

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:

RELOCATED MANUFACTURED DWELLING

On a Foundation, Crawlspace, or Piers

- Complete 2 page Application for Building Permit/Use Certificate
- Land Use Permit (signed and approved by Municipality).
- Foundation Plan (elevation, footer size, foundation details, beams, etc.)
- Site plans (include all existing structures, proposed structure and their distances to all lot lines).
- Include deck plan
- Installation manual of Relocated Manufactured Home (if available)
- Habitability Checklist for Relocated Manufactured Homes
- Worker's Compensation Insurance Coverage Information Form
- Driving instructions
- Installation Checklist for Relocated Manufactured Homes to be completed before Final Inspection

A building permit is required before a home can be installed upon a lot. Footings and missionary blocks must meet the minimum requirements of the building code. Anchoring the home (tie downs) must meet the minimum requirements of the building code.

- ⇒ 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.

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Permit Number: _____

Property / Site Information

Site Address: _____
Complete address/City/State/Zip

Municipality: _____ County: _____ Tax Map #: _____

Use: Residential ___ Single-Family dwelling ___ Multi-Family ___ New ___ Manufactured/Modular Home

Commercial ___ Other _____ Floodplain present: Yes No

Improvement Type: New Addition Alteration Repair/replacement Relocation

Other _____

Land / Property Owner's Information

First Name _____ Mi. _____ Last Name _____ Phone# _____ Cell# _____

Street Address _____ City _____ State _____ Zip _____ Email _____

Building Permit Application

Provide a description of work below: *(Also provide details on plot plan: Show all improvements on lot & approximate distances to lot lines)*

Estimated Cost of Construction \$ _____

Estimated start date _____ Estimated completion date _____

Contractor Information

Name of Contractor: _____ Phone# _____

Person in charge of work: _____ Phone# _____

Address of Contractor _____
Address/City/State/Zip

Proof of Worker's Compensation Insurance: Provided Exempt

Subcontractor Information

Name _____ Address/City/State/Zip _____ Phone# _____

Name _____ Address/City/State/Zip _____ Phone# _____

Project Details

Trades: Building Electrical Work Plumbing Work Mechanical Work (HVAC)

Fire Suppression/Alarm System

Heat Source: _____ Fuel Type: _____

Foundation Type: Crawlspace Foundation Slab at Grade Piers Other _____

Details: _____

Certification

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. 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 local, state, and federal laws governing the execution of this project. I certify that the Code Official or his/her representative shall have the authority to enter the areas in which 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.

Applicant Signature _____ Print Name _____ Date _____

Applicant Phone# (Land line and Cell) _____ Email _____

Applicant Complete Address/City/State/Zip _____

OFFICE USE:	
Application fee \$ _____	Issuance Date ____/____/____
Permit Fee \$ _____	Expiration Date ____/____/____
Inspection Fees \$ _____	Extension Date ____/____/____
APPLICATION STATUS: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	
_____ Signature of Permit Officer	_____ Date
	{SEAL}

