



## BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS

### RESIDENTIAL ADDITIONS

(Bedrooms – Family Room – Kitchen – Etc)

- Please read all of the following information.
- The following is a checklist. You must have a “checkmark” in all of the sections listed prior to submitting your application.

\_\_\_\_\_ “Affidavit of Exemption” (See attached form) – If you are hiring a contractor to construct your residential addition, and they have workmen’s compensation, have the contractor or their insurance carrier provide us with a “Certificate of Insurance” showing proof of such. If the homeowner or a contractor without workmen’s compensation is constructing your residential addition, the attached form must be completed and notarized.

\_\_\_\_\_ A plot plan showing the outside dimensions of the proposed residential addition, the outside dimensions of the addition and the distances in feet to the front, side and rear property lines.

\_\_\_\_\_ Two (2) sets of complete construction documents that show in detail code compliance for all of the work proposed to include but limited to the following information.

- \_\_\_\_\_ Footing detail including depth below frost line, thickness, width and rebar
- \_\_\_\_\_ Type of foundation, showing type of masonry, waterproofing and anchorage of home to foundation
- \_\_\_\_\_ Roof rafter size (2x6, 2x8, 2x10, etc)
- \_\_\_\_\_ Rafter spacing (16” on center, 24” on center, etc)
- \_\_\_\_\_ Thickness and type of roof sheathing
- \_\_\_\_\_ Ceiling joists size and spacing
- \_\_\_\_\_ Floor joist size and spacing
- \_\_\_\_\_ Wall sections showing top and bottom plates and headers
- \_\_\_\_\_ Location and size of all beams
- \_\_\_\_\_ Sizes of all doors
- \_\_\_\_\_ Window type – including sizes and the net clear opening dimensions of all sleeping room windows (emergency egress)

- \_\_\_\_\_ Smoke alarms – number and placement
- \_\_\_\_\_ Insulation – U-values for windows, R-values for exterior walls, attic and foundation
- \_\_\_\_\_ Heating
- \_\_\_\_\_ Plumbing (if any)
- \_\_\_\_\_ Type and location of electric equipment and wiring to be installed, if any (receptacles, lighting, etc)
- \_\_\_\_\_ Location of on lot sump
- \_\_\_\_\_ Completed building permit application

# INSPECTION PROCEDURES

## RESIDENTIAL ADDITIONS

- Building permit must be posted on the site of the work until completion of the project.
- Your approved plans must be available at time of the inspection. These are the plans that were submitted with your application and were stamped "Approved" by the building inspection agency.

### 24 HOUR NOTICE REQUIRED TO THE CENTER TOWNSHIP OFFICE AT 724-282-7805

1. Footing inspection – To be done after forming and prior to placing of concrete  
**Inspector: Rich Round**
2. Foundation inspection – French drain and water  
**Inspector: Rich Round**
3. Electrical inspection – Rough in to be done prior to insulating  
**Inspector: Rich Round**
4. On lot sump inspection – Roof and driveway drains, prior to covering.  
**Inspector: Olsen Engineering      Phone: 724-282-4786.**
5. Plumbing inspection – Rough in to be done prior to insulating.  
**Inspector: Rich Round**
6. Framing inspection – Done prior to insulating, but after heating, plumbing and wiring are roughed in and approved.  
**Inspector: Rich Round**
7. Energy efficiency inspection – To be done after insulating but before drywall.  
**Inspector: Rich Round**
8. Final inspection – when job is completely finished, prior to occupancy permit and after final plumbing and electrical inspection.  
**Inspector: Rich Round**

THIS FORM REQUIRES A NOTARY SEAL

**AFFIDAVIT OF EXEMPTION**

The undersigned affirms that he/she is not required to provide workmen's compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

\_\_\_\_\_ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Home owner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ Contractor has 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 municipality.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letters for all employees).

\_\_\_\_\_  
Signature of Applicant

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

WITNESS MY HAND AND NOTARIAL SEAL this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My Commission expires this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**§15-206.1 Portable Chemical Toilets Required for Construction Sites**

No residential or nonresidential building construction shall be started without the developer, builder or owner providing an on-site portable chemical toilet facility for use by the builder’s employees, contractors, subcontractors and their employees. The portable chemical toilet facility shall be maintained at all times in a sanitary and good working order. The portable chemical toilet facility shall remain on-site until construction is either completed or until indoor plumbing facilities are constructed and made available to the builder’s employees, contractors, subcontractors and their employees. Failure to provide a portable chemical toilet shall result in revocation of the building permit and subject the builder to the penalties set forth in §15-209 below. In addition, failure to maintain the portable chemical toilet in a sanitary and good working order shall result in revocation of the building permit and subject the builder to the penalties set forth in §15-209 below.

**§15-209 Violations and Penalties**

Any person violating the provisions of this Article shall be liable upon conviction thereof before a District Magistrate and be fined a sum not to exceed three hundred dollars (\$300.00) for each and every offense, or in default of the payment of the fine and costs, such person willfully in default, shall be committed to the Butler County Prison for a period not to exceed thirty (30) days. Each and every day that any violation of the provisions hereof exist or continue shall constitute a separate and distinct offense and shall be subject to separate and distinct penalties hereunder.

**W A I V E R**

I, \_\_\_\_\_ permit the contractors to enter my  
Print Name of Property Owner

premises to use the indoor facilities until construction is completed.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date



**UNIFORM CONSTRUCTION PERMIT APPLICATION**

Commonwealth of Pennsylvania  
DCED-CLGS 01/02

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Site Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_ Lot # \_\_\_\_\_

Lot Size \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT (Check One)**

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

Describe the proposed work: \_\_\_\_\_

\_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION** (Reasonable fair market value)      \$ \_\_\_\_\_

**DESCRIPTION OF BUILDING USE (Check One)**

RESIDENTIAL

- One-Family Dwelling      (R-3)
- Two-Family Dwelling      (R-3)

NON-RESIDENTIAL

Specific Use: \_\_\_\_\_  
 Use Group: \_\_\_\_\_  
 Change in Use:       YES       NO  
 If YES, Indicate Former: \_\_\_\_\_  
 Maximum Occupancy Load: \_\_\_\_\_  
 Maximum Live Load: \_\_\_\_\_

**BUILDING/SITE CHARACTERISTICS**

**Number of Residential Dwelling Units:** \_\_\_\_\_ Existing, \_\_\_\_\_ Proposed  
**Mechanical:** Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) \_\_\_\_\_  
**Water Service:** (Check One)     Public       Private  
**Sewer Service:** (Check One)     Public       Private      (Septic Permit # \_\_\_\_\_)

**Does or will your building contain any of the following:**

- Fireplace(s):** Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Type Vent \_\_\_\_\_
- Elevator/Escalators/Lifts/Moving walks:** (Check One)       YES       NO
- Sprinkle System:**       YES       NO
- Pressure Vessels:**       YES       NO
- Refrigeration Systems:**       YES       NO

