



KEYSTONE INSPECTION AGENCY

1743 CIRCLEVILLE ROAD

STATE COLLEGE, PA 16803 (814) 238-1708 TELEPHONE/FAX

BENNER TWP. APPLICATION FOR BUILDING PERMIT#12-

APPLICATION REQUIREMENTS: Documents to be submitted with the application include the following:

- New Single Family Home-Zoning, Water, Sewer Permits and Two Sets of Plans.
- New commercial Structures-Zoning, Water, Sewer Permits, Two Sets Of Sealed Plans.
- Building Renovations and/or Additions-Zoning Permit, Two Sets Of Plans and May Need Water and Sewer.
- All Health Care Structures Must have Penna. Department of Health Approval.

LOCATION OF PROPOSED CONSTRUCTION OR WORK

Municipality-	Tax Parcel#-	TYPE OF SEWAGE DISPOSAL
Address-No.&Street-		<input type="radio"/> =Public/Private Company
Rural Directions-		<input type="radio"/> =Private (Septic Tank, etc)
Owners-		TYPE OF WATER SUPPLY
		<input type="radio"/> =Public/Private Company
		<input type="radio"/> =Private (Well, Cistern, etc.)

TYPE OF CONSTRUCTION OR WORK

DECLARED COST=\$

(CHECK ONE)

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

The applicant certifies that all information on this application is correct and the work shall be completed with the Approved construction documents and PA-ACT 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality.

The property owner and applicant assumes the responsibility of locating all property right-of-ways, flood areas, etc. Insurance 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 Municipality or any other governing body. 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 an agent of either or by the Registered Design Professional employed in connection with the proposed project.

Signature of Owner or Authorized Agent _____

Print Name of Owner or Authorized Agent _____

Address _____

Principal Contractor _____ Phone# _____ Fax# _____

Mailing address: _____

Architect/Engineer: _____ Phone# _____ Fax# _____

Mailing address _____

APPLICATIONS REQUIREMENTS CONT.

COMMERCIAL BUILDING DIMENSIONS

Existing Area: _____ sq.ft. Number of Stories: _____ Height of Structure Above Grade _____ ft _____ in

Proposed Building Area: _____ sq.ft. Area of Largest Floor: _____ sq.ft.

Total Building Area: _____ sq.ft.

Single Family Home=Basement _____ sq.ft., Garage _____ sq.ft., 1st Floor _____ sq.ft., 2nd Floor _____ sq.ft.

Crawl Space _____ sq.ft., 1st Floor Addition _____ sq.ft., 2nd Floor Addition _____ sq.ft.

FLOODPLAIN AREAS

Is the site within an identified flood hazard area? (check one) Yes _____ No _____

Will any portion of the flood hazard area be developed? (check one) Yes _____ No _____

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-166-1978, SPECIFICALLY SECTION 60.3

HISTORIC DISTRICTS

Is the site within a Historic District Yes _____ No _____

(IF THE CONSTRUCTION IS PROPOSED WITHIN A HISTORIC DISTRICT, A CERTIFICATE OF APPROPRIATENESS MAY BE REQUIRED FROM THE MUNICIPALITY BEFORE THIS PERMIT CAN BE PROCESSED!)

DESCRIBE THE PROPOSED WORK:

DESCRIPTION OF BUILDING USE

---RESIDENTIAL---

One Family Dwelling (R-3)

Two Family Dwelling (R-3)

----NON RESIDENTIAL----

Construction type: _____

Use Group: _____

Change In Use: ____=Yes ____=No

If Yes, Indicate Former Use: _____

Maximum Occupancy Load: _____

Maximum Lived Load: _____

BUILDING CHARACTERISTICS

NUMBER OF RESIDENTIAL DWELLING UNITS: _____ Existing _____ Proposed

MECHANICAL SYSTEMS: Indicate The Type of Heating, Ventilation, Air Conditioning

(gas, electric, oil, etc.)

