



RESIDENTIAL BUILDING PERMIT APPLICATION

Permit No.: _____

PART 1 - INSTRUCTIONS

Listed below are the items that are required to be submitted to Sadsbury Township to apply for a residential building permit. This list is not all inclusive for the construction project. Failure to submit the required items may result in permit denial.

1. This Building Permit Application must be made by the owner or lessee of the building or structure, or by the owner or lessee's agent. The agent may be a licensed design professional or a contractor employed in connection with the proposed work.
2. All applications must include two sets of site or plot plans and building construction plans.
3. For On-Lot Disposal Systems (OLDS / septic systems) approved permits from Sadsbury Township Sewage Enforcement Officer (SEO) are required, when applicable.
4. If a building permit project is for a new structure that has bathrooms, or for a building expansion or change in use that requires additional OLDS capacity, the applicant must also obtain review and approval of the OLDS by the Sadsbury Township SEO.
5. A separate Road Occupancy Permit application is required if any construction will occur within a township or state road bed, shoulder, or right-of-way.
6. A separate Stormwater Management Permit Application may be required in accordance with the Sadsbury Township Stormwater Management Ordinance.
7. All building permit applications must be accompanied by a Zoning Permit approved by Sadsbury Township unless the proposed work is building interior only, or otherwise waived by Sadsbury Township.

PART 2 – LOCATION OF PROPOSED WORK

Property Street Address:

City, State, and Zip Code of Property:

Tax Parcel Identification Number:



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PART 3 – PROPERTY OWNER	
Name (person or entity that owns the property where the construction is proposed):	
Street Address (if different than location of proposed work):	
City, State and Zip Code:	
Telephone Number(s):	Email Address:

PART 4 – APPLICANT or AGENT (if Applicant/Agent is different than property owner)	
Applicant Name:	
Street Address (if different than address(es) provided above):	
City, State and Zip Code:	
Telephone Number(s):	Email Address:

PART 5 – PROJECT CONTRACTOR	
Name:	
Telephone Number (Cell):	Telephone Number (Office):
Email Address:	



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PART 6 – PROJECT DESIGN PROFESSIONAL (architect or engineer, if applicable)	
Name:	
Telephone Number(s):	Email:

PART 7 – TYPE OF WORK			
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition
<input type="checkbox"/> Accessibility	<input type="checkbox"/> Change in Use	<input type="checkbox"/> Relocation	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Deck	<input type="checkbox"/> Pool	<input type="checkbox"/> Shed
<input type="checkbox"/> Sign	<input type="checkbox"/> Alteration	<input type="checkbox"/> Road Opening	<input type="checkbox"/> Electrical

PART 8 –PROJECT DESCRIPTION	
Estimated Cost of Construction: \$ _____	
Sq. Ft. of Conditioned Space:	Sq. Ft. of Unconditioned Space:
Stories Above Grade:	Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Floor Area (sq ft):	Floor Area New Construction or Addition:



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PART 9 – ZONING AND SEO COMPLIANCE	
Has a Sadsbury Township Zoning Permit Been Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Service: <input type="checkbox"/> Private <input type="checkbox"/> Public	Sewer Service: <input type="checkbox"/> Private <input type="checkbox"/> Public
Will the proposed construction activity require a new OLDS or an expansion to the existing OLDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has an OLDS permit been obtained from the Sadsbury Township SEO? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 10 – FLOODPLAIN
Is the site and/or building located within an identified Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will any portion of any floodplain area be developed? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and for PA Flood Plain Management Act (Act 166 1978, specifically section 60.3) (D).

PART 11 – WETLANDS
Is the site and/or building located within any identified wetlands area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will any portion of the wetlands area be developed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner/Agent shall verify that any proposed construction activity complies with the requirements of Commonwealth of Pennsylvania Department of Environmental Protection (25 PA code Chapter 105).

PART 12 – STORMWATER INSPECTION AGREEMENT (if applicable)		
In accordance with the Sadsbury Township Stormwater Management Ordinance, I certify that (I or my agent) will contact the Sadsbury Township Engineer for all inspections of stormwater management facilities that are part of this Building Permit Application. I am aware that Sadsbury Township is NOT responsible for scheduling or performing any Stormwater Inspections.		
_____	_____	_____
Applicant/Agent Name	Applicant/Agent Signature	Date
_____	_____	_____
Owner Name	Owner Signature	Date



