

APPLICATION FOR BUILDING PERMIT/PLAN REVIEW

FAIRVIEW TOWNSHIP - OFFICE OF BUILDING CODE & ZONING ADMINISTRATION

599 Lewisberry Road New Cumberland, PA 17070 Office Hours 8 AM - 4:30 PM Mon-Fri

Ph# (717) 901-5220 Fax# (717) 901-5233 www.twp.fairview.pa.us

PROPERTY LOCATION

Owner(s) Name _____ Ph# _____ Work# _____

Current Address _____ City _____ Zip# _____

Property Address _____ City _____ Zip# _____

Zoning District _____ Tax Map # _____ Tax Parcel # _____ Lot # _____

TYPE AND COST OF IMPROVEMENT

Declared Fair Market Value (materials and labor) \$ _____ Square footage habitable area _____

Type of Improvement _____ Square footage unhabitable area _____

Single Family Dwelling Mobile Multi-Family Dwelling Addition Alteration Plumbing Electrical Modular

Fire Protection Mechanical Multi-Family Accessory Structure i.e: shed, deck, attached or detached garage, swimming pool...

Description _____

Commercial Type of Construction _____ Use Group _____ Change in use and/or occupancy structure

IDENTIFICATION

Contractor Name _____ Address _____

Ph# _____ Fax# _____ Cell# _____

Contact Name _____ Ph# _____ Fax# _____ Cell# _____

Architect/Engineer Name _____ Ph# _____ Fax# _____

AFFIDAVIT (OFFICE USE ONLY)

Building Permit# _____ Zoning Permit# _____ Sewer/Septic Permit# _____

REQUIRED INSPECTIONS

Highway Occupancy Permit Sewer/Septic Permit Site Stake Out Footing Foundation

Framing Rough Plumbing Rough Mechanical Rough Electrical Insulation

Wallboard Final Electrical Final Plumbing Final Mechanical ADA

Sprinkler System Site Improvements Final Use/Occupancy

******CONSTRUCTION IS NOT TO COMMENCE UNTIL BUILDING PERMIT IS ISSUED******

******ALL CORRESPONDENCE SHALL REQUIRE PROPERTY ADDRESS AND BUILDING PERMIT NUMBER******

****SEE REVERSE SIDE OF APPLICANTS COPY FOR BRIEF DESCRIPTION OF INSPECTIONS****

*******NO USE/OCCUPANCY OF BUILDING UNTIL CERTIFICATE OF USE & OCCUPANCY IS ISSUED*******

*****A MINIMUM OF 24 HOURS NOTICE FOR ALL INSPECTIONS*****

I hereby acknowledge and certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work, authorized by the permit sought will be performed. I further certify that all work will be performed in accordance with all applicable laws and regulations of the United States of America, the Commonwealth of Pennsylvania, Uniform Construction Code and all applicable Fairview Township Ordinances.

Signature of owner or authorized agent _____ Date _____

PERMIT CHECK LIST
ZONING PERMIT INFORMATION

| | Applicant | Codes |
|-----------------------------|--------------------------|--------------------------|
| Two (2) copies of plot plan | <input type="checkbox"/> | <input type="checkbox"/> |

BUILDING PERMIT INFORMATION

| | | |
|--|--------------------------|--------------------------|
| Two (2) complete sets of construction drawings, blueprints and specifications. | <input type="checkbox"/> | <input type="checkbox"/> |
| Two (2) copies of HVAC design and/or calculations. | <input type="checkbox"/> | <input type="checkbox"/> |
| Two (2) copies of Energy Conservation Code compliance, submit all design and/or calculations. (Rescheck, Comcheck or Pa alternate code.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Two (2) copies of all plumbing schematics for the structure, including supply and waste systems. | <input type="checkbox"/> | <input type="checkbox"/> |
| Two (2) copies of - Fire Suppression System Plans. | <input type="checkbox"/> | <input type="checkbox"/> |
| Two (2) copies of all proposed electrical plans, to include ampacity and wire size for each circuit. Number of light fixtures, switches or other devices for each circuit. | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of all contractor Worker's Compensation Insurance or exemptions. | <input type="checkbox"/> | <input type="checkbox"/> |
| Highway Occupancy Permit. | <input type="checkbox"/> | <input type="checkbox"/> |
| Sanitary Sewer/Septic Permit. | <input type="checkbox"/> | <input type="checkbox"/> |

