

BUTLER COUNTY BUILDING PERMIT APPLICATION

ID NO. _____ DISTRICT: 200 (Lancaster Township) MAP AND PARCEL NO. _____

IMPORTANT – COMPLETE ALL ITEMS – MARK BOXES WHERE APPLICABLE

I. IDENTIFICATION

OWNERS NAME PER DEED OR TITLE	NAME	MAILING ADDRESS	PROPERTY ADDRESS	PHONE NO.
PREVIOUS ADDRESS				
CONTRACTOR				

II. TYPE AND COSTS OF IMPROVEMENTS

A. TYPE OF IMPROVEMENT <input type="checkbox"/> 1. NEW BUILDING <input type="checkbox"/> 2. ADDITION <input type="checkbox"/> 3. ALTERATIONS <input type="checkbox"/> 4. REPAIR/REPLACEMENT <input type="checkbox"/> 5. WRECKING <input type="checkbox"/> 6. RELOCATION <input type="checkbox"/> 7. FOUNDATION	B. PROPOSED USE <input type="checkbox"/> 1. SINGLE FAMILY <input type="checkbox"/> 2. DUPLEX <input type="checkbox"/> 3. MULTI-FAMILY <input type="checkbox"/> 4. GARAGE <input type="checkbox"/> 5. CARPORT <input type="checkbox"/> 6. PORCH/INGROUND POOL <input type="checkbox"/> 7. MOBILE/MODULAR HOME (SEE E)	C. CONST. OR DEMO COST <input type="checkbox"/> 8. CHURCH <input type="checkbox"/> 9. INDUSTRIAL <input type="checkbox"/> 10. COMMERCIAL <input type="checkbox"/> 11. INSTITUTIONAL <input type="checkbox"/> 12. PUBLIC UTILITY <input type="checkbox"/> 13. SCHOOL <input type="checkbox"/> 14. OTHER _____ 1. COST OF CONST. A. ELECTRICAL _____ B. PLUMBING _____ C. HEATING/AC _____ D. OTHER _____ TOTAL _____
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D. OWNERSHIP 1. PRIVATE 2. PUBLIC E. MOBILE/MODULAR HOME SERIAL NO. _____

III. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAMING <input type="checkbox"/> 1. BRICK – STONE – BLOCK <input type="checkbox"/> 2. WOOD FRAME <input type="checkbox"/> 3. STRUCTURAL STEEL <input type="checkbox"/> 4. REINFORCED CONCRETE <input type="checkbox"/> 5. OTHER _____	B. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE (PERMIT NO) _____ D. TYPE OF WATER SUPPLY <input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE	C. DIMENSIONS _____ X _____ 1. NO. OF STORIES _____ 3. BSMT SQ. FT. _____ 2. TOTAL ACREAGE _____ 4. TOTAL SQ. FT. _____ E. NUMBER OF PARKING SPACES 1. OFF STREET _____ 2. ENCLOSED _____ OUTDOORS _____
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IV. RESIDENTIAL BUILDINGS ONLY

A. NO. OF BEDROOMS _____
 B. NO. OF BATHROOMS _____
 1. FULL BATHS _____
 2. HALF BATHS _____

VII. TYPE OF MECHANICAL

YES NO

A. A/C _____
 B. ELEV _____

IX. DIRECTIONS TO SITE FROM NEAREST INTERSECTION



V. LOCATION

A. BUILDING SETBACK
 1. FROM STREET _____
 2. FROM SIDE LS _____ RS _____
 3. FROM REAR _____

VIII. TYPE OF HEATING FUEL

A. GAS D. COAL
 B. OIL E. OTHER
 C. ELEC _____

VI. CHECK OTHER STRUCTURES ON PROPERTY

<input type="checkbox"/> A. NONE	<input type="checkbox"/> E. BARN
<input type="checkbox"/> B. HOUSE	<input type="checkbox"/> F. SHED
<input type="checkbox"/> C. MOBILE/MODULAR HOME	<input type="checkbox"/> G. INGROUND POOL
<input type="checkbox"/> D. GARAGE	<input type="checkbox"/> H. OTHER _____

