When is a permit required?

Section 403.42 and Section 403.62 of the Uniform Construction Code states: “Any owner or authorized agent who intends to construct, enlarge, alter, repair, move, demolish, or change the occupancy of a building, or structure, or to erect, install, enlarge, alter, repair, remove, convert, or replace any electrical, gas, mechanical, or plumbing system, the installation of which is regulated by this code, or cause any such work to be done, shall first make application to the building official and obtain the required permit.” A list of work that is exempt from permit appears on the back of this pamphlet.

Information you need.

This guide has been developed to help you understand the information and the steps necessary when you apply for a Building Permit. The following is the information needed to obtain a Building Permit:

- Plot Plan
- Owner Information
- Contractor Information
- Contractor’s Insurance Certificate
- (if applicable)
- Construction Drawings
- (if applicable)

What is a Plot Plan?

The plot plan is also known as the “site plan”. This document shall show to scale the size and location of new construction and existing structures on the site, distances from the lot lines, and shall be drawn in accordance with an accurate boundary line survey. The requirement for a site plan can be waived if the permit application involves alterations or repairs only.

What is Owner Information?

This information would include the following:

- Address of the Property
- Property Owner’s Name
- Property Owner’s Address
- Property Owner’s Phone Number

What is Contractor Information?

This Information would include the following:

- Contractor’s Name
- Contractor’s Address
- Contractor’s Phone Number

What is an Insurance Certificate?

Worker’s Compensation Certificate is required for all contractors who have employees, under Pennsylvania State Law, Act 44 of 1993, Section 302. Self employed contractors with no employees are exempt.
What are Construction Drawings?
These are the “blue prints. They can include structural, architectural, mechanical, electrical and fire protection drawings. Commercial plans must be sealed by a design professional, as per UCC Section 106.1.

What inspections are required under the Statewide Building Code?

- Footer
- Foundation
- Framing and Masonry
- Wallboard
- Electrical
- Mechanical
- Plumbing
- Final

What type of work is exempt from permit requirement?

- Utility and miscellaneous use structures, (detached garages, sheds), that are accessory to detached one family dwellings and less than 1000 sq. ft. (zoning approval might be required)
- All residential alterations under Section 104 if there are no structural or egress changes.
- Agricultural buildings as defined by Act 45 Section403.1(b)(4), (zoning approval might be required)
- Recreational cabins used for noncommercial purposes.
- Fences that are not more than 6 feet high, (zoning approval might be required)
- Retaining walls not over 4 feet high
- Sidewalks and driveways that are 30” or less above adjacent grade and not placed over a basement or story below it.
- Painting, papering, tiling, carpeting, cabinets
- Swings and playground equipment accessory to one and two family dwellings
- Minor electrical repairs and maintenance
- Clearing of plumbing stoppages or repairing of leaks as well as removal and reinstallation of water closets
- Prefabricated swimming pools that are less than 24” deep

Return your completed Permit Application to your local municipality or borough office.
**CONSTRUCTION PERMIT APPLICATION**

**DATE APPLICATION RECEIVED:** ________________

**LOCATION OF PROPERTY:** ______________________________________________________________________________________

**LOT & BLOCK OR PARCEL NUMBER:** __________________________

**SUBDIVISION:** __________________________________________________________________________________________________

**MUNICIPALITY:** ________________________________________________________________________________________________

**COUNTY:** _____________________________________________________________________________________________________

**OWNER NAME:** ____________________________________________

**ADDRESS:** ______________________________________________

**CITY:** __________________________ **STATE:** ______ **ZIP:** ______

**PHONE:** __________________________

---

**BUILDING PERMIT**

- [ ] One Family Dwelling
- [ ] Multi Family Dwelling
- [ ] Commercial Use:
  - [ ] New Construction
  - [ ] Alteration
  - [ ] Repair

