



Chambersburg Office: 380 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996
Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326
Somerset Office: 318 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112
Email: pmca@pacodealliance.com Website: <http://pacodealliance.com/>

Requirement checklist to obtain a building permit for a:

NEW SINGLE FAMILY DWELLING

OR

RESIDENTIAL ADDITION

- Completed two page application (must be legible and signed) [2 copies]
- Land Use Permit (signed/approved by the Municipality) [2 copies]
- Site Plan (include all existing structures, proposed structure and their distances to all lot lines) [2 copies]
- Building Plans (floor plan, elevation, footer, foundation, framing, etc.) [2 sets]
- PA Residential Energy/Insulation Provisions Worksheet (see attached)
- Deck plan (if over 30" high at any point around the perimeter, measured from ground to top of finished floor, additional permitting and inspections are required).
- Copy of Contractors Certificate of Insurance for Workers Compensation

OR

If doing the work yourself submit Workers Compensation Insurance Coverage Waiver [*refer to the attached document*].

- Driving directions from a known landmark or intersection
- ✓ After submitting all required documents your application will be reviewed.
- ✓ PMCA will contact you to let you know if your application has been approved or denied.
- ✓ When the project is approved you will be notified the Building Permit is ready. Prior to obtaining the building permit all charges, i.e. administrative, inspections fees must be paid.
- ✓ Be advised additional fees may be applied, throughout the project, for failed or missed inspections.

If more detailed guidance on wood frame construction would be helpful refer to:

DETAILS FOR CONVENTIONAL WOODFRAME CONSTRUCTION

from the American Forest and Paper Assoc. 2001 (55 pages)

Please ask our staff or visit our website if additional information is needed.



Chambersburg Office: 380 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996
 Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326
 Somerset Office: 318 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112
 Email: pmca@pacodealliance.com Website: <https://pacodealliance.com>

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Rcvd. Date Stamp Here

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application No. _____

1. PROPERTY / SITE INFORMATION

Site Address: _____ Tax Map / Parcel No.: _____
 Complete Address / Street / Lot #

City _____ State _____ Zip _____

Municipality: _____ County: _____ Land Use Permit No. _____

Use: Residential Single-Family Dwelling / Duplex Multi Family New / Relocated Manufactured Home Modular
 Commercial Other _____ Floodplain present: Yes No

Improvement Type: New Addition Alteration Repair/Replacement Relocation Other _____

2. LAND / PROPERTY OWNER'S INFORMATION (Complete Section 5 for Contractor's Info)

First Name _____ Mi. _____ Last Name _____ Phone No: _____ Cell No.: _____

Street Address _____ City _____ State _____ Zip _____ Email: _____

3. BUILDING / STRUCTURE OWNER'S INFORMATION [If Different From Above]

First Name _____ Mi. _____ Last Name _____ Phone No: _____ Cell No.: _____

Street Address _____ City _____ State _____ Zip _____ Email: _____

4. BUILDING PERMIT APPLICATION

Provide below description of Work: (Also provide details on plot plan: Show all improvements on lot & approx. distances to lot lines)

Total Lot Area: _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ _____

ICC Use Group: _____ ICC Construction Type: _____

ESTIMATED START DATE: ____/____/____ ESTIMATED COMPLETION DATE: ____/____/____

5. CONTRACTOR INFORMATION

Business Name: _____ Phone No: _____

Contractor Street Address _____ City _____ State _____ Zip _____

Person in Charge of Work: _____ Phone No.: _____

Email: _____ Cell No.: _____

Workman's Compensation Insurance: Provided On Record Exempt PA Home Improvement Contr. Reg. # _____

6. CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

Applicant Signature _____ Print Name (*legibly*): _____ Date _____

Applicant Phone (Land Line and Cell) _____ Applicant Email _____

Business Name (if applicable) _____ Email _____

Business OR Applicant Complete Address _____

Business Phone Number (Land Line and Cell) _____

7. PROJECT DETAILS

Trades: Building Electrical Work Plumbing Work Mechanical Work (HVAC) Fire Suppression/Fire Alarm System

Heat Source (if applicable): _____ Fuel Type: _____

Foundation Type: Crawlspace Foundation Slab at Grade Piers Other: _____

Details: _____

SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades. Use additional sheet(s) if needed.