X. HIGHWAY AND ENERGY ACTS

A. HAVE YOU OBTAINED A PERMIT AS REQUIRED BY SECTION 420 OF THE STATE HIGHWAY LAW (P.L. 1242 NO. 428)? YES NO

B. HAVE YOU COMPLIED WITH ACT 222 OF THE BUILDING ENERGY CONSERVATION ACT? YES NO

**XI. THE OWNER OF THIS BUILDING AND/OR UNDERSIGNED AGREES TO CONFORM TO ALL APPLICABLE LAWS OF
LANCASTER TOWNSHIP**

SIGNATURE OF APPLICANT _____	ADDRESS _____	DATE OF APPLICATION _____
SIGNATURE OF MUNICIPAL OFFICER _____	FEE _____	APPROVED / REFUSED _____

XII. FOR MUNICIPAL USE ONLY

COMMENTS, RESTRICTIONS, DATE PERMIT EXPIRES (ACCORDING TO LOCAL CODES)

Permit Application



Customer Number if known

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Number _____

MDIA Office _____

Location of Proposed Work or Improvement

Municipality* _____ County* _____

Site Address* _____ Tax Parcel # _____

City _____ State _____ Zip code _____

Lot # _____ Subdivision/Land Development _____ Phase _____ Section _____

Owner* _____ Phone #* _____ Fax # _____

Mailing Address* _____ E-Mail _____

City _____ State _____ Zip code _____

Principal Contractor* _____ Phone #* _____ Fax # _____

Mailing Address* _____ E-Mail _____

City _____ State _____ Zip code _____

Architect _____ Phone # _____ Fax # _____

Mailing Address _____ E-Mail _____

City _____ State _____ Zip code _____

Type of Work or Improvement* (Select all that apply)

- New Building
 Addition
 Alteration
 Repair
 Demolition
 Relocation
 Energy
 Foundation Only
 Change of Use
 Plumbing
 Mechanical
 Electrical
 Fire Protection

Describe the proposed work

Estimated Cost of Construction* (reasonable fair market value)

a. Structural Cost \$ _____

Installation(s) not included in above cost

b. Electrical \$ _____

c. Plumbing \$ _____

d. Heating, Air Conditioning \$ _____

e. Other _____ \$ _____

Total Cost of Project (a+b+c+d+e) \$ _____

Description of Building Use *(Select One)

Residential

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-2)
- Multi-Family (R-2)
- Hotels (R-1)

Non-Residential

Specific Use: _____
 Use Group: _____
 Change in Use: Yes No
 If YES, Indicate Former: _____
 Maximum Occupancy Load: _____
 Maximum Live Load: _____

Building/Site Characteristics

Number of Residential Dwelling Units: _____ Existing _____ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) _____

Water Service: (Select) Yes No

Sewer Service: (Select) Yes No Septic Permit # _____

Does or will your building contain any of the following:

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

Elevator/Escalators/Lifts/Moving walks: (Select) 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 Largest Floor: _____ sq.ft.

FLOODPLAIN

Is the site located within an identified flood prone area? (Select One) Yes No

Will any portion of the flood prone area be developed? (Select One) Yes No N/A

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).

HISTORIC DISTRICT

Is the site located within a Historic District? Yes No

If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.

PROPERTY OWNER AUTHORIZATION

I, _____, do hereby authorize
Property Owner's Name Printed

_____ to act on my behalf in
Acting Agent's Name Printed

applying for a Building Permit for the following work:

to be performed at _____
Address where construction will occur

Property Owner's Signature

Property Owner's Street Address

Property Owner's City, State, Zip Code

Date

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

I certify that the code administrator or the code administrator'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 Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Directions to Site:

* Indicates required field.

Send

CUSTOMER ASSISTANCE GUIDE
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS

DETACHED STRUCTURES (1000 SQ FT OR MORE)
ACCESSORY TO DETACHED ONE FAMILY DWELLING

(Shed – Detached Garage – Pavilions – Etc)

- Please read all of the following information.
- The following is a check list. You must have a “checkmark” in all the sections listed below prior to submitting your application.

