

TATAMY BOROUGH  
 423 BROAD ST  
 PO BOX 218  
 TATAMY, PA 18085-0218

# 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 <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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## 1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I)	<input type="checkbox"/> Other (O)

## 2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

## 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	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)	<b>PROPOSED USE:</b>		
Plan Number		<b>ASSEMBLY</b>	<b>INSTITUTIONAL</b>	<input type="checkbox"/> <b>OTHER (24)</b>
<b>IMPROVEMENT TYPE:</b>		<input type="checkbox"/> THEATRE (1)	<input type="checkbox"/> GROUP HOME (12)	PARKING GARAGE
	<input type="checkbox"/> NEW CONSTRUCTION (1)	<input type="checkbox"/> NIGHT CLUB (2)	<input type="checkbox"/> HOSPITAL (13)	CARPORT
<input type="checkbox"/> ADDITION (2)	<input type="checkbox"/> RESTAURANT (3)	<input type="checkbox"/> CHURCH (4)	<input type="checkbox"/> JAIL (14)	MOTOR FUEL SERV.
<input type="checkbox"/> ALTERATION (3)	<input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> BUSINESS (6)	<input type="checkbox"/> MERCANTILE (15)	REPAIR GARAGE
<input type="checkbox"/> REPAIR / REPLACEMENT (4)	<b>EDUCATIONAL</b>	<input type="checkbox"/> EDUCATIONAL (7)	<b>RESIDENTIAL</b>	PUBLIC UTILITY
<input type="checkbox"/> DEMOLITION (5)	<input type="checkbox"/> (GRADES 1-12) (7)	<input type="checkbox"/> DAY CARE FACILITY (8)	<input type="checkbox"/> HOTEL, MOTEL (16)	HPM
<input type="checkbox"/> RELOCATION (6)	<b>FACTORY</b>	<input type="checkbox"/> MODERATE HAZARD (9)	<input type="checkbox"/> MULTI-FAMILY (17)	_____
<input type="checkbox"/> FOUNDATION ONLY (7)	<input type="checkbox"/> MODERATE HAZARD (9)	<input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> BOCA TWO FAMILY (18)	_____
<input type="checkbox"/> CHANGE OF USE ONLY (8)	<input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> LOW HAZARD (23)	<input type="checkbox"/> BOCA SINGLE FAMILY (20)	_____
			<input type="checkbox"/> CABO TWO FAMILY (19)	_____
			<input type="checkbox"/> CABO SINGLE FAMILY (21)	_____
			<b>STORAGE</b>	_____
			<input type="checkbox"/> MODERATE HAZARD (22)	_____
			<input type="checkbox"/> LOW HAZARD (23)	_____

<b>Structural</b> (check that applicable) <b>Frame</b>	<b>Exterior</b> (Check those applicable) <b>Walls</b>
<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____	<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____
<input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)	<input type="checkbox"/> Masonry (2) <input type="checkbox"/> 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  No

Total Service _____ AMPS	Number of Circuits:    2 WIRE    3 WIRE    4 WIRE	Number of Service Outlets:    110V    220V
<b>POWER DEVICES</b>	<b>No.</b>	<b>OUTPUT/LOAD</b>
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