Does your building contain any of the following: Fireplaces: How many ____ Fuel Type ____ Vent Type ____

COMMERCIAL

Elevator/Escalators/Lifts/Moving Walks:(check one) _____ Yes _____ No

Sprinkler System: _____ Yes _____ No

Pressure Vessels: _____ Yes _____ No

Refrigeration/Freezer System: _____ Yes _____ No

ADDITIONAL PERMITS/APPROVALS REQUIRED

- STREET CUT/DRIVEWAY- _____ APPROVED-DATE- _____
- CUT AND FILL- _____ APPROVED-DATE- _____
- PENNDOT HIGHWAY OCCUPANCY- _____ APPROVED-DATE- _____
- DEP FLOODWAY OR FLOODPLAIN- _____ APPROVED-DATE- _____
- SEWER CONNECTION- _____ APPROVED-DATE- _____
- ON-LOT SEPTIC- _____ APPROVED-DATE- _____
- ZONING- _____ APPROVED-DATE- _____
- HARB- _____ APPROVED-DATE- _____
- OTHER- _____ APPROVED-DATE- _____

OCCUPANCY INFORMATION

Type of Construction					Use Group				
	Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.	Total Square Footage		Number of Units	Maximum Occupancy Load	Maximum Live Loads lbs. per sq. ft.	Total Square Footage
BASEMENT					SEVENTH FLOOR				
FIRST FLOOR					EIGHTH FLOOR				
SECOND FLOOR					NINTH FLOOR				
THIRD FLOOR					TENTH FLOOR				
FOURTH FLOOR					OTHER				
FIFTH FLOOR					ROOF				
SIXTH FLOOR									

VALIDATION BY:

