

UNIFORM CONSTRUCTION PERMIT APPLICATION

LOCATION OF PROPOSED CONSTRUCTION OR IMPROVEMENT

Monroe County Eldred Township Tax Parcel # _____

Site Address: _____

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

Owner _____ Phone # _____ Fax # _____

Mailing Address _____ E-Mail _____

Principal Contractor: _____ Phone# _____ Fax# _____

Mailing Address _____ E-Mail _____

Architect: _____ Phone# _____ Fax# _____

Mailing Address _____ E-Mail: _____

TYPE OF WORK OR IMPROVEMENT (Check One)

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

Describe the proposed work: _____

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

- One-Family Dwelling (R-3)
 Two-Family Dwelling (R-3)

NON-RESIDENTIAL

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

BUILDING/SITE CHARACTERISTICS

Site: _____ Existing Lot _____ Proposed Lot (Subdivision) _____
Terrain: Flat Moderate Slopes Steep Slopes
Mechanical: Indicate Type of Heating (i.e., electric, gas, oil, etc.) _____ Air Conditioning Yes No
Water Service: (Check) Public Private
Sewer Service: (Check) Public Private (Septic Permit # _____)

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ Type Vent _____
Elevator/Escalators/Lifts/ Moving walks: (Check) YES NO
Sprinkler System: YES NO
Pressure Vessels: YES NO
Refrigeration Systems: YES NO

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft.
Proposed Building Area: _____ sq. ft.
Total Building Area: _____ sq. ft.
(Include all floors & garage)

Number of Stories: _____
Height of Structure Above Grade: _____ ft.
Area of the Largest Floor: _____ sq. ft.

FLOODPLAIN

Is the site located within an identified flood hazard area? (Check One) YES NO
Will any portion of the flood hazard area be developed? (Check One) YES NO N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1478), specifically *Section 60.3* Lowest Floor Level: _____

HISTORIC DISTRICT

Is the site located within a Historic District? YES NO

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 permit required by the Township. The property owner/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 of the Township or Regulatory Agencies. 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 design professional or contractor employed in connection with the proposed work.

I certify that the Building Code Official or the Construction Code Official or their Authorized Representatives shall have the authority to enter areas covered by this permit at any reasonable or mutually agreed time to enforce the provisions of the code(s) applicable to this permit,

Signature of Owner or Authorized Agent Print Name of Owner or Authorized Agent

Address Date

Directions to Site:

(FOR CODE ADMINISTRATOR USE ONLY)

ADDITIONAL PERMITS/APPROVALS REQUIRED	
<input type="checkbox"/> STREET CUT/DRIVEWAY APPROVED	APPROVED _____
<input type="checkbox"/> CUT AND FILL	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED _____
<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> HARB	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

APPROVALS

BUILDING PERMIT DENIED: Date _____ Date Returned _____		
BUILDING PERMIT APPROVED: Date _____		
ELDRED TWP. CODE ADMINISTRATOR _____		
Date Issued _____	Date Expires _____	PERMIT # _____
BUILDING PERMIT FEE \$ _____		RECEIPT # _____
PLUMBING PERMIT (if appl.) \$ _____		RECEIPT # _____
MECHANICAL PERMIT (if appl.) \$ _____		RECEIPT # _____
ELECTRICAL PERMIT (if appl.) \$ _____		RECEIPT # _____

PROJECT DOCUMENTS (DRAWLNGS & CALCULATIONS)

Type of document:	Submitted	Signed & Sealed	Date:	Revision:
Foundation Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Construction 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	_____	_____
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Flood Hazard Area Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

DATE STAMP

ELDRED TOWNSHIP INSPECTION CHECKLIST (FOR CODE INSPECTOR USE ONLY)

Address: _____
 Inspector: _____
 Inspector Address _____

Permit # _____
 Phone # _____
 Inspector Cert. # _____

<u>Required</u>	<u>Type</u>	<u>Date</u>	<u>Inspector</u>	<u>Comments</u>
	Footing #1	_____	_____	_____
	Footing #2	_____	_____	_____
	Footing #3	_____	_____	_____
	Foundation #1	_____	_____	_____
	Foundation #2	_____	_____	_____
	Foundation #3	_____	_____	_____
	Masonry #1	_____	_____	_____
	Masonry #2	_____	_____	_____
	Masonry #3	_____	_____	_____
	Plumbing #1	_____	_____	_____
	Plumbing #2	_____	_____	_____
	Plumbing #3	_____	_____	_____
	Mechanical #1	_____	_____	_____
	Mechanical #2	_____	_____	_____
	Mechanical #3	_____	_____	_____
	Electrical #1	_____	_____	_____
	Electrical #2	_____	_____	_____
	Electrical #3	_____	_____	_____
	Framing #1	_____	_____	_____
	Framing #2	_____	_____	_____
	Framing #3	_____	_____	_____
	Insulation #1	_____	_____	_____
	Insulation #2	_____	_____	_____
	Insulation #3	_____	_____	_____
	Wallboard #1	_____	_____	_____
	Wallboard #2	_____	_____	_____
	Wallboard #3	_____	_____	_____
	Final #1	_____	_____	_____
	Final #2	_____	_____	_____
	Final #3	_____	_____	_____
	Temporary C/O	_____	_____	_____
	Date expires	_____	_____	_____
	Final Certificate of Occupancy	_____	_____	_____