Additional sheet(s) attached

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

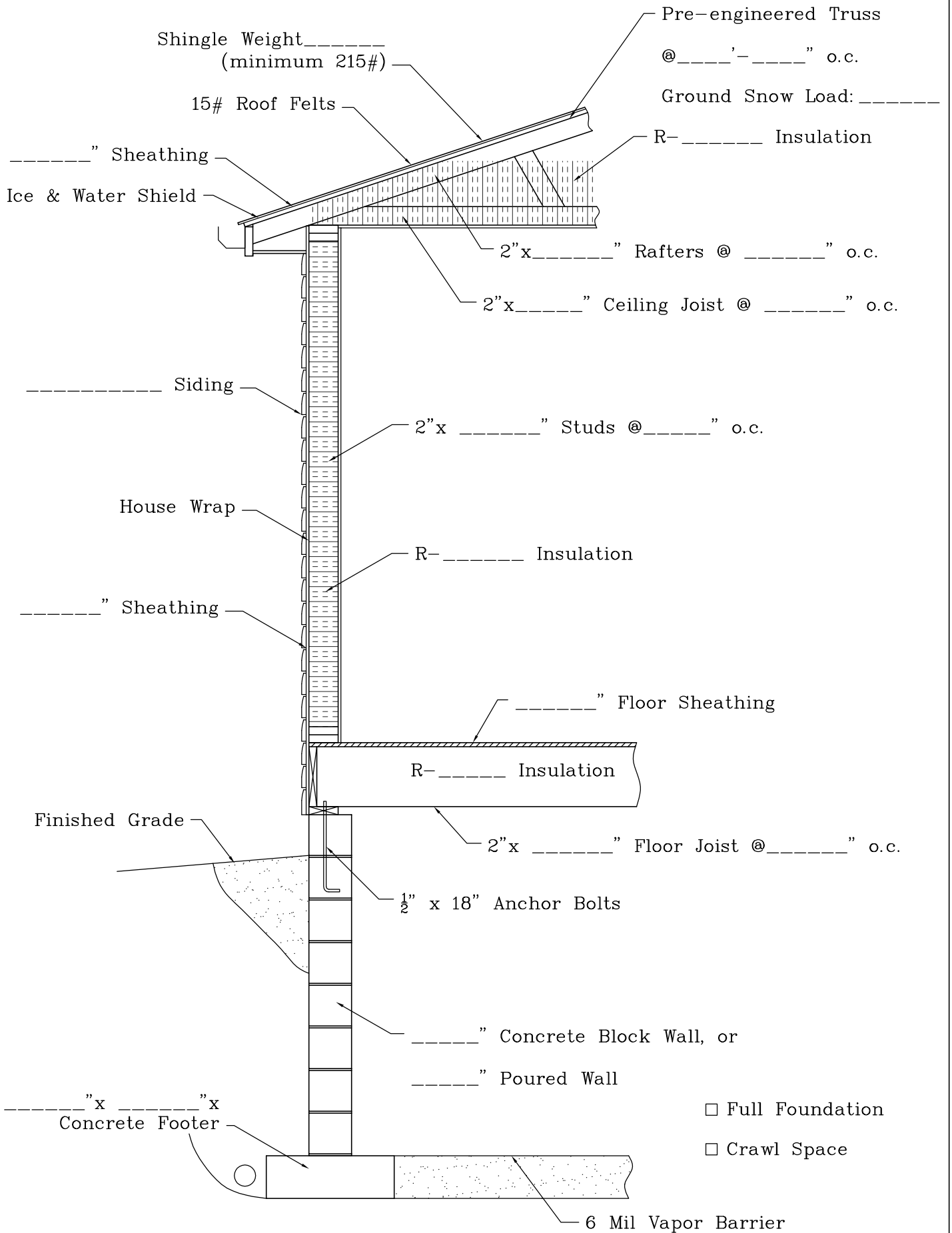
Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING PMCA OFFICE FOR ALL REQUIRED INSPECTIONS.