- [ ] Demolition

**DESCRIPTION OF CONSTRUCTION:** ____________________________________________________________

**TOTAL SQ. FT. OF CONST:** __________________________ **ESTIMATED COST OF CONST:** __________________________

- [ ] Plan Review Required

**ARCHITECT/ENGINEER NAME:** __________________________

**ADDRESS:** ______________________________________________

**CITY:** __________________________ **STATE:** ______ **ZIP:** ______

**PHONE:** __________________________ **FAX:** __________

**BUILDER NAME:** ____________________________________________

**DBA:** ______________________________________________________________________________________

**ADDRESS:** ______________________________________________

**CITY:** __________________________ **STATE:** ______ **ZIP:** ______

**PHONE:** __________________________ **FAX:** __________

**APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.**

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS**

**APPLICANT/AGENT SIGNATURE** __________________________

**PRINT NAME** __________________________ **DATE** ________________

---

**FOR DEPARTMENT USE ONLY**

**BUILDING PERMIT APPLICATION**

**APPROVED**

**DENIED**

**BUILDING PERMIT FEE** $ __________

**PLAN REVIEW FEE** $ __________

**MUNICIPAL FEE** $ __________

**TRAINING FEE** $ 4.00

**TOTAL PERMIT FEE** $ __________

**REASON(S) FOR DENIAL:** ____________________________________________________________

---

**OVER FOR SUBCODE PERMIT**
PLUMBING PERMIT

CONTRACTOR: ____________________________
ADDRESS: _______________________________
CITY: ______________________ STATE: _____ ZIP: _______
PHONE: ______________________ FAX: ____________

PLUMBING SYSTEM
☐ New
☐ Public Sewer
☐ Public Water
☐ Additional
☐ Private Septic
☐ Alterations

DESCRIPTION OF CONSTRUCTION: ____________________________________________

ESTIMATED COST OF PLUMBING WORK: _______________________________________

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<td></td>
<td>Greasetrap</td>
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<td>Sewer Connection</td>
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<tr>
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<td>Water Service Connection</td>
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<td>Stacks</td>
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<td>Other</td>
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<td></td>
<td>Other</td>
<td></td>
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</tbody>
</table>

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS

APPLICANT/AGENT SIGNATURE ____________________________ PRINT NAME ____________________________ DATE ____________

******** FOR DEPARTMENT USE ONLY *******

PLUMBING PERMIT APPLICATION APPROVED DENIED BUILDING PERMIT FEE $ __________
BY: ____________________________ PLAN REVIEW FEE $ __________
DATE: ____________________________ MUNICIPAL FEE $ __________
PERMIT NO. ____________________________ TRAINING FEE $ 4.00
TOTAL PERMIT FEE $ __________
REASON(S) FOR DENIAL: ____________________________________________

OVER FOR SUBCODE PERMIT
MECHANICAL PERMIT

CONTRACTOR SAME AS BUILDER

CONTRACTOR: __________________________________________________________

ADDRESS: ______________________________________________________________

CITY: ___________________________ STATE: _______ ZIP: _______

PHONE: ___________________________ FAX ___________________________

HEATING SYSTEM □ New □ Replacement □ Electric □ Solar

FUEL □ Gas □ Oil □ Forced Air

TYPE □ Hydronic □ Forc Air

DESCRIPTION OF CONSTRUCTION: __________________________________________

ESTIMATED COST OF MECHANICAL WORK: __________________________________

NO. EQUIPMENT NO. EQUIPMENT NO. EQUIPMENT

Water Heater Fuel Oil Piping Gas Piping
Steam Boiler Hot Water Boiler Hot Air Furnace
Oil Tank LPG Tank Fireplace
Other:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS

APPLICANT/AGENT SIGNATURE ___________________________ PRINT NAME ___________________________ DATE ____________

****** FOR DEPARTMENT USE ONLY ******

MECHANICAL PERMIT APPLICATION APPROVED DENIED

BUILDING PERMIT FEE $ __________

BY: __________________________________________________________

DATE: __________________________________________________________

PERMIT NO. _____________________________________________________

PLAN REVIEW FEE $ __________

MUNICIPAL FEE $ __________

TRAINING FEE $ 4.00

TOTAL PERMIT FEE $ __________

REASON(S) FOR DENIAL: ____________________________________________

OVER FOR SUBCODE PERMIT
**ELECTRICAL PERMIT**

☐ CONTRACTOR SAME AS BUILDER

CONTRACTOR: ____________________________

ADDRESS: ____________________________________________

CITY: ____________________________ STATE: ______ ZIP: ______

PHONE: ____________________________ FAX ____________________________

TYPE OF ELECTRICAL WORK:  
☐ New  ☐ Replacement  ☐ Repair / Alterations

UTILITY COMPANY: ____________________________________________

WORK ORDER NUMBER: ____________________________________________

DESCRIPTION OF CONSTRUCTION: ____________________________________________

---

ESTIMATED COST OF ELECTRICAL WORK: ____________________________

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<td>KW Electric Range Receptacle</td>
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<td>KW Electric Dryer Receptacle</td>
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<td></td>
<td>KW Central A/C Unit</td>
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<td></td>
<td>KW Baseboard Heat</td>
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<td>☐ Above Ground</td>
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<td></td>
<td></td>
<td>☐ In Ground</td>
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</table>

Other:

Other:

Other:

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I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS

APPLICANT/AGENT SIGNATURE ____________________________ PRINT NAME ____________________________ DATE ____________________________

---

FOR DEPARTMENT USE ONLY

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<table>
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<tr>
<th>MUNICIPAL FEE $</th>
<th>TRAINING FEE $ 4.00</th>
<th>TOTAL PERMIT FEE $</th>
</tr>
</thead>
</table>

REASON(S) FOR DENIAL: ____________________________________________
CONSTRUCTION DRAWINGS REQUIREMENTS

Drawings should be drawn to scale and shall provide the necessary information to verify compliance with the Pennsylvania Uniform Construction Code.

Two (2) sets of building plans and/or specifications shall be submitted for residential construction projects. Three (3) sets of building plans and/or specifications shall be submitted with the application for commercial construction projects.

All construction drawings shall include the following information:

- **Site Plan Drawing:** The construction documents submitted with the application for permit shall be accompanied by a site plan showing the size and location of new construction and existing structures on the site and distances from lot lines. In the case of demolition, the site plan shall show construction to be demolished and the location and size of existing structures and construction that are to remain on the site or plot.

- **Structural Drawings:** To include footing construction detail, foundation construction details, framing construction detail, masonry construction detail, wood construction detail, steel construction detail, stair detail and chimney detail as apply.

- **Foundation Drawings:** To include all applicable dimensions including footing sizes with description of reinforcement (if applicable), layout and description of foundation drain system location of all slabs describing thickness of slab, base, reinforcement, vapor barrier and any slopes.

- **Floor Plans:** To include location and sizes of all doors, windows, closets, decks, plumbing fixtures wall and column sizes, thickness and material. Location and type of insulation. To include the use of all areas and means of egress components.

- **Roof Framing Drawings:** To include size, type, location and anchoring of roof trusses. NOTE: For Pre-Engineered trusses, floor joists and beams, all specifications, bracing and installation instructions must be available at time of inspection.

- **Floor Framing Drawings:** To include same as above, except for floor joists on each floor.

- **Electrical Drawings:** To include all lighting facilities, smoke detectors, GFI and ARC fault protection, outlet box size, electrically operated equipment and electrical circuits required for all service equipment of the building or structure.

- **Mechanical Drawings:** To include size and type of appliances, construction of flues and chimney system, ventilation air provided, fresh air make-up provide and gas shut-off locations.

- **Plumbing Drawings:** To include a plan view and a riser diagram of waste and water piping, pipe sizing, grade of pipe, drainage fixture unit loads on stacks and drains, water distribution design criteria.
LOCATION OF PROPERTY:_____________________________________________________
LOT & BLOCK OR PARCEL NUMBER:__________________________________________
MUNICIPALITY:__________________________ COUNTY:__________________________

I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR, OCCUPATION
SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS AND UNDERSTAND THAT I MUST COMPLY WITH THESE STANDARDS FOR THE DURATION OF MY CONSTRUCTION PROJECT.

SIGNATURE OF APPLICANT/OWNER ___________________________ DATE SIGNED ___________
LOCATION OF PROPERTY:

LOT & BLOCK OR PARCEL NUMBER: __________________________

MUNICIPALITY: ________________________ COUNTY: __________________

SELECT TYPE OF ENERGY CODE COMPLIANCE

O REScheck ATTACH COMPLIANCE CERTIFICATE

REScheck SOFTWARE CAN BE OBTAINED AT: www.energycodes.gov

NOTE: - Section N1101.9 of the 2009 International Residential Code requires that: A permanent certificate shall be posted on or in the electrical distribution panel. The certificate shall be completed by the builder or registered design professional. The certificate shall list the predominate R-values of insulation installed in or on ceiling/roof, walls, foundation (slab, basement wall, crawlspace wall and/or floor) and ducts outside conditioned spaces; U-factors for fenestration; and the solar heat gain coefficient (SHGC) of fenestration.