COMMERCIAL PERMITS, IN ADDITION TO THE ABOVE REQUIREMENTS

| | | |
|--|--------------------------|--------------------------|
| One (1) copy of the Land Development Plans. | <input type="checkbox"/> | <input type="checkbox"/> |
| Two (2) copies od ADA Plans. | <input type="checkbox"/> | <input type="checkbox"/> |
| Two (2) copies of fire suppression system plans. | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

SYSTEMS INFORMATION

| ELECTRICAL EQUIPMENT & WIRING | | | | | | | | | | | | |
|-------------------------------------|------|----------------|--------------------|--------------------------|-------------------------|---------------------|------|--|--|---------|---------|--------------------------|
| Service Conductors | No. | AMP | Receptables | No. | Heat Pump/Forced Air KW | | | | | | | |
| Sub Serv. Conductors | No. | AMP | Fixtures | No. | Burner Controls | | | | | | | |
| Service Equipment | No. | AMP | Switches | No. | Range/Surface KW | | | | | | | |
| Sub Serv. Equip. | No. | AMP | Pumps | No. | HP | Oven KW | | | | | | |
| Transformers | | | A/C Compressors HP | | | Garbage Disposal HP | | | | | | |
| Generators | | | Fract. Vent Fans | No. | HP | Clothes Dryer | | | | | | |
| | | | | | | | | | | | | |
| PLUMBING PIPING & EQUIPMENT | | | | | | | | | | | | |
| DOMESTIC | | | Public | <input type="checkbox"/> | | | | | | WASTE | Public | <input type="checkbox"/> |
| WATER | | | Private | <input type="checkbox"/> | | | | | | REMOVAL | Private | <input type="checkbox"/> |
| SERVICE | | | On-Site | <input type="checkbox"/> | | | | | | SYSTEM | On-Site | <input type="checkbox"/> |
| Service Lateral | Size | Bath Tub | | No. | Laundry Trap | | No. | | | | | |
| | Type | Shower | | No. | Clothes Washer | | No. | | | | | |
| Distr. Lateral | Size | Urinal | | No. | Slop Sinks | | No. | | | | | |
| | Type | Water Closets | | No. | Floor Drains | | No. | | | | | |
| Building Drain | Size | Bidet | | No. | Hose Bibb | | No. | | | | | |
| | Type | Lavatory | | No. | Sump Pump | | No. | | | | | |
| Building Sewer | Size | Kitchen Sink | | No. | Sewer Ejector | | No. | | | | | |
| | Type | Garbage Disp. | | No. | Swimming Pool | | No. | | | | | |
| Building Stack | Size | Dishwasher | | No. | Water Heater | | No. | | | | | |
| | Type | Grease Trap | | No. | Electric | | | | | | | |
| | | Lawn Sprinkler | | No. | | | | | | | | |
| Sprinkler | | Type | | | No of Heads | | | | | | | |
| MECHANICAL DISTRIBUTION & EQUIPMENT | | | | | | | | | | | | |
| Central Heat | Size | Unit Heater | | No. | Fire Place | | No. | | | | | |
| | Size | | | Size | | | Type | | | | | |
| | Type | | | Type | Area Stove | | No. | | | | | |
| Central A/C | Fuel | Smoke Detector | | No. | No. | | | | | | | |
| | Size | | | Type | Flue | | No. | | | | | |
| | Type | Sprinkler | | Type | Type | | | | | | | |
| Vent Fans | No. | | | Heads | Range Hood | | No. | | | | | |
| | | Water Heater | | No. | TOTAL COST: | | | | | | | |