

## 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.
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PREVIOUS ADDRESS \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

### II. TYPE AND COSTS OF IMPROVEMENTS

<b>A. TYPE OF IMPROVEMENT</b> <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>B. PROPOSED USE</b> <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)	<b>C. CONST. OR DEMO COST</b> 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

<b>A. PRINCIPAL TYPE OF FRAMING</b> <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>B. TYPE OF SEWAGE DISPOSAL</b> <input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE (PERMIT NO) _____ <b>D. TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE	<b>C. DIMENSIONS</b> _____ X _____ 1. NO. OF STORES _____ 3. BSMT SQ. FT. _____ 2. TOTAL ACREAGE _____ 4. TOTAL SQ. FT. _____ <b>E. NUMBER OF PARKING SPACES</b> 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)

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# 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.

**CUSTOMER ASSISTANCE GUIDE**  
**BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

**RESIDENTIAL ADDITIONS**

(Bedroom - Family Room – Kitchen – Attached Garage - 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 addition, 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 addition, the attached form must be completed and notarized.

\_\_\_\_\_ A site plan showing the proposed addition, the outside dimensions of the structure, the distances in feet, to the front, sides, and rear property lines.

\_\_\_\_\_ One (1) set of complete construction documents that show in detail code compliance for all of the work proposed to include but not limited to the following information;

\_\_\_\_\_ Floor plan showing size of all rooms.

\_\_\_\_\_ Footing detail including depth below frost line, thickness, width, and rebar.

\_\_\_\_\_ Type of foundation, showing type of masonry, waterproofing and anchorage of addition to foundation.

\_\_\_\_\_ Roof rafter size – species and grade of wood.

\_\_\_\_\_ 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 and bottom plates and headers.

\_\_\_\_\_ Location and size of all beams.

\_\_\_\_\_ Sizes of all doors.

\_\_\_\_\_ Window type – including sizes and the net clear opening dimensions of all sleeping room windows (emergency egress).

\_\_\_\_\_ Smoke alarms and carbon monoxide alarms - number and placement.

\_\_\_\_\_ Insulation – U - Values for windows, R – Values for exterior walls, attic and foundation.

\_\_\_\_\_ Heating if applicable.

\_\_\_\_\_ Plumbing (if any).

\_\_\_\_\_ Electrical.

\_\_\_\_\_ Stairs (riser height maximum 8 ¼" tread depth minimum 9")

\_\_\_\_\_ Stairs – handrail (height from nose of thread min 34" max 38")

\_\_\_\_\_ Guardrail (34" minimum measured vertically from nose of thread)

\_\_\_\_\_ Width of stairs (36" minimum)

\_\_\_\_\_ Location and size of basement emergency escape opening if addition has basement area.

\_\_\_\_\_ 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 RESIDENTIAL ADDITIONS**

- 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.
- **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.**

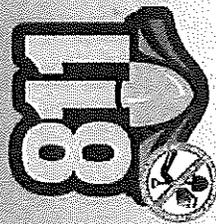
1. Footing inspection – To be done after forming and prior to placing of concrete.  
**Inspector, Keith Reiser                      Phone, 1-800-732-6342**
2. Foundation inspection – French drain and water-proofing prior to backfilling.  
**Inspector, Keith Reiser                      Phone, 1-800-732-6342**
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**

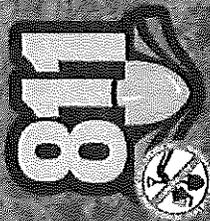
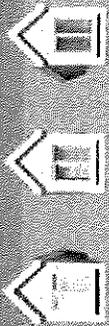
WHITE	Proposed Excavation
PINK	Temporary Survey Markings
RED	Electric Power Lines, Cables, Cords and Lighting Cables
YELLOW	Gas, Oil, Steam, Petroleum or Gaseous Materials, Hazardous Materials
ORANGE	Communication, Alarm or Signal Lines, Cables or Conduit and Traffic Loops
BLUE	Potable Water
PURPLE	Reclaimed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

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  
**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 of the area  
**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](http://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](http://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 drain cleared, be sure to check [www.paonecall.org/crosscut](http://www.paonecall.org/crosscut) or call **BEFORE YOU DIG!** for information or call 8-1-1 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](http://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 mishaps 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