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PART 13 – PLUMBING PERMIT		
Property Address:		
Building Code—New Construction <ul style="list-style-type: none"> Int'l. Plumbing Code Int'l. Residential Code 	Existing Building <ul style="list-style-type: none"> Int'l. Plumbing Code Int'l. Residential Code Int'l. Existing Building Code ** 	**IEBC—Compliance Method <ul style="list-style-type: none"> Prescriptive Classification of Work Performance
Construction Documents: <input type="checkbox"/> Required <input type="checkbox"/> Not Required <input type="checkbox"/> Waived <input type="checkbox"/> Required Documents Submitted <input type="checkbox"/> Documents Signed & Sealed (if required)		
Service(s): <input type="checkbox"/> New <input type="checkbox"/> Upgrade <input type="checkbox"/> Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Sewer Service <input type="checkbox"/> Water Service		
Provide a Rise Diagram here (or as an attachment):		
Total Number of Fixtures = _____		
Propane fuel is proposed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Description:		
Plumbing Contractor:		
Telephone Number(s):	Email:	



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PART 14 – ELECTRICAL PERMIT					
Property Address:					
Building Code—New Construction <ul style="list-style-type: none"> • NFPA 70 (NEC) • Int'l. Residential Code 		Existing Building <ul style="list-style-type: none"> • ICC Electrical Code / NEC • Int'l. Residential Code • Int'l. Existing Building Code ** 		**IEBC—Compliance Method <ul style="list-style-type: none"> • Prescriptive • Classification of Work • Performance 	
Service(s): <input type="checkbox"/> New <input type="checkbox"/> Upgrade <input type="checkbox"/> Replacement Existing Service Size: _____ LOCATION: Overhead: _____ Underground: _____ Service Ent. Cable Size: _____ Voltage: _____ Amperage: _____ PANEL: No. of Poles: _____ Mains: _____					
Subpanel: <input type="checkbox"/> New <input type="checkbox"/> Upgrade <input type="checkbox"/> Replacement					
Feeders: Amperage: _____ Conductor: _____ Amperage: _____ Conductor: _____ PANEL: No. of Poles: _____ Mains: _____					
Construction Documents: <input type="checkbox"/> Required <input type="checkbox"/> Not Required <input type="checkbox"/> Waived <input type="checkbox"/> Required Documents Submitted <input type="checkbox"/> Documents Signed & Sealed (if required)					
ELECTRICAL DEVICES/SYSTEMS					
TYPE	KW/ KVA	TYPE	KW/ KVA	TYPE	KW/ KVA
Boiler		Fireplace		Refrigeration System	
Clothes Dryer		Fuel Oil System (incl. tank)		Sauna Heater	
Clothes Washer		HVAC—Heat Pump		Smoke Control System	
Cooking—Range		HVAC—AC		Sewage Ejector Pump	
Cooking—Oven		HVAC—Furnace		Solar PV	
Cooking—Cooktop		HVAC—Mini-Splits		Sump Pump	
Dishwasher		Garbage Disposal		Ventilation System	
Generator—Standby		Incinerator/Crematory		Water Heater	
Exhaust, Hazardous		Kiln, Ceramic			
Exhaust, Kitchen (Hood)		Machinery Room			
Fire Alarm/Security System		Microwave			
TOTAL LOAD (KW) OF DEVICES/SYSTEMS = _____					



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PART 14 – ELECTRICAL PERMIT (continued)	
Branch Circuits:	
Qty 15 Amp: _____ Conductor: _____ Qty 20 Amp: _____ Conductor: _____	
Work Description:	
Electrical Contractor:	
Telephone Number(s):	Email:



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PART 15 – MECHANICAL PERMIT																														
Property Address:																														
Building Code—New Construction <ul style="list-style-type: none"> • Int'l. Mechanical Code • Int'l. Residential Code 	Existing Building <ul style="list-style-type: none"> • Int'l. Mechanical Code • Int'l. Residential Code • Int'l. Existing Building Code * 	**IEBC—Compliance Method <ul style="list-style-type: none"> • Prescriptive • Classification of Work • Performance 																												
Construction Documents: <input type="checkbox"/> Required <input type="checkbox"/> Not Required <input type="checkbox"/> Waived <input type="checkbox"/> Required Documents Submitted <input type="checkbox"/> Documents Signed & Sealed (if required)																														
Service(s): <input type="checkbox"/> New <input type="checkbox"/> Upgrade <input type="checkbox"/> Replacement <input type="checkbox"/> Addition																														
Provide a Number Count for Each Mechanical Device/System: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">___ Air Conditioner</td> <td style="width: 25%;">___ Exhaust, Kitchen (Hood)</td> <td style="width: 25%;">___ Furnace</td> <td style="width: 25%;">___ Mini-Splits</td> </tr> <tr> <td>___ Boiler</td> <td>___ Expansion Tank</td> <td>___ Heat Pump</td> <td>___ Pool Heater</td> </tr> <tr> <td>___ Cooking Appliance</td> <td>___ Fireplace, Insert</td> <td>___ Incinerator/Crematory</td> <td>___ Smoke Control System</td> </tr> <tr> <td>___ Clothes Dryer</td> <td>___ Fire Suppression System</td> <td>___ Hydronic Piping</td> <td>___ Refrigeration System</td> </tr> <tr> <td>___ Duct Heater</td> <td>___ Fireplace, Masonry</td> <td>___ Kiln, Ceramic</td> <td>___ Steam Blowoff Valve</td> </tr> <tr> <td>___ Duct Systems</td> <td>___ Fireplace, Solid Fuel</td> <td>___ Machinery Room</td> <td>___ Ventilation System</td> </tr> <tr> <td>___ Exhaust, Hazardous</td> <td>___ Fuel Oil System (incl. tank)</td> <td>___ Make-up Air Unit</td> <td>___ Water Heater</td> </tr> </table>			___ Air Conditioner	___ Exhaust, Kitchen (Hood)	___ Furnace	___ Mini-Splits	___ Boiler	___ Expansion Tank	___ Heat Pump	___ Pool Heater	___ Cooking Appliance	___ Fireplace, Insert	___ Incinerator/Crematory	___ Smoke Control System	___ Clothes Dryer	___ Fire Suppression System	___ Hydronic Piping	___ Refrigeration System	___ Duct Heater	___ Fireplace, Masonry	___ Kiln, Ceramic	___ Steam Blowoff Valve	___ Duct Systems	___ Fireplace, Solid Fuel	___ Machinery Room	___ Ventilation System	___ Exhaust, Hazardous	___ Fuel Oil System (incl. tank)	___ Make-up Air Unit	___ Water Heater
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___ Duct Systems	___ Fireplace, Solid Fuel	___ Machinery Room	___ Ventilation System																											
___ Exhaust, Hazardous	___ Fuel Oil System (incl. tank)	___ Make-up Air Unit	___ Water Heater																											
TOTAL NUMBER OF DEVICES/SYSTEMS = _____																														
Fuel Gas Installer Certification: # _____																														
Work Description: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																														
Mechanical Contractor: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																														
Telephone Number(s):	Email:																													



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PART 16 – TOWNSHIP ROAD OCCUPANCY PERMIT	
Security Escrow/(1000.00): \$\$\$ _____	
Township Road (Work Location):	
New or Relocated Driveway: <input type="checkbox"/> Yes <input type="checkbox"/> No	Utility Opening: <input type="checkbox"/> Yes <input type="checkbox"/> No
PennDOT HOP Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	HOP Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Description:	
Road Opening Contractor:	
Telephone Number(s):	Email:
The Township Supervisors may at any time revoke and annul this permit for the non-performance of or non-compliance with any of the permit's conditions, restrictions, and regulations.	



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PART 17 – WORKERS’ COMPENSATION INSURANCE COVERAGE									
A.	The applicant is a worker within the meaning of Pennsylvania Workers’ Compensation Act: <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>								
B.	Insurance Information								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Applicant Name:</td> <td style="width: 50%; padding: 5px;">Federal or State Employer ID#:</td> </tr> <tr> <td style="padding: 5px;"> Applicant is qualified Self-Insurer for Workers’ Compensation: <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </td> <td style="padding: 5px;"> Certificate Attached: <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Applicant’s Workers’ Compensation Insurer Name:</td> </tr> <tr> <td style="padding: 5px;">Workers Comp Policy #:</td> <td style="padding: 5px;">Policy Expiration Date:</td> </tr> </table>	Applicant Name:	Federal or State Employer ID#:	Applicant is qualified Self-Insurer for Workers’ Compensation: <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Certificate Attached: <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Applicant’s Workers’ Compensation Insurer Name:		Workers Comp Policy #:	Policy Expiration Date:
Applicant Name:	Federal or State Employer ID#:								
Applicant is qualified Self-Insurer for Workers’ Compensation: <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	Certificate Attached: <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>								
Applicant’s Workers’ Compensation Insurer Name:									
Workers Comp Policy #:	Policy Expiration Date:								
C.	<p>Exemption: If applicant is a contractor claiming exemption from providing Pennsylvania Workers’ Compensation Insurance.</p> <p>The undersigned swears or affirms that he/she is not required to provide Pennsylvania Workers’ Compensation Insurance coverage under the provisions of the Pennsylvania Workers’ Compensation Act for one of the following reasons:</p> <p><input type="checkbox"/> Contractor with no employees (contractor is prohibited by law from employing any Individual to perform work pursuant to this permit).</p> <p><input type="checkbox"/> Religious Exemption under Pennsylvania Workers’ Compensation Act.</p>								
_____ Applicant Signature	_____ Date								



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PART 18 – CERTIFICATION & ACKNOWLEDGEMENT

Applicant’s Certification:

As the owner or authorized agent of the project for which this application is filed, I certify that:

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until construction has been completed, all known code violations are corrected, and a Certificate of Occupancy has been received from the Sadsbury Township Building Codes Official.
3. This project will be constructed in accordance with the approved drawings and specifications (including required non-design changes and the Uniform Construction Code standards as specified in 34 PA Code).
4. Any changes to the approved building permit documents will be filed with Sadsbury Township.
5. If the applicant, applicant’s agent, or design professional change, written notice shall be provided to Sadsbury Township.
6. No error or omission in the drawings, specifications, or application, whether approved or not, shall relieve the owner or applicant from constructing the work in any manner other than provided for in 34 PA Code. Misrepresentation of facts or statements may be cause for permit revocation by the Building Code Official.
7. The Building Code Official or authorized representative shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the code(s) applicable to the permit.
8. I/We have received a copy of the required inspections and are fully aware of these requirements.

Applicant/Agent Name	Applicant/Agent Signature	Date
Owner Name	Owner Signature	Date

PART 19 – RESIDENTIAL BUILDING PERMIT APPROVAL (to be completed by Sadsbury Township)

Building Code Official	Signature	Date
Fees Paid	Check Number	Received By/Date



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REQUIRED INSPECTIONS – RESIDENTIAL BUILDINGS PER THE REQUIREMENTS OF THE ICC RESIDENTIAL CODE AND PA UCC

The following list is a fair representation of the inspections required for a Certificate of Occupancy for a new residential dwelling under the Pennsylvania Uniform Construction Code. This is not a complete list; the Sadsbury Township BCO may have other inspection requirements as warranted by each individual building permit's characteristics.

SETBACK

Performed after the lot has been staked out to ensure that the structure is laid out within the building envelope.

FOOTING

Performed after excavation, all forms are in place with all required rebar in place and properly supported, all debris removed from footing excavations, bottom of footings solid and capable of design support, depth pins at the edge of the footing, layout conforms to approved plan (no 'jumps' in footing at line of garage unless designed as such).

FOUNDATION

Poured concrete: performed after forms are completed, all required rebar is in place, no debris in forms, all penetrations properly formed

CMU: performed at the beginning to determine compliance with proper mortar head and bed joints.

BACKFILL

Performed after foundation walls are complete or forms are stripped for proper height, anchor bolt placement, damp/water proofing, perimeter drain, parging, and insulation, per design on approved plan. Also confirm that first floor deck is in place or walls are properly braced or no more than 4' of backfill.

FRAMING - ROUGH

Performed after entire structure is framed to determine compliance with code and design, anchor bolts/straps in place and compliant, jack studs, load bearing supports, proper fastening, braced wall lines, narrow wall bracing, roof tie-downs, foundation straps, sheathing- wall and roof, window and door installation per manufacturer's instructions and fire blocking, and energy sealing for draft blocking.

ROOFING

Performed at the same time as rough framing and includes underlayment, flashing, drip-edge, roof and soffit venting, shingles, and vent boots.



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PLUMBING- ROUGH

Performed at the same time as rough framing and includes laterals and services (sewer and water), water supply (test witness), drain-waste-vent (test witness), gas piping (test witness).

MECHANICAL- ROUGH

Performed at the same time as rough framing and includes ductwork, return air, combustion air, appliance location and utility feeds.

ELECTRICAL- ROUGH (shall be done before rough framing inspection)

Record name of inspecting agency and date of rough inspection.

ENERGY CONSERVATION

Insulation, Tyvek (building wrap), window/door flashing, NFRC ratings for all fenestration-record to confirm compliance.

DRYWALL

Performed as the lay-up begins, to check fastening and fit, return if necessary, for follow-up.

FINAL

Perform final review of all systems: plumbing, mechanical, electrical, check total building, basement insulation and finish, confirm that grading (and landscaping) conforms to approved land plan.