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. | _____ |

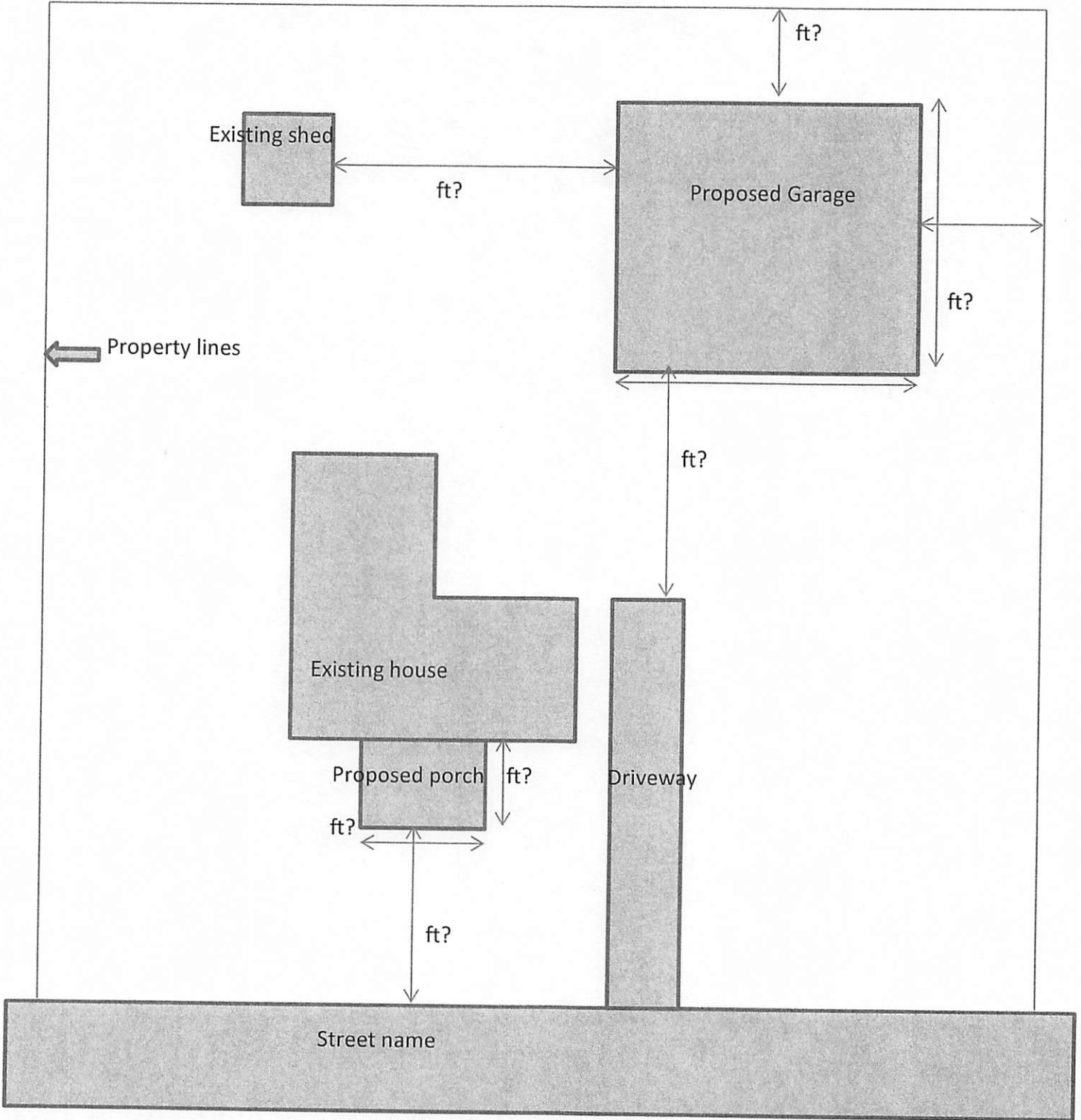
Approved-Municipal Official's Signature & title _____ Date _____ {SEAL}

