="checkbox"/> A1 <input type="checkbox"/> H1 <input type="checkbox"/> R1 <input type="checkbox"/> A2 <input type="checkbox"/> H2 <input type="checkbox"/> R2 <input type="checkbox"/> A3 <input type="checkbox"/> H3 <input type="checkbox"/> R3 <input type="checkbox"/> A4 <input type="checkbox"/> H4 <input type="checkbox"/> R4 <input type="checkbox"/> A5 <input type="checkbox"/> H5 <input type="checkbox"/> B <input type="checkbox"/> I1 <input type="checkbox"/> S1 <input type="checkbox"/> E <input type="checkbox"/> I2 <input type="checkbox"/> S2 <input type="checkbox"/> F1 <input type="checkbox"/> I3 <input type="checkbox"/> U <input type="checkbox"/> F2 <input type="checkbox"/> I4 <input type="checkbox"/> M		Fire Separation <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-separated Mixed Use <input type="checkbox"/> Incidental Use Main Use _____		Fire Suppression (List all) Type: <input type="checkbox"/> Wet (Water) # _____ Standard _____ <input type="checkbox"/> Dry (Water) # _____ Standard _____ <input type="checkbox"/> Chemical # _____ Standard _____ Type _____

Start Date	Finish Date	Total Value of All Work
------------	-------------	-------------------------

Municipal Tracking #

Permit #

Plan Review #

Description of proposed project:

Electrical Permit Information

Electrical Service Size

_____ Amps Power Company Name _____
 _____ Volts Power Company Job # _____
 _____ Ø

General outlets: _____ 120 volt _____ 240 volt
 Circuits: _____ 2 wire _____ 3 wire _____ 4 wire

Device Name	Watts	Amps	#	Device Name	Watts	Amps	#

Start Date	Finish Date	Value of work
------------	-------------	---------------

Plumbing Permit Information

Water Service Size							
_____ In. Dia.		Water Company Name _____					
_____ Pressure at main (PSI)		Water Company Job # _____					
_____ Supply at main (GPM)							
Supply branches: _____ Hot _____ Cold		Total Demand:		GPM _____		PSI _____	
Fixture Name	GPM	PSI	#	Fixture Name	GPM	PSI	#
<input type="checkbox"/> Sewer Sewer Company Name _____ Job # _____ Size of Main _____ in. Size of Lateral _____ in. Capacity of System _____ dfu <input type="checkbox"/> Septic S.E.O. Name _____ Job # _____ Size of Tank _____ gal. Size of Lateral _____ in. Capacity of System _____ dfu. Size of Building Drain _____ in. Total Calculated Outflow _____ dfu							
Fixture Name	Drain (in)	Vent(in)	DFU	Fixture Name	Drain (in)	Vent(in)	DFU
Grease Trap _____ gal. Garbage Disposal # _____ Air Admittance Valve # _____ Back Flow Preventer # _____							
Start Date		Finish Date		Value of Plumbing Work			

Fire Alarm Permit Information

Requiring Code Section _____		
Type(s) of Wiring _____		
Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no Generator <input type="checkbox"/> yes <input type="checkbox"/> no		
Number of Zones _____		
Type(s) of System(s) _____		
Type(s) of Detectors(s) _____ Smoke, heat, infrared, ultraviolet, etc.		
Types of Special Applications _____		
Types of Initiating Tests _____		
Start Date	Finish Date	Value of Work

Fire Suppression System Permit

Requiring Code Section(s) _____ Number of Systems _____

Design: NFPA 13 <input type="checkbox"/> yes <input type="checkbox"/> no	Wet System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no	Dry System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
System Type	Piping Type	System Design Pressure (PSI)
		System Design Capacity (GPM)

Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no		Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no		Number of Systems _____	
System Type	Chemical	Capacity	Reference Standard(s)		
Start Date	Finish Date	Value of Work			