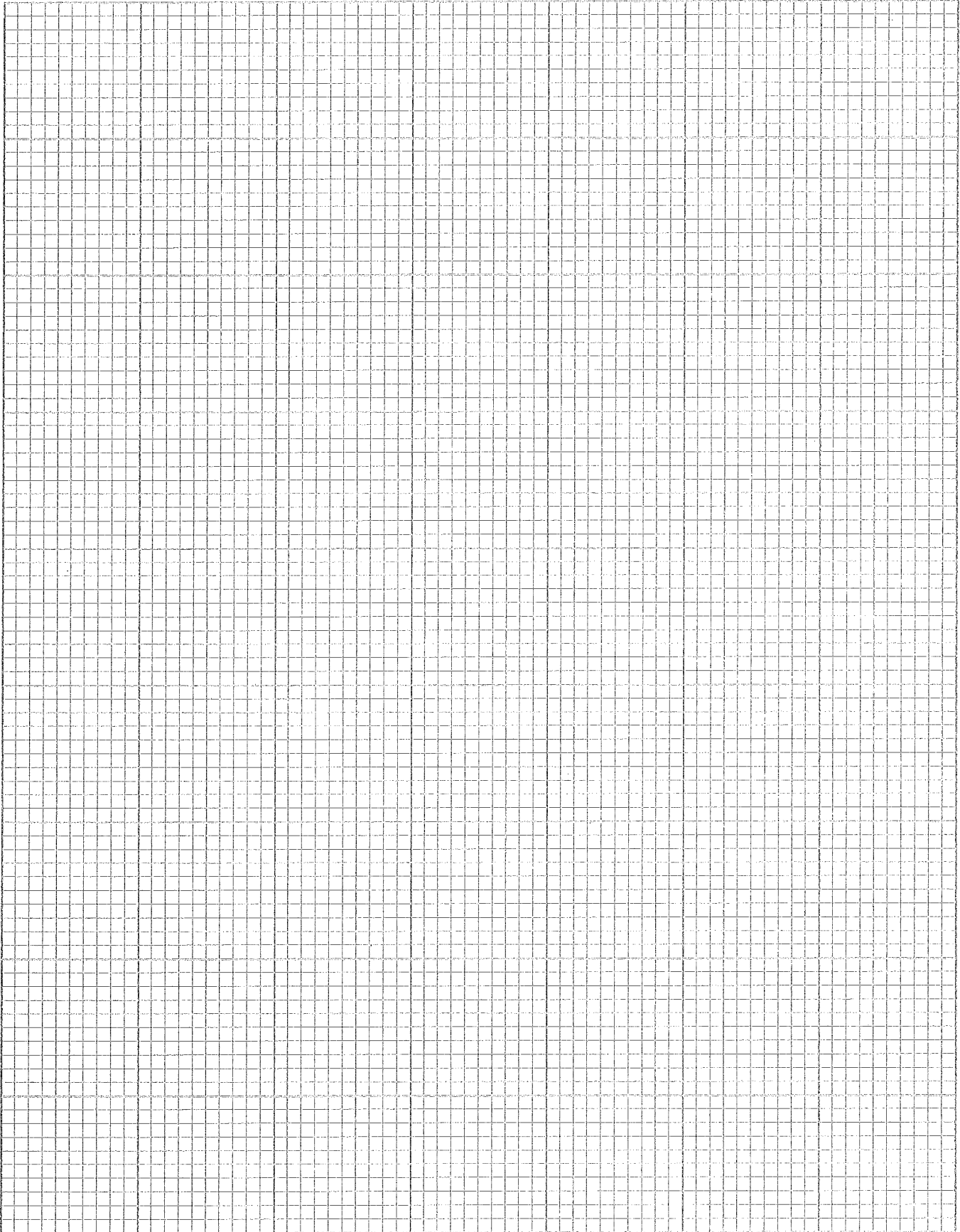
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> 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**

**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
<b>BUILDING</b>		\$					
<b>PLUMBING</b>		\$					
<b>MECHANICAL</b>		\$					
<b>ELECTRICAL</b>		\$					
		\$					
<b>TOTAL</b>		\$	<b>TO BE ENTERED ON PART 18</b>				

**15. ADDITIONAL PERMITS REQUIRED**

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

**16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**17. OTHER DEPARTMENT APPROVALS**

Signature	Date	Signature	Date
		Health and Sanitation	
		Water	
		Architectural Review	

**18. VALIDATION**

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			
<b>TOTAL FEES</b>			

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

## UCC INSPECTION PROCEDURES STATEMENT

I hereby certify that I will comply with all applicable inspection procedures specified below:

1. **FOOTING INSPECTION:** is to be performed after footing is dug with chairs and rods in place and before concrete is poured. **The permit applicant is required to call requesting an inspection 72 hours in advance of desired inspection date.**
2. **FOUNDATION INSPECTION:** is to be performed before framing work begins or backfill is installed. Grease traps (if applicable), cleanouts, foundation and building drains must be in place; foundation coating must be applied, anchor bolts and top plate shall be installed. All underground plumbing, mechanical and electrical trenching must remain open and all piping, sleeves and/or conduit required for underground utilities shall be in place and provided with rodent-proofing. **The permit applicant is required to call 72 hours in advance of desired inspection date.**
3. **FRAMING INSPECTION:** is to be performed before insulation is installed and after all rough-in work is complete on plumbing, electrical and mechanical systems. Note: the framing may not be approved until the plumbing, electrical and mechanical rough-in work has been approved by the Department. **The permit applicant is required to call requesting an inspection two weeks in advance of desired inspection date.**
4. **FIRE PROTECTION SYSTEMS:** is to be performed after fire alarm systems and/or fire suppression systems are installed and functioning. The Department has the option to accept installation and test certificates from the installing contractor(s) in lieu of witnessing the testing of fire protection systems. Please note that, if they were not submitted with the initial application, shop drawings must be submitted for Department review and approval at least two weeks before the projected installation date. **The permit applicant is required to call requesting an inspection two weeks in advance of desired inspection date.**
5. **FINAL BUILDING INSPECTION:** is to be performed after all items pertaining to the issued building permit have been completed. These items include, but are not limited to:
  - a. Electrical work
  - b. Plumbing work
  - c. Mechanical (HVAC) work
  - d. Emergency lighting system
  - e. Fire extinguishers
  - f. Egress
  - g. Fire protection systems (including required fire-rated construction components)
  - h. Grading
  - i. Site plan compliance
  - j. Accessibility
  - k. Energy conservation

The permit applicant is required to call requesting an inspection two weeks in advance of desired final inspection date.

Please note that accessibility provisions and verification of compliance with the International Energy Conservation Code shall be inspected as part of other identified inspections.

**Accessibility inspections** for buildings in municipalities that have opted to self-enforce the Uniform Construction Code but that do not have an inspector certified by the Commonwealth in Accessibility must be conducted at the time the building is ready to have a framing inspection performed and continue until all provisions governing accessibility are met. The municipality or third-party agency may not issue the certificate of occupancy until the Department approves the building's accessible elements and features. **The permit applicant is required to call requesting an inspection two weeks in advance of desired inspection date.**

6. Projects that have applied for a permit based on **accelerated construction** may only proceed with construction up to, but not including the erection of foundation walls. Projects reviewed as "accelerated construction" are subject to inspection of the footing environment, foundation, underground plumbing, underground electrical (if applicable) and underground mechanical (if applicable), **before any additional work is performed. The permit applicant is required to call requesting an inspection 72 hours in advance of desired inspection date.**
  
7. The timing and number of inspections required for **renovation work** to buildings that were legally in existence prior to the adoption of the Uniform Construction Code will depend upon the nature and the scope of the renovation work being performed. **The permit applicant is required to obtain all inspections listed on the "Required Inspections" sheet provided with each renovation building permit and to meet the advance notice timeframes specified for each required inspection.**
  
8. **Signs** (other than those exempted in Section H101.2 of the International Building Code) are required to be inspected regarding their location, design and construction and must meet all applicable UCC requirements. **The permit applicant is required to call requesting an inspection when the sign has been erected. A final inspection of the sign will be made as soon as possible. If the sign erected is a ground sign, the permit holder must provide a written assurance that all structural work (including that which is invisible) conforms to all UCC requirements.**
  
9. **Demolition work:** Contractors responsible for demolition work where an entire structure is razed will be required to submit signed documentation that certifies that the vacant lot is filled to existing grade and that all service connections have been discontinued and lines have been capped. Demolition work being performed on existing buildings as part of renovation work or the erection of an addition may be subject to inspection by the Department. Contractors must ensure that pedestrian protection measures have been installed prior to commencing demolition. Contractors may not negatively impact existing means of egress until alternative egress routes have been provided. **The permit applicant is required to call requesting an inspection when demolition work has concluded and the lot has been restored to existing grade. An inspection will be made as soon as possible.**

***NO WORK MAY BE CONCEALED FROM VIEW UNTIL IT HAS BEEN APPROVED BY THE DEPARTMENT.***

I fully understand that it is my responsibility to call for inspections and that, if inspections are not made according to this procedure, I may be in violation of the UCC and may be subject to prosecution. I also understand that no one may occupy the structure (or portion thereof) until a Certificate of Occupancy is obtained.

<b>Name of permit applicant:</b> _____ (printed or typed)	<b>Date:</b> _____
<b>Signature:</b> _____	
<b>Building Name:</b> _____	
<b>Building Street Address:</b> _____	
<b>City:</b> _____	<b>Zip Code:</b> _____