

Sergeant Township

OFFICE OF BUILDING CODE ADMINISTRATION

Jones Township
PO Box 25, 320 Faries Street, Wilcox, PA 15870

INDUSTRIAL - COMMERCIAL BUILDING PERMIT APPLICATION

TOWNSHIP USE ONLY

Tax Map #	Parcel ID #	Deed #	Permit Fee \$	Date Issued
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This Building Permit Application is used to satisfy the requirement to obtain a Building Permit for construction, alteration, or modification of any building or structure. **A fully completed copy of the Department's UCC PLAN REVIEW CHECKLIST (UCC-2) must also be submitted along with this application.** Failure to include this or to fill out the list completely will delay review of your application and may be cause for return of the entire application package without review. If an item on the list does not apply, indicate this by placing "NA" on the check-off line.

NOTE: Proposed new connections to a public sewer must have advanced written approval from the local Sewer Authority-- **prior to submitting this application.** New building sites for buildings intended to be served by individual onlot sewage disposal systems must be **field verified** by the Sewage Enforcement Officer (SEO).

PERMIT FEES: PLAN REVIEW: \$350.00 (this is a base fee charged when submitting this Application)

PERMIT FEES: NEW BUILDINGS & ADDITIONS = Gross Area (square footage*) of Building X \$0.39
ALTERATIONS & STRUCTURES OTHER THAN BUILDINGS = \$20.00 per each \$1000
of the Estimated construction cost

*The calculated square footage includes all horizontal surface areas above the footer(s). MAKE CHECK OR MONEY ORDER PAYABLE TO "Jones Township"

A. PROJECT INFORMATION

1. Brief Project Description

2. ESTIMATED CONSTRUCTION COST: \$ _____ For Alterations and Structures other than buildings, a breakdown of the estimated cost must be provided.

3. This application is for: (check all categories that apply)

- a. New Building or Structure c. Addition: _____
- b. Change of Occupancy d. Alteration: _____

B. OWNER INFORMATION

Site Owner (Developer) -- Last Name First Name MI Suffix Phone

Mailing Address

Mailing Address Line 2

Mailing Address-- City

State

ZIP+4

C. SITE INFORMATION

Site Location

911 Address:

Site Location -- City

State

ZIP

Latitude

Longitude

Detailed Written Directions to Site:

D. DESIGN PROFESSIONAL IN CHARGE

Last Name

First Name

Affix seal of Design Professional
here:

Title

Firm

Mailing Address

PA License #

Address – City

State

ZIP+4

Email

Phone
()

Ext.

FAX
()**E. PERMIT COORDINATION**

E.1 Will any part of the proposed structure, when completed, be within ten (10) feet of any property line or right-of-way, and/or within 55 feet from the centerline of any Township or State maintained road?

Yes No

E.2 Will any work associated with this project take place within 50 feet of a stream, waterway, wetland; and/or is located in a FEMA delineated floodway? If "Yes", identify the stream, watershed, or wetland.

Yes No Watershed _____

Stream _____

Wetland _____

E.3 Does the project involve dredging and/or construction of any structure; and/or placement of fill that encroaches on a stream, floodplain, and/or wetland? If "Yes", check the appropriate item(s).

Yes No Placement of Fill
 Bridge or Culvert Construction
 Other

E.4 Will the project involve construction, alteration, a connection to, and/or repair of on-lot septic system (including privies), treatment facilities, sanitary sewers, sewer taps, and/or sewage pumping stations? If "Yes", indicate Sewage Permit Number AND attach a copy of your Permit

Yes No Sewage Permit Number: _____

Approval Date: _____

E.5 Will land be subdivided and/or transferred for this project?

Yes No

E.6 Will the proposed construction require new access (driveway(s)) to a State or Township road? If "Yes", (check appropriate item/box).

Yes No PennDOT Letter Attached: Yes N/A

Access to Project State Highway Route # _____

Location will be by: Township Road # _____

E.7 Is an onsite drinking water supply (water wells), including individual house wells, proposed for your project? If "Yes", indicate total number of people served and/or the total number of connections served, if applicable.

Yes No Persons Served:

E.8 If construction is to be served by a public water supply, indicate name of supplier and attach a letter from the supplier stating that the supplier will serve the project.

Yes No Supplier:

E.9 Will your project involve the demolition of any existing building(s) or structure(s) currently located on the property? If "Yes", indicated the size of the structure(s) to be demolished.

Yes No Size:

E.10 Will your project involve operations within 200 feet of an oil or gas well? If "Yes", indicate Oil and Gas API#.

Yes No O&G API#:

F. TYPE OF CONSTRUCTION: All non-residential construction, including out-buildings buildings must be accompanied by a set of construction drawings. **A licensed architect or licensed professional engineer shall prepare all construction documents.** The drawings shall also show, in detail, that the proposed construction will conform to the provisions of the Pennsylvania Uniform Construction Code. A copy of any ICC-ES Reports must be