PROPOSED DEFERRED SUBMITTALS

- Foundation Permit ETA _____ / _____ / _____
- Structural Steel ETA _____ / _____ / _____
- Fire Suppression ETA _____ / _____ / _____
- Fire Alarm ETA _____ / _____ / _____
- Roof Truss ETA _____ / _____ / _____
- Floor Truss ETA _____ / _____ / _____
- Spec Books ETA _____ / _____ / _____

Design Professional in Responsible Charge

Name: _____

Registration Number _____

Seal:

FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant _____ Date _____ Phone _____

Fax _____ Email _____ Mobile _____

PERSONNEL

General Contractor

General Contractor _____

Contact Person _____ Are there other prime contractors? yes no If yes, list separately.

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Architect

Architect in Responsible Charge _____
Lead Architect _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Structural Engineer

Firm _____
Lead Engineer _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Electrical Engineer

Firm _____
Lead Engineer _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Mechanical Engineer

Architect in Responsible Charge _____
Lead Architect _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Plumbing Engineer

Firm _____
Lead Engineer _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Fire Alarm Engineer / Designer

Firm _____
Lead Engineer/Designer _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Fire Suppression Engineer / Designer

Firm _____		
Lead Engineer _____	Contact Person _____	
Street Address _____		
City _____	State _____	Zip _____
Phone _____		
Mobile _____		
Fax _____		
Email _____		

NOTICE

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to Commonwealth Code Inspection Service for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at

Land Use Permit Checklist

NOTE TO APPLICANT: Applicable items on this checklist shall be completed prior to your submission of an application for a building permit. Failure to complete any applicable item on this checklist shall be sufficient grounds for denial of the building permit application. Please contact your local municipal office or the local Commonwealth Code Inspection Service, Inc. office if you have any questions about the process for obtaining a building permit.

Municipality: Catharine Township County: Blair

Land Use Permit #: _____ Tax map location: _____

Work site address: _____

Contact person: _____ Phone: _____

Address: _____

Type of Construction (describe): _____

New Additions Alteration Repair/Replacement Relocation Other _____

Estimated Start Date: _____ Estimated Completion Date: _____

Estimated cost/value of construction: \$ _____

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

Applicant's signature _____ Date _____

Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained prior to applying for a building permit. All items must be addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identify special requirements or conditions.

- | | <u>Date of Approval</u> |
|---|-------------------------|
| <input type="checkbox"/> Sewage facilities planning module, DEP Planning Code # _____ | _____ |
| <input type="checkbox"/> Sub-division & Land Development, Municipal Resolution # _____ | _____ |
| <input type="checkbox"/> Sewage permit from Sewage Enforcement Officer, Permit # _____ | _____ |
| <input type="checkbox"/> Storm water management module. Approved by _____ | _____ |
| <input type="checkbox"/> Conservation District notification per Chapter 102 | _____ |
| <input type="checkbox"/> NPDES Permit # _____ for earth disturbances 1 acre or more | _____ |
| <input type="checkbox"/> Driveway permit, PennDot # _____ or Local # _____ | _____ |
| <input type="checkbox"/> Public water tap, Permit # _____ | _____ |
| <input type="checkbox"/> Public sewage tap, Permit # _____ | _____ |
| <input type="checkbox"/> Historical Architectural Review Board, ____ Check here for special conditions | _____ |
| <input type="checkbox"/> Other; slue pipe, road alteration, etc. ____ Check here for special conditions | _____ |
| <input type="checkbox"/> Floodplain mapping. Project may contain flood plain, ____ | _____ |
| <input type="checkbox"/> Municipal setback clearances, ____ Check here for special conditions | _____ |
| <input type="checkbox"/> Extra pages attached to describe special conditions or circumstance. There are ____ extra pages. | _____ |