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

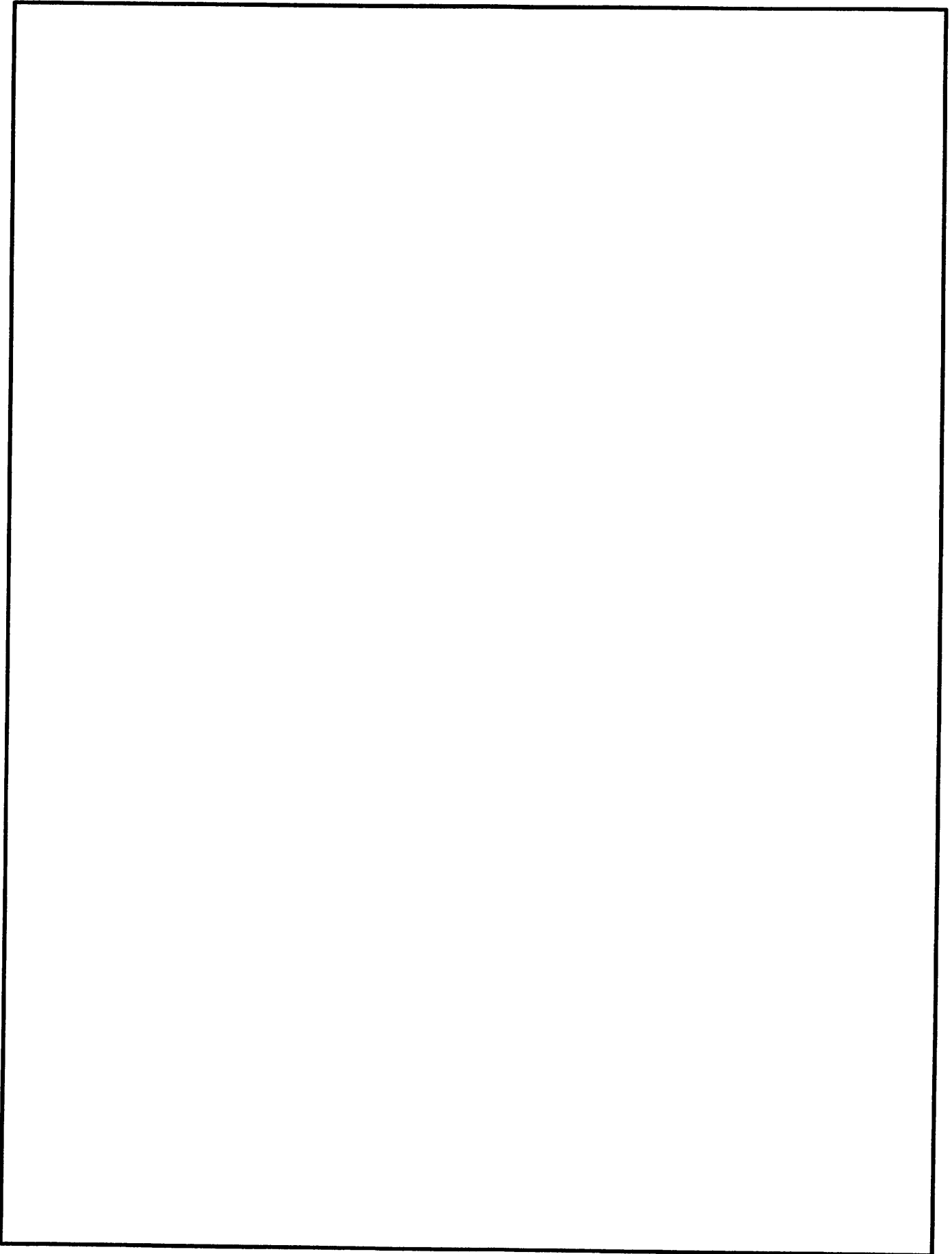
SITE PLAN

EXAMPLE

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



SITE PLAN



Habitability Checklist for Relocated Manufactured Homes

All items must be correct prior to occupancy. A completed checklist must be submitted to the local building code official as part of the building permit process.

Site Address: _____

Description/Size of Home: _____ Year of Manufacture: _____ Serial #: _____

Data Plate, Serial Number & Certification Label

- Locate the serial number from the front chassis crossmember and the certification labels from the exterior siding. Cross reference to the data plate in the home. See page 2.
- Verify the home was certified as a manufactured home and that it was designed and constructed for the Pennsylvania climate zone.

Floors

- Floor is structurally sound. Floor coverings are secure and do not present tripping hazards.
- Floor insulation is properly installed in floor cavity, especially at access areas.
- Bottom Board is patched and secure. See page 6.

Walls

- Walls are structurally sound, without holes, breaks or protrusions.
- Doors and windows are operational with proper glazing. See pg 3.
- Doors are equipped with proper hardware. See page 3.
- Safety glazing is provided where required. See page 3.

Exterior Coverings

- Roofing material free from obvious defects, holes, etc.
- Roof caps, vents, flashing, etc. are properly installed. Fireplace chimneys are the proper height (3' above the roof where it passes and 2' higher than any part of the building with 10' of the chimney).
- Siding material is free from obvious defects, holes, etc. and is properly channeled or sealed around penetrations.

Sanitary Facilities

- Plumbing system is in good working order and free from defects, leaks and obstructions. See page 4.
- Drain piping under the floor is properly sloped and supported every 4'. See page 4.
- Water supply line crossover insulation and covers are properly installed.
- Hot water appliance is properly installed and in good working order.
- Water temperature limiting device must be set properly. For home constructed after June 9, 2014, see page 4.

Ventilation

- Clothes dryer exhaust ducts terminate outside of the skirting crawl space enclosure. See page 5.
- Kitchen, bath and toilet compartment fans are operational. For homes built after Oct 25, 1993, See page 5.

Heating

- Heating facilities are in working order.
- Registers and grills are in place at all outlets and intakes for the heating system.