_____ “Affidavit of Exemption” (See attached form) If you are hiring a contractor to construct your structure, and they have workers’ compensation, have the contractor or their insurance carrier provide us with a “Certificate of Insurance” showing proof of such. If the homeowner or a contractor without workers’ compensation is constructing the structure, the attached form must be completed and notarized.

_____ A site plan showing the proposed detached accessory structure, the outside dimensions of the structure, the distances in feet, to the front, sides, and rear property lines.

_____ One (1) set of construction drawings that show in detail code compliance for all of the work proposed, to include but not limited to the following information;

- _____ Footing detail including depth below frost line.
- _____ Type of foundation.
- _____ Roof rafter size (2x6, 2x8, 2x10, etc).
- _____ Rafter spacing (16” on center, 24” on center, etc).
- _____ Thickness and type of roof sheathing.
- _____ Ceiling joist size and spacing.
- _____ Floor joist size and spacing.
- _____ Wall sections showing top, bottom plates and headers.
- _____ Location and size of all beams, girder/headers.
- _____ Sizes of all doors.
- _____ Plumbing if applicable.
- _____ Mechanical if applicable.
- _____ Electrical if applicable.
- _____ Wall bracing detail (material, length and fastening).

_____ Completed building permit application.

MDIA will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked “approved”. A building permit will be issued and the applicant will be notified of the Inspection fees and when they can pick-up the permit at the Municipal Building. All fees shall be paid prior to the issuance of the permit. Then use the inspection procedures provided to have all of the required inspections performed.

INSPECTION PROCEDURES DETACHED ACCESSORY STRUCTURES

- Building permit must be posted on the site of the work and clearly visible from the road until completion of the project.
- Your approved plans must be available at all times for inspections. These are the plans that were submitted with your application and were marked "Approved" by the Building Code Official.
- The permit applicant or authorized agent is responsible for scheduling all inspections.
- To schedule an inspection call the inspector listed below.
- **DO NOT schedule an inspection if the work is not ready!!!!**
- When scheduling an inspection, you must supply your permit number to the inspector.

PLEASE GIVE THREE (3) WORKING DAYS ADVANCE NOTICE

FOOTING INSPECTION WILL BE GIVEN PRIORITY

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

1. Footing inspection – To be done after forming and prior to placing of concrete.
Inspector, Keith Reiser Phone, 1-800-732-6342
2. Foundation inspection – French drain and water-proofing prior to backfilling.
Inspector, Keith Reiser Phone, 1-800-732-6342
3. Plumbing under slab (rough-in) done prior to placing concrete floor.
Inspector, Keith Reiser Phone, 1-800-732-6342
4. Framing inspection – Done prior to insulating, but after heating, plumbing and wiring are roughed in, and prior to any exterior finishes being applied.
Inspector, Keith Reiser Phone, 1-800-732-6342
5. Energy conservation.
Inspector, Keith Reiser Phone, 1-800-732-6342
6. Wallboard. Only needed if there is an integral or attached garage.
Inspector, Keith Reiser Phone, 1-800-732-6342
7. Final inspection – When job is completely finished, prior to occupancy permit and after plumbing, mechanical and electrical.
Inspector, Keith Reiser Phone, 1-800-732-6342

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

**Safe digging is
no accident!**

**Know what's
below.**

**Dial 8-1-1
before you dig.**



TEMPORARY MARKING GUIDELINES

WHITE	Proposed Excavation
PINK	Temporary Survey Markings
RED	Electric Power Lines, Cables, Conduit and Lighting Cables
YELLOW	Gas, Oil, Steam, Petroleum or Gaseous Materials, Hazardous Materials Communication, Alarm or Signal Lines, Cables or Conduit and Traffic Loops
ORANGE	Potable Water
BLUE	Reclaimed Water, Irrigation and Slurry Lines
PURPLE	Sewers and Drain Lines
GREEN	

The following information is needed when you call PA One Call System.