Approved-Municipal Official's Signature & title _____ Date _____

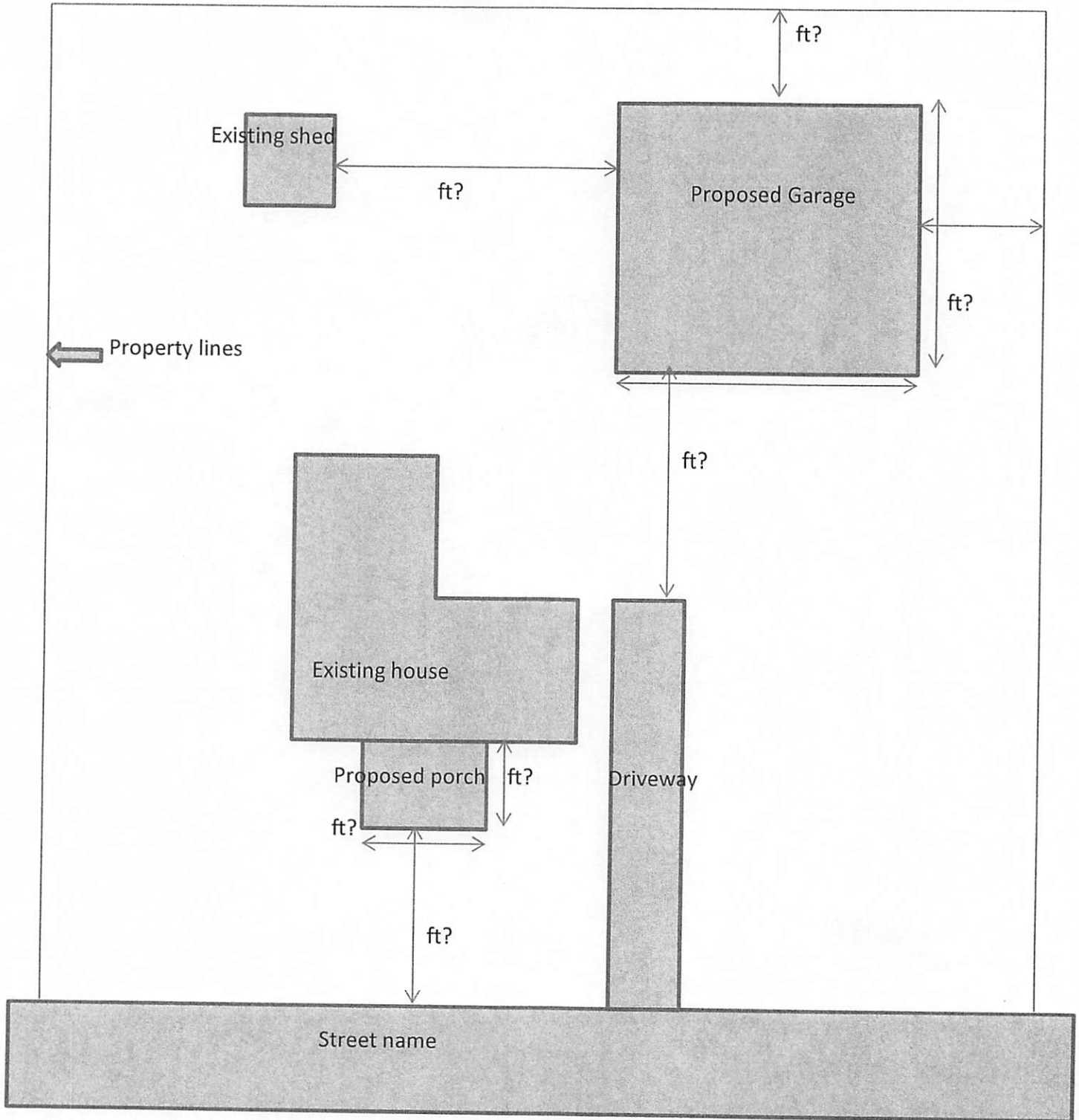
{SEAL}

This signature indicates Municipal verification & approval of the Land Use Project as described along with approval of all items on the Checklist.