Fuel Burning Appliances

- All vents, flu pipes, chimneys, etc. are properly installed, and are free from rust, damage or any condition that could result in a leak of combustion gases into the home. See page 5.
- Fire-blocking is adequately installed where vents, flu pipes, chimneys or other penetrations are present in the ceiling or walls inside furnace and water heater compartments. See page 5.
- Fuel supply piping is properly installed and supported.
- Fuel supply piping has been tested for leaks by qualified personnel.
- Cooking range anti-tip bracket is properly installed. See page 5.

Electrical Systems

- All electric receptacles, switches, junction boxes, fixtures, etc. are properly installed with appropriate cover plates. See page 6.
- All electrical crossovers are properly assembled and secured. See page 6.
- Operational test assured that all electrical devices operate properly.
- Ground Fault Circuit Interrupters (GFCI) where required, test and reset properly. See page 6.
- All exposed metal parts likely to be energized have been bonded.
- Proper smoke detectors/alarms placement and operation. See page 4.
- Proper carbon monoxide alarm placement and operation, if applicable. See page 4.

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this checklist and that the manufactured housing unit described herein has been inspected by me and found to meet the habitability guidelines for relocated manufactured housing as promulgated by the DCED Manufactured Housing Standards Division November 2013 or the most recent revision thereof. 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 property and the manufactured housing unit, at any reasonable hour during the installation process, 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 and belief.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

PRINT NAME (legibly): _____ Phone No.: _____

Address: _____
Complete: Street / State / Zip

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:

Installation Checklist for Relocated Manufactured Homes

Certified Pennsylvania Manufactured Home Installers must properly complete this checklist to assure proper installation. See page 2 of the DCED Installation Guide for other information regarding installer responsibilities.

Owners Name: _____ Phone No. _____

Current Address: _____

Job Site Address: _____

Municipality: _____ County: _____

Manufactured Home Stats

Make of Man. Home: _____

Year of Man. Home: _____

Size of Manufactured Home: _____ X _____

Serial # of Man. Home: _____

Foundation Support

- Footings are properly sized and constructed for the soil conditions.
- Piers are spaced and constructed according to the tables provided.
- Perimeter blocking is provided (if necessary).
- Piers at each side of openings four feet or larger (side wall and marriage line).
- Shims are in place and tight.
- Home is level.

Anchors

- Approved anchors are used.
- Anchor spacing is correct.
- Anchors are installed to full depth.
- Straps are installed at correct angles.
- Straps are protected at the sharp corners.
- Stabilizing plates are installed.

Under the Home

- Site is properly graded.
- Ground moisture barrier is installed.
- No holes or tears are present in the bottom board.
- Skirting is properly installed.
- Crawl space is properly ventilated.

Exterior

- Roof shingles are free from damage.
- Roof ridge vent is installed correctly (if applicable).
- Any penetration in the roof is properly sealed.
- Siding is free from damage.

Interior

- Ceilings, walls and floors are free from major defects.
- Windows operate properly.
- Exterior doors operate properly.
- Marriage line is properly sealed from air infiltration.

Systems

- Electrical fixtures operate properly (Operational / Polarity).
- Water lines are free from defects (leaks).
- Drainage system is free from defects (leaks).
- Gas system is free from leaks.
- Smoke alarms operate properly.

Appliances

- Appliance venting is in accordance with manufacturer's instructions.
- Fireblocking is complete.
- Fresh air intakes are properly installed.
- Appliances are working properly.
- Fireplace chimney stack and combustion air intake are completed properly.
- Anti-tip device for the cooking range is properly connected.

Whereas, Pennsylvania DCED, through Act 40 -2012 and the regulations promulgated thereunder require that a Certified Installer submit this checklist and that the manufactured housing unit described herein has been inspected by me and found to meet the installation and habitability guidelines for relocated manufactured housing as promulgated by the PA - DCED Manufactured Housing Standards Division November 2013, or the most recent revision thereof. I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that I am the owner of record or have the authority of the owner of record to grant that the Code official or his representative shall have the authority to enter the property and the manufactured housing unit, at any reasonable hour during the installation process, 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 and belief.

INSTALLER SIGNATURE: _____ I.D.# _____ DATE: ____/____/____

PRINT NAME (legibly): _____ Phone No.: _____

Address: _____