

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)	<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 _____	C. CONST. OR DEMO COST 1. COST OF CONST. A. ELECTRICAL _____ B. PLUMBING _____ C. HEATING/AC _____ D. OTHER _____ TOTAL _____
D. OWNERSHIP <input type="checkbox"/> 1. PRIVATE <input type="checkbox"/> 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

Number _____



Customer Number if known

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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.

**CUSTOMER ASSISTANCE GUIDE
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS
MANUFACTURED AND INDUSTRIALIZED HOUSING**

- Please read all the following information.
- The following is a checklist. 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 dwelling, the outside dimensions of the structure, distances in feet to the front, side and rear property lines; and the height of floor surface above grade at highest point on deck or landing on exterior of main exit door.
- _____ Septic permit if applicable. _____ Sewer permit if applicable.
- _____ One (1) sets of construction drawings that show in detail code compliance for all of the work proposed, to include but not limited to the following information;
- _____ Installation shall comply with Title 24 CFR 3285 (see attached form). (New Homes)
- _____ Footing detail. Thickness and depth below frost line.
 - _____ Size of masonry units for foundation (piers or full foundations).
 - _____ Type, size, and placement of anchorage for the structure to the foundation.
 - _____ A copy of the manufacturer's specifications and installation instructions.
 - _____ Electrical. Service size _____ and location
 - _____ Plumbing.
 - _____ Mechanical if applicable.
 - _____ Main exit door – 36" x 36" landing on exterior (required).
 - _____ Installation by certified installer required, please insert certification number _____

EXTERIOR DECK WHERE REQUIRED:

- _____ Floor joist size, species and grade of wood.
- _____ Floor joist spacing (16" or center, 24" on center etc:).
- _____ Span of floor joist (clear distance between supports).
- _____ Depth of post footing below finished grade.
- _____ Guardrail height from floor or deck, and/or stairs.
- _____ Spacing of balusters. (maximum 4").
- _____ Stairs – Riser height and tread depth (riser 8 ¼" max tread 9" min.).
- _____ Stairs – Handrail height (from nose of tread). (minimum 34", maximum 38")
- _____ Handrail grip size – must have a circular cross section of 1 ¼" minimum to 2" maximum.
- _____ Width of stairs (36" minimum)
- _____ Guardrail (34" minimum measured vertically from nose of thread)

Type of Foundation (circle the type you are using)

1. Set on full basement

2. Crawl space

3. Piers

A. Heated yes _____ (provide wall R-values)
no _____

A. Cross ventilation

A. Spacing

B. Garage in basement

B. Diameter

C. Stairs

C. Depth

D. Type of skirting

_____ 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.

**HUD Manufactured Home
Installation Certification
And Verification Report**

**U.S. Department of Housing and Urban Development
Office of Manufactured Housing Programs**

OMB Approval No. 2502-0578
Expires 07/31/2022

The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Sections 111 and 411 require the licensed installer certify that the manufactured home has been installed and inspected in accordance with the regulations. The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Subpart F requires a qualified inspector verify that the manufactured home has been installed in accordance with the requirements of Part 3286 and Part 3285. The information collected here will ensure that the licensed installers and qualified inspectors inspect the minimum elements for compliance. The public record burden for the collection of information is estimated to average 3.5 hours per response including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collected information. Response to this information is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

Certification Label Number(s) <small>(Include all zeros and agency prefix)</small>	Manufacturer's Serial Number(s) <small>(Include all letters and numbers)</small>	(Installer Name)	(HUD License No.)
(Homeowner Name)	(State)	(Inspector Name)	(State)
(Street Address)	(City) (Zip)	(Street Address)	(Phone)

1. Initial Inspection

Inspection Item	Inspector Verification			Installer Certification		
	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Site location with respect to home design and construction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Consideration of site specific conditions	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart C - Site preparation and grading for drainage	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart D - Foundation construction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart E - Anchorage	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart F - Optional features (Skirting, etc.)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart G - Completion of ductwork, plumbing, and fuel supply systems	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart H - Completion of electrical systems	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart I - Exterior and interior close-up	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Completion of operational checks and adjustments	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A

2. Reinspection of Home (To be completed and initialed by the inspector)

If the inspector discovers that any item during the initial inspection fails to comply with the manufacturer's installation instructions or with an installation design and instructions that have been certified by a professional engineer or registered architect, the installation must be reinspected after the installation is corrected.

Briefly describe the work that did not pass the initial inspection. Upon reinspection, inspector must initial item(s) that are in compliance. Attach additional sheet(s) if necessary.

3. Inspector Verification

I have performed a visual inspection in accordance with 24 CFR § 3286.507, of the manufactured home installation identified above. I have inspected the minimum elements noted above, as required by 24 CFR § 3286.505 and the items above have been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements in any matter within the jurisdiction of the United States such as the verification statement on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Inspector Signature _____

(Date) _____

4. Installer Certification

I hereby certify, in accordance with 24 CFR §§ 3286.111 and 3286.411, that the manufactured home identified above has been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements and/or certifications in any matter within the jurisdiction of the United States such as the certification on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Installer Signature _____

(Date) _____

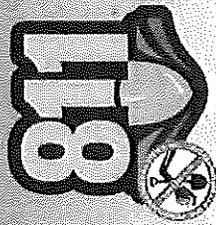
Privacy Statement: HUD is committed to protecting the privacy of individuals information stored electronically or in paper form in accordance with federal privacy laws, guidance and best practices. HUD expects its third-party business-partners who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable laws.

Distribution: Installer, Retailer, Purchaser

**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 Canals
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 Storm 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

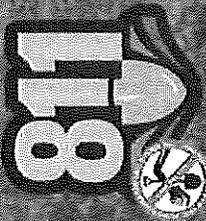
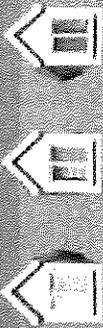
SCHEDULED EXCAVATION DATE AND START TIME - not less than 3 business days or more than 10 business days.

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!"SM 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 to you.
- If you need your sewer line cleared, be sure to check www.paonecall.org/crossbore for Call Before You Dig information or call our toll-free information line for more information.

Why should you call?

Safe digging is no accident! If you are installing a fence or deck, or digging for a mailbox, post, patio or other excavation project, it is important to Know What's Below. Dial 8-1-1 or 1-800-242-1776 before you dig. The utility companies do not want an accident, either. The best way to learn where underground utility lines are located is to call before you dig.

For more information, visit www.pa811.org



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 dialing 8-1-1. Report emergencies by dialing 9-1-1.

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