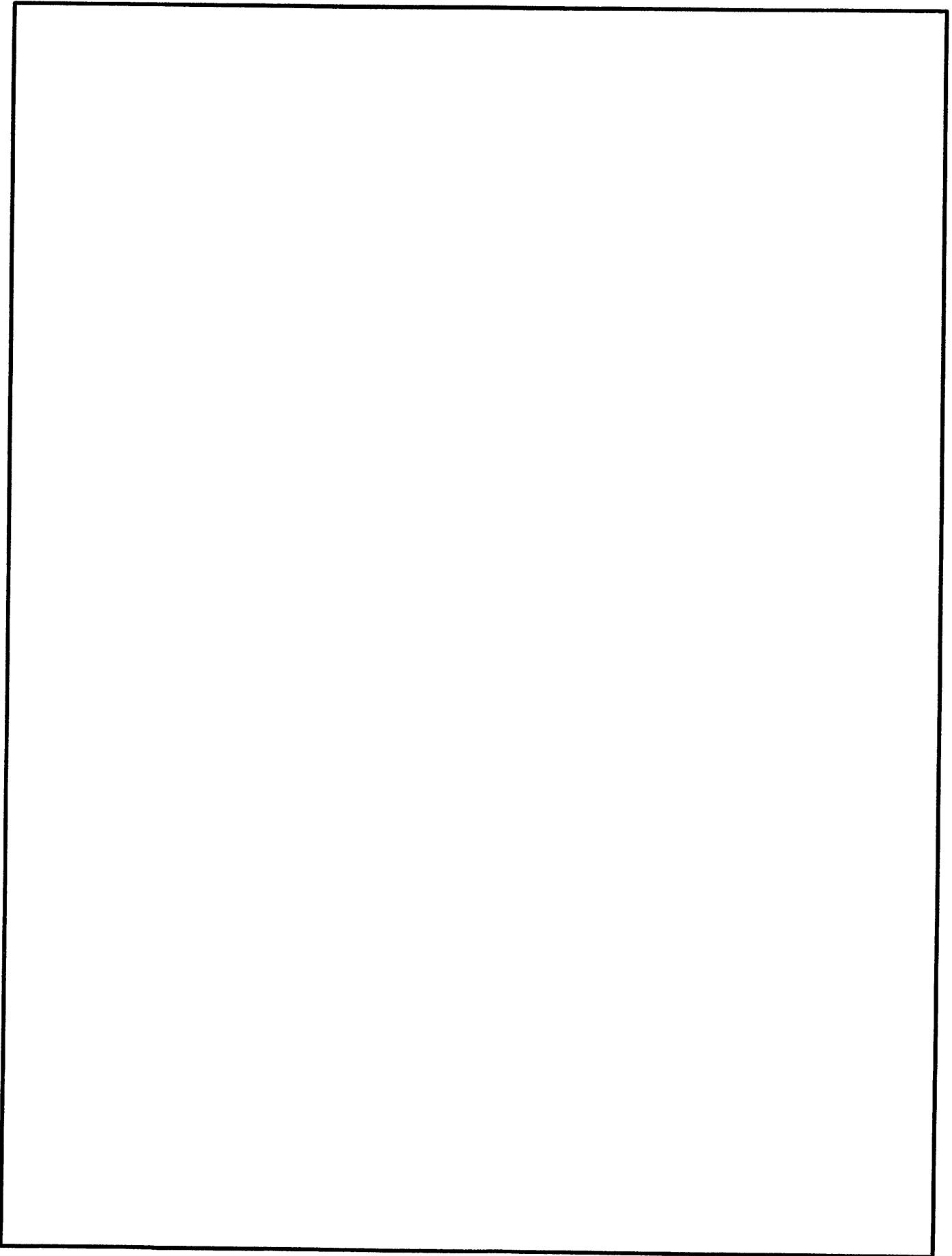
SITE PLAN

EXAMPLE

Show any other existing structures on the property (pool, patio, deck, etc.)