▶ ▶ IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT N/A ON THE LINE/ SPACE ◀ ◀



TYPICAL WALL SECTION

Residential Energy Efficiency Worksheet

IRC, IECC, & PA Alternative Residential Energy Provisions for Zone 5

Location/Address of Construction: _____

Owner Name: _____

Municipality: _____ County: _____

PA UCC Energy Compliance Path (Check One)

- 2015 IRC Chapter 11-Table N1102.1.2 2015 IECC Compliant Software
 2018 Pa Alternate Residential Provisions (PA104) - Must choose one of the 11 energy enhancement options from Table PA104 to qualify

ENERGY REQUIREMENTS BY COMPONENT FOR PA ALTERNATIVE AND IRC CHAPTER 11

Wood Frame Walls	R-20 cavity or R-13 cavity plus R-5 insulated sheathing
Ceilings with Attic Space	R49 (R38 acceptable if uncompressed over exterior wall top plate)
Ceilings without Attic Space (Cathedral).....	R30 where space does not allow R38 (IRC Limit of 500 sq ft area) R30 where space does not allow R38 (PA Alt unlimited area)
Floors over unconditioned space or outside air	R30 (or insulate to fill the cavity minimum R19)
Floors over unconditioned basements only	R19 (PA Alt.)
Basement Walls 50% or more below grade.....	R15 continuous interior of exterior or R19 cavity interior (IRC) R10 continuous interior of exterior or R13 cavity interior (PA Alt)
Concrete Walls 50% or more above grade.....	R17 interior insulation (IRC) and (PA Alt)
Crawl space walls for conditioned space	R15 continuous or R19 cavity (IRC) R10 continuous or R13 cavity (PA Alt)
Unexcavated foundations (slab on grade).....	R10 vertical for 2 ft along inside of foundation wall R5 vertical added for 2 ft along inside wall for heated slabs R5 horizontal beneath piping of entire slab (IRC M2103.2.1)
Mechanical System Piping.....	R3 (IRC) and (PA Alt) above 105F or below 55F
Heating/Ventilation/Air Conditioning Ducts.....	R8 Supply & Return in attic, R6 all other locations (IRC&PA Alt) Ducts inside the building thermal envelope require no insulation
Fenestrations (Windows) and Doors U-Factor	R 0.32 maximum (15 sq. ft. window exemption) Opaque door exceptions- 24 sq. ft. (IRC) 54 sq. ft. (PA Alt)
Thermally isolated (passage door) sunroom.....	R24 Ceiling, R13 walls, 0.45 U Factor fenestrations IRC&PA Alt
Recessed Lights in Thermal Envelope	IC rated & labeled ASTM E283 not more than 2 cfm leakage
Permanent installed luminaires (lights fixtures).....	Minimum of 75% high-efficacy lamps

BUILDING THERMAL ENVELOPE AIR SEALING AND INSULATION

Building envelope air tightness and insulation installation shall be demonstrated to comply with both of the following with additions and alterations defaulting to the visual option.

Mandatory Thermal Envelope Air Leakage Test: requires test results less than 3 Air Changes per Hour (ACH) when tested with a blower door at a pressure of 50 Pascals (0.007 PSI) in accordance with ASTM E 1827 and reported at a pressure of 0.2 inch w.g. (50 Pascals). Testing shall occur after installation of all penetrations of the building envelope, including penetrations for utilities, plumbing, electrical, ventilation and combustion appliances. See PA 304 or IRC, N1102.4 for complete details.

A written report of the results of the test shall be signed by the party conducting the test and provided to the code official.

Visual Inspection: The items listed in Table N1102.4.1.1 (IRC) or Table PA304.1.1 PA Alt.) applicable to the method of construction, are subject to inspection approval by a PMCA Inspector. Visual air sealing inspection will take place during the framing inspection and insulation inspection prior to drywall installation.