Building Permit Number _____ Date Permit Issued _____ 20____

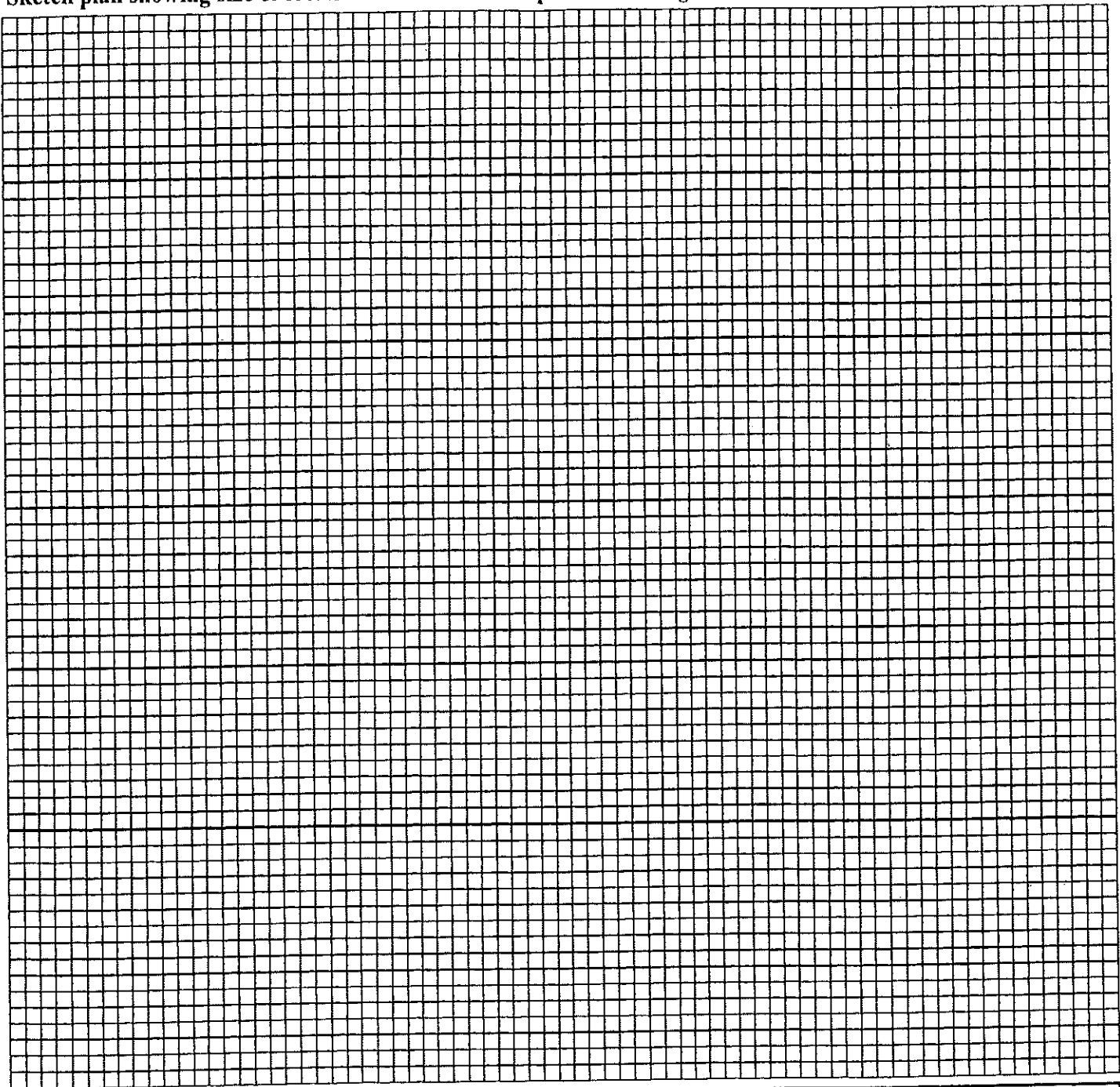
Permit Fee \$ _____ Approved by: _____

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of document:	Submitted	Sign & Sealed	Date:	Revision Date:
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	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SITE PLAN-- DIMENSIONS TO BE COMPLETED BY APPLICANT

Sketch plan showing size & location of new structure plus all existing!



ZONING OFFICIAL USE ONLY!			ZONING PERMIT# =	ZONING PERMIT FEE
ZONING DISTRICT =	LOT SQ.FT. =	COVERAGE =	%	\$
Set Backs	Required	Provided		Number of off-street parking spaces
Front				1 Enclosed.....
Right Side				2 Outdoors.....
Rear				Date
Left Side				Permit issued _____ 20_____
				Approved _____
NOTES				Municipality=



KEYSTONE INSPECTION AGENCY

1743 CIRCLEVILLE ROAD

STATE COLLEGE, PA 16803 (814) 238-1708 TELEPHONE/FAX

FOR RESIDENTIAL USE ONLY

INFORMATION NEEDED TO BE PROVIDED ON PLANS OR DRAWINGS

Provide two copies of Plans/Drawings with Building Permit Application along with this questionnaire. (All items may not be apply, depending on what you are building.)

(Please print or type and complete both side of questionnaire.)

NOTE:

Min. footer depth required is 36" below grade, this includes pole building and decks.

1. What size are the footers? Width _____ Thickness _____
2. What type of foundation? Concrete _____ Block _____ Pre-cast _____ Slab on Grade _____
3. What size foundation wall? 8" _____ 10" _____ 12" _____

NOTE:

Sill plate is required to be pressure treated with anchor bolts @ 12" from each corner 6' on center and within 12" of each splice

4. What size are the wall studs? 2x4 _____ 2x6 _____
5. What is the spacing of studs? 16" o/c _____ 24" o/c _____ 19.5" o/c _____
6. What type floor joist? TJI _____ SPF _____ Other _____
7. What size floor joist? 2x6 _____ 2x8 _____ 2x10 _____ 2x12 _____
8. What is the spacing of floor joist? 12" o/c _____ 16" o/c _____ 19.5" o/c _____ 24" o/c _____
9. If two story, are you using the same floor joist and spacing? Yes _____ No _____ If not, what size & spacing will you be using? _____
10. What type of sub floor & thickness? (specify) _____
11. Is roof system going to be pre-engineered Trusses _____ or Rafters _____
12. If rafters what size? 2x6 _____ 2x8 _____ 2x10 _____ 2x12 _____
13. What is the spacing of Trusses or Rafters? 16' o/c _____ 19.5" o/c _____ 24" o/c _____ 48" o/c _____

NOTE:

All Trusses must have tie downs on each end!

14. What type of roof sheathing? Plywood _____ OSB _____ that Thickness? _____

NOTE:

If rafters or trusses are spaced at 24" o/c sheathing must have H clips installed in the center between each truss or rafter spacing. (over)

15. list type of attic ventilation. (exaple) Ridge vent ___ Soffit vent ___ Other ___

16. What type roof finish material? Shingle ___ Metal ___ Other ___

17. What type of finish for Exterior Wall? _____

NOTE:

Min required R-values for insulation are: Foundation-R10, Exterior Walls R18, Attic-R38, and may required R21 in ceiling between basement area and first floor.