OR

O SIMPLIFIED PRESCRIPTIVE BUILDING ENVELOPE THERMAL COMPONENT CRITERIA

CLIMATE ZONE 5 REQUIREMENTS

FENESTRATION - (WINDOWS) U-0.35 SKYLIGHTS U-0.60
CEILING R-38 WOOD FRAME WALLS R-20 or R-13 & R-5 a
MASS WALLS R-13 FLOORS R-30 b
BASEMENTS R-10 or R-13 c SLABS R-10 - 2 FOOT
CRAWLSPACES R-10 or R-13 c

a. R-13 & R-5 means R-13 in the walls and R-5 insulated sheathing. Less than 25% corner bracing no insulated sheathing required, over 25% R-2 insulated sheathing required.

b. Floor insulation is to fill framing cavity R-19 minimum.

c. Either R-10 continuous or R-13 cavity insulation.

SIGN ENERGY COMPLIANCE FORM

My signature on behalf of or as the contractor/applicant for this building permit constitutes that I will comply with energy code as outlined in the Rescheck certificate attached or the climate zone checked above.

APPLICANT/AGENT SIGNATURE __________________________ PRINT NAME __________________________ DATE __________________________
ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

LOCATION OF PROPERTY: ________________________________

LOT & BLOCK OR PARCEL NUMBER: _______________________

MUNICIPALITY: _______________________________ COUNTY: _____________

OWNER NAME: _______________________________________

ADDRESS: ___________________________________________

CITY: ____________________________ STATE: _______ ZIP: _________

PHONE: (_____) __________________________

APPLICANT NAME: _____________________________________

ADDRESS: ___________________________________________

CITY: ____________________________ STATE: _______ ZIP: _________

PHONE: (_____) __________________________

• ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIU OF
  THIS FORM

• APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM
  THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.
  S. § 670-420, AS WELL AS COMPLIANCE WITH THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER
  AUTHORITY WHETHER SPECIFIED OR NOT.

--------------------------------- FOR MUNICIPAL USE ONLY ---------------------------------

ZONING SIGNOFF  O APPROVED  O DOES NOT APPLY

ADDITIONAL COMMENTS: _______________________________________

BY:  SIGNATURE:___________________________ DATE: ______________

ZONING OFFICER

HISTORICAL DISTRICT SIGNOFF  O APPROVED  O DOES NOT APPLY

ADDITIONAL COMMENTS: _______________________________________

BY:  SIGNATURE:___________________________ DATE: ______________

FLOOD HAZARD AREA  O YES  IF YES COMPLIANCE WITH § 403.62a(d)(1)(2)(3) IS REQUIRED

O NO

OFFICIAL FLOODPLAIN DETERMINATION: ________________________________

ADDITIONAL COMMENTS: _______________________________________

BY:  SIGNATURE:___________________________ DATE: ______________

FLOODPLAIN ADMINISTRATOR
WORKERS’ COMPENSATION ADDENDUM

LOCATION OF PROPERTY: ____________________________________________
LOT & BLOCK OR PARCEL NUMBER: _____________________________
MUNICIPALITY: __________________________ COUNTY: ______________

PART I
The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

☐ Certificate of Insurance OR Certificate of Self-Insurance (please attach)

☐ Affidavit of Exemption

PART II
Basis for exemption (check one):

☐ Applicant is an individual who owns the property

☐ Contractor/Applicant is a sole proprietorship without employees

☐ Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers’ Compensation Act. Please explain: ____________________________________________________________

☐ All of the contractor/applicant’s employees on the project are exempt-on religious grounds under Section 304.2 of the Workers’ Compensation Act. Please explain: ____________________________________________________________

☐ Other: Please explain: ____________________________________________________________

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to un-sworn falsifications to authorities.

Signature: ___________________________ Title: ____________________________

1. Any subcontractors used on this project will be required to carry their own workers’ compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers’ Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.