YOUR TELEPHONE NUMBER

YOUR MAILING ADDRESS

COUNTY - The name of the county where the work will take place

MUNICIPALITY - City, Township or Borough where the work will take place

THE ADDRESS WHERE THE WORK WILL TAKE PLACE

THE NEAREST INTERSECTING STREET TO THE WORK SITE

THE NAME OF A SECOND INTERSECTION NEAR THE WORK SITE

IS THE PROPOSED EXCAVATION AREA (WORK SITE) MARKED IN WHITE - Yes or No

OTHER INFORMATION THAT WOULD HELP THE LOCATOR FIND THE SITE - Clarifying information to specify the exact location of the dig

THE TYPE OF WORK BEING DONE

WHETHER THE WORK WILL TAKE PLACE IN: Street, Sidewalk, Public or Private Property

THE APPROXIMATE DEPTH YOU ARE DIGGING

THE EXTENT OF THE EXCAVATION - The approximate size of the opening; the length and width or diameter

THE METHOD OF EXCAVATION - How will the earth be moved

WHO IS THE WORK BEING DONE FOR

PERSON TO CONTACT IF THE UTILITIES HAVE QUESTIONS

THE CONTACT PERSON'S PHONE NUMBER - The phone number with area code for daytime contact

THE BEST TIME TO CALL

FAX NUMBER AND/OR EMAIL ADDRESS - The responses from the facility owners will be sent to you

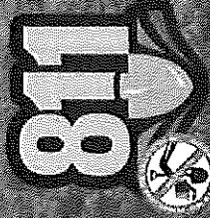
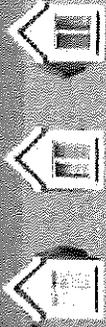
SCHEDULED EXCAVATION DATE AND START TIME - not less than 3 business days or more than 10 business days.

DURATION OF A JOB - How long will the job take

ANY ADDITIONAL REMARKS YOU MAY HAVE

You will be given a 10 digit serial number as confirmation of your call and our system will send you the responses from the utilities on the morning of your scheduled excavation date via fax or email

**Know what's below.
Dial 8-1-1 before you dig.**



www.pa811.org

What do we do?

We are the "Call before you dig!"[™] company for all of Pennsylvania, if you plan to disturb the earth with powered equipment, you are required by Pennsylvania law to notify the underground utility companies of your intent to do so. Notification occurs by calling 8-1-1 or 1-800-242-1776, 24 hours of the day, every day of the year. Notification can also be done on our website at www.paonecall.org.

We will then notify the utility companies nearby of your intent to dig. The utility companies are responsible to mark where their underground lines are located with colored flags, paint or chalk.

Please Note:

- PA One Call does not mark utility lines.
- In some cases, the utility company may not mark the service lines you own.
- If you need your sewer main cleared be sure to check www.paonecall.org/crossbore or call 853-ONE YOU CLEAR for more information.

Homeowner Quick Tips

- One easy phone call to 8-1-1 three to ten business days before digging begins helps keep your neighborhood safe.
- Call on Monday or Tuesday if you plan to dig on Saturday or Sunday.
- The utility companies will mark where their underground lines are located with colored paint, flags or chalk.
- Do not remove the flags if you see them in your yard.
- Our service is no cost to homeowners.
- Did you hire someone to install your fence, deck or new patio? Ask to see the PA One Call serial number before allowing them to dig on your property.

The Excavator's Responsibility

- Dial 8-1-1 or 1-800-242-1776.
- Do not allow anyone to excavate on your property without calling.
- Always look for the markings on the ground before your dig date.
- If you do not see markings, do not allow anyone to dig. Wait for the lines to be marked by the utility.
- Whoever places the call will receive an email or fax with a list of facility owners who have marked or have not marked. Pay attention to this message.
- Respect the markings by not removing flags or disturbing the actual markings.
- Exercise care around the marked lines by hand digging.
- When the project is complete, the excavator should remove the flags or marks from the ground or pavement.
- Report mistakes by calling 8-1-1.
- Report emergencies by calling 911.



For more information, visit www.pa811.org

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

_____ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

_____ Contractor has 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 the municipality.

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and
acknowledged before me by the above
_____ this _____ Day
of _____
20 _____.

SEAL

Notary Public