18. List R Values you will be using. Foundation ___ 1st Floor ___ Attic ___ Exterior walls ___

19 What material is being used for Interior Wall? Drywall ___ (etc) _____

20. What type of Floor Covering? Carpet ___ Wood ___ vinyl ___ Tile ___ Other _____

21. What type of Heat/AC being used? Please list _____

22. What type of Fuel being used? Oil ___ Gas ___ Wood ___ Electric _____

23. Specify all header sizes for doors & window openings _____

24. Specify type an sizing of all support beams, spacing of support columns _____

25. Specify what type & size of windows in bedrooms. _____

NOTE:

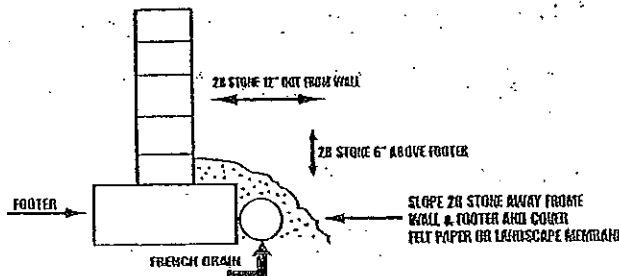
Electircal System must meet the (2001 NEC) or the (2006 IRC) AND Utility Rules & Regulations.

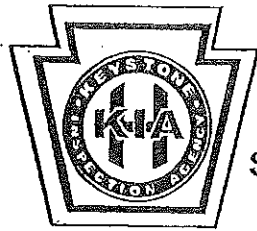
Areas between attached garage & house must have 1/2" drywall installed as a fire separations (EXAMPLE) Wall and Ceiling or Wall up to the underside of roof sheathing.

Please List Below any additional information you feel is needed to help speed the permit process for your project. _____

GENERAL NOTE CONCERNING FOUNDATION/ FRENCH DRAIN REQUIRMENTS

Any basement area and/or habitable space below finish grade requires a Foundation/French drain to be installed as per drawing below.





KEYSTONE INSPECTION AGENCY

1743 CIRCLEVILLE ROAD

STATE COLLEGE, PA 16803 (814)238-1708 TELEPHONE/FAX

Workers' Compensation Insurance Coverage Information (attach to building permit application)

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 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

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.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____ 20____

(Signature of Notary Public)