DUCT SEALING (CHECK ONE)

Ducts, air handlers, filter boxes and building cavities used as ducts shall be sealed. Joints and seams shall comply with the IRC Section M1601.4

- Fiberglass Ducts - The closure systems used with rigid fibrous glass ducts shall comply with UL 181 A and shall be Marked "181 A-P" for pressure-sensitive tape, "181 A-M" for mastic or "181 A-H" for heat-sensitive tape.
- Flexible Air Ducts - The closure systems used with flexible air ducts and flexible air connectors shall comply with UL 181 BH and shall be marked "181 B-FX" for pressure sensitive tape or "181B-M" for mastic.
- Metal to Metal Duct Joints - The closure systems used with metal to metal duct joints shall comply with one of the following: Mastics to be listed and labeled to "181 B-M". Tapes shall be listed and labeled to indicate compliance with "UL 181 B-FX".

MANDATORY DUCT TESTING FOR DUCTS OUTSIDE THE THERMAL ENVELOPE

Exception: Duct testing is not required for ducts or portions thereof located completely inside the building thermal envelope. (Ducts located in exterior walls are not within conditioned space and will require testing).

CHECK ONE BELOW

- Rough in Test : N1103.3.3, 1103.3.4 IRC or PA Alt 402.3. Total leakage shall be measured with a pressure differential of 0.1 w.g. (25 Pa) across the system, including the manufacturer's air handler enclosure if installed at the time of the test. All registers shall be taped or otherwise sealed during the test.

Rough in Test total leakage shall be less than or equal to 4 cubic feet per minute per 100 square feet of conditioned floor area where the **air handler is installed** at the time of the test. Where the **air handler is not installed** at the time of the test, the total leakage shall be less than or equal to 3 cubic feet per minute per 100 square feet of conditioned floor area.

OR

- Post construction Test: Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25Pa) across the entire system, including the manufacturer's air handler enclosure. Registers shall be taped or otherwise sealed during the test.

Post construction total leakage shall be less than or equal to 4 cubic feet per minute per 100 square feet of conditioned floor area.

A written report of the results of the test shall be signed by the party conducting the test and provided to the code official.

Print Name: _____

Company: _____

Signature: _____

Date: _____

DIRECTIONS TO THE SITE LOCATION

Please give directions to the work site from a known landmark and/or intersection. Use a directional drawing also in the space provided below if that would assist.

Applicant: _____ Phone: _____

Site Street Address: _____

Directions: _____

Use this space if needed to further clarify the site location:

Please Note: Inspectors cannot inspect what they cannot find, Be certain the directions are clear. Use Road or Street names, distances between turn offs, and the direction of that travel (North South East or West). Landmarks are very helpful.

When applying for a building permit you need the following:

- Fill out the appropriate application answering all questions applicable to your job. Application must be legible and signed. (2 copies)
 - If a portion of the application is not applicable to your project put a N/A on the line.
 - A copy of the signed Land Use Permit from the Municipality (Borough or Township) (2 copies)
 - A Site Plan showing the location of the existing improvements/structures on your property and approx. distances to all property lines, well, septic system, driveway, etc. Also show the location of the proposed construction. (2 copies)
 - Drawings showing details of the construction you want to do. (2 copies)
 - Copy of Contractors Certificate of Insurance for Workers Compensation **OR** if doing the work yourself submit Workers Compensation Insurance Coverage Waiver *[refer to the attached document]*.
-

After Building Permit Application is submitted:

- After submitting all required documents your application and drawings will be reviewed.
 - PMCA will contact you with an approval or denial.
 - If approved, your permit will be issued. The inspection & administrative fees are due when you pick up the permit. You will also obtain a copy of your original application and stamped set of plans.
-

After the Building Permit is issued:

- The Building Permit placard and municipal placard are to be visible on site at all times during the construction process.
- To schedule an inspection call the office where your permit application was submitted or visit our website to schedule online. Be prepared to have your Permit Number, address and type of inspection you are requesting.
 - If you request an inspection BEFORE 3 pm, every effort is made to schedule the inspection for the next business day.
- The copy of your application and approved plans are to remain on site when the building inspectors come for inspections. Be advised: we cannot inspect if these are not on site and you may incur additional costs due to extra trip(s) by the inspector.