SITE PLAN



APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY

Municipality

County

Tax Parcel #

Permit #

Location of Property specific to this request: Complete Street, City, Zip

Proposed Use

Proposed Business Name

Current Use (or previous use if vacant)

Yes or No

Is space vacant (circle)

If yes, how long vacant

Explain in detail what portion of the structure will be occupied: (how much floor space, what floor(s), etc.)

Name and Contact Information of the Applicant:

Print Full Name

Phone #

Email Address

Complete mailing address (Street, City, State, Zip)

Name and Contact Information of the Property Owner:

Print Full Name

Phone #

Email Address

Complete mailing address (Street, City, State, Zip)

Name and Contact Information of the Business making the request if different from above:

Print Full Name

Phone #

Email Address

Complete mailing address (Street, City, State, Zip)

I certify that I am the owner of record or that I have been authorized by the owner of record to submit this application and that the occupancy described has been authorized by the owner of record. I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. 4904, relating to unsworn falsification to authorities. The undersigned understands that completion of this form does not allow occupancy of the premises.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

PRINT NAME: _____ PHONE #: _____

ADDRESS: _____

Worker's Compensation Insurance Coverage Information

A. The applicant is a contractor within the meaning of Pennsylvania Workers' Compensation Law.
 YES NO

If the answer is YES, complete Section B. If there is an exemption, then complete Section C below.
If the answer is NO, complete Section C below.

B. Insurance Information:

Name of Applicant: _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation

Original Certificate attached

Name of Workers' Compensation insurer _____

Workers' Compensation Insurance Policy No. _____

Original Certificate attached

Policy Expiration Date _____

C. Exemption: MUST BE NOTORIZED

Complete this section if the applicant is a contractor or homeowner 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 Worker's 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 Municipality.
- Homeowner who elects to perform all of the work without contracting or hiring others to assist.
- Religious exemption under Workers' Compensation Law

Signature of Applicant: _____ Date: _____

Address: _____

Commonwealth of Pennsylvania

County of _____

On this, the _____ day of _____, 20____, before me _____ the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

DIRECTIONS TO THE SITE LOCATION

Fill out completely

Name of Owner: _____

Phone Number: _____

Address of project: _____

Directions:

*Please note directions should be clear so inspectors can find the address with no difficulties. Use Street names, landmarks, direction of travel, turn off distance, etc...

Use space below if needed to further clarify the site location:

Submittal Guide for Commercial Projects

Building Plan Requirements for Commercial Projects

The following items are required for new commercial projects. Drawings should be drawn to ¼ in. or 1/8 in. scale and shall provide the necessary information to verify compliance with the building code.

All drawings shall bear the stamp and signature of the design professional responsible for the design.

Two (2) sets of construction drawings shall be submitted and shall include:

Title Page Drawing; to include the contact information for all design professionals, description of square footage per floor, number of floors, type of construction to be utilized, area modifications utilized, use group classification(s), separation or non- separation of mixed use groups, design occupant load(s), finish materials classification, design codes utilized.

Site Plan Drawings; to include all utility layouts, handicap parking & access, designated fire lanes, distance between adjacent structures and property lines.

Floor Plan Drawings; to include the use of all areas, location & types of fire resistant construction, U.L. Listing of fire resistant construction, means of egress components, handicap access.

Structural Drawings; to include the structural design calculations, geo-technical engineering report, uniform live loads, dead loads, roof & snow loads, wind loads, footing construction detail, foundation construction details, framing construction details, concrete construction details, masonry construction details, wood construction details, steel construction details.

Electrical Drawings; to include all lighting facilities, electrically operated equipment, and electrical circuits required for all service equipment of the building or structure. Drawings should include panel schedules, grounding systems, and wiring methods.

Mechanical Drawings; to include size & type of appliances, construction of flues and chimney systems, ventilation air provided, fresh air make-up provided, location of all ducting and piping.

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

Fire Protection Systems; to include the submittal guide for each type of system. See specific submittal guide requirements.