My commission expires: _____

Signature of applicant _____
Address: _____

County of _____
Municipality of _____

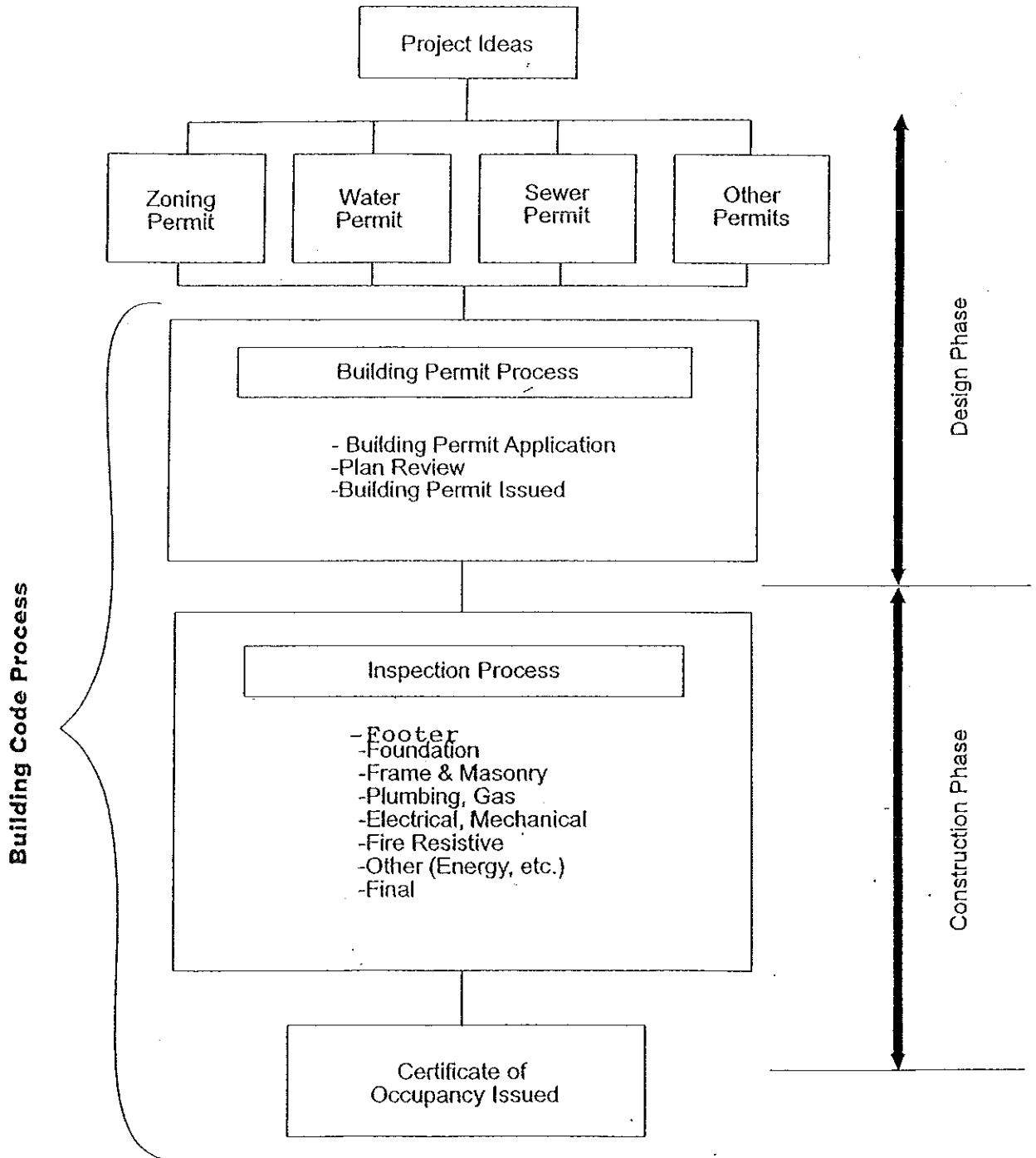


KEYSTONE INSPECTION AGENCY

1743 CIRCLE VILLER ROAD

STATE COLLEGE, PA 16803 (814) 238-1708 TELEPHONE/FAX

The Building Regulatory Process



Keystone Inspection Agency
248 N. Main Street, Suite 1
Pleasant Gap, PA 16823
Phone (814) 359-3333/ Fax (814) 359-3332

Fee Schedule for Residential Small Projects

(Please note, this fee schedule does not include every project. If you cannot find a fee please contact our office.)

Electrical Services:

200 amp or smaller: **\$75.00** (Includes replacement of meter socket or entrance cable)

400 amp single phase: **\$125.00**

(Anything larger, call for a fee.)

Each disconnect is an additional **\$25.00**

Rewires with a service: **\$125.00**

Above ground swimming pools: **\$25.00** (Electrical Only)

Above ground swimming pools with a deck: **\$105.00** (Electrical, footers, framing and Final)

In ground swimming pool: **\$125.00** (Footers, bonding, final and the fencing must be completed.)

(Accessory buildings will be an additional fee depending on size. Ex: Bathhouse or changing room)

Basement Finishes: Minimum Fee: **\$105.00**, Maximum Fee **\$195.00**

(Price depends on square feet being finished. Inspections needed are roughs (plumbing, electrical, framing) and final, depending on what is being finished.)

Decks: (Inspections required: Footers, framing and a final)

Existing porch replacement: **\$75.00 w/ roof framing \$100.00**

Decks: Base Fee for a deck is **\$90.00** with a roof the fee is **\$115.00**

Decks over 10' x 12' add an additional **\$25** to base fee.

Ex: A 16' x 24' deck: Base for the deck is **\$90**

Larger than 10'x 12' add **\$25.**

Total Fee Due is **\$115.00**

New roof over existing patio/deck: **\$75.00**

Carports: **\$125.00**

Hot Tubs: **\$25.00**

Mechanicals: (May not apply to all Municipalities.)

Furnace Replacement/Boilers: **\$75.00** (Also includes pellet stove)

Chimney Liners: **\$50.00**

If Furnace/Boiler and chimney liner done on same permit fee is **\$80.00**

Additions: Minimum trips are 5. Inspections needed are footer, foundation, roughs, insulation and final. These fees are maximum fees for the projects based on square feet. (Sq footage includes foundation and crawl space and garages.)

1 sq. ft – 300 sq. ft: **\$185.00**

301sq. ft – 500sq. ft: **\$255.00**

501 sq. ft.- 600sq. ft: **\$305.00**

601sq. ft – 700 sq, ft: **\$405.00**

701 Sq. ft- 800 sq. ft: **\$505.00**

801 sq. ft- 900 sq. ft: **\$605.00**

901sq. ft.-999 sq. ft: **\$705.00**

Demolitions:

House: **\$100.00**

Garage Only: **\$25.00**

(Need copies of transfer slips)

Day Care: **\$100.00**

(Includes inspection and occupancy permit)

Handicap Ramp: **\$125.00**

*These fees are subject to annual review.

* If we show up for a scheduled inspection and you are not ready, there is an automatic **\$75.00** re-inspection fee. The project cannot move forward until this fee is paid.