✓ Checklist for the Site Plan to be provided with the Permit Application

1. Site plans are essential and must be clearly legible and reproducible regardless of the reason for requesting the permit.
2. Use an 8 ½" X 11" sheet of paper at minimum.
3. After locating all the structures on your property show distances in feet to the lot lines and between the structures.

Provide dimensions of the property getting the proposed improvement

- Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- Acreage (Refer to deed or survey drawing)
- Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- Parcel Number (Not mandatory – obtained from deed or property tax notice)

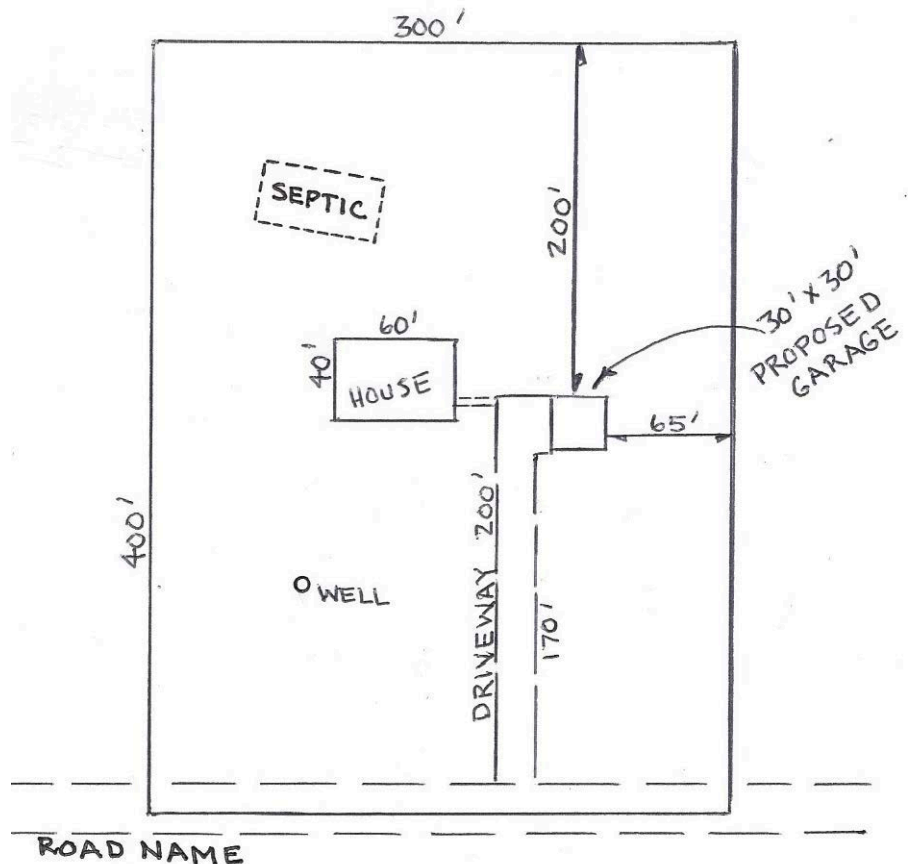
Existing Buildings / Structures with Corresponding Dimensions

- Houses
- Sheds
- Barns
- Swimming Pools
- Deck / Patios
- Other buildings or structures on the property
- Location of on lot well and septic IF applicable

Proposed Improvement(s)

- Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- Location of Proposed Driveway and Sidewalk

SAMPLE SITE PLAN ►



► Workers' Compensation Insurance Coverage Information ◀

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

If the answer is "Yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant: _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date: _____

C. Exemption – MUST BE NOTORIZED

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms 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:

Contractor with 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 township.**

Homeowner who elects to do all work without contracting or hiring others to assist.

Religious exemption under the Workers' Compensation Law.

Signature of Applicant: _____ Print Name: _____

Address: _____ Date: _____

Commonwealth of Pennsylvania, County of _____

On this, the _____ day of _____, 20____ before me _____,
(Notary)

the undersigned personally appeared _____, known to me (or satisfactorily proven)
(Signatory)

to be the person whose name subscribed to the within instrument, and acknowledged that he/she executed the same for the purpose herein contained.

In Witness whereof, I hereunto set my hand and official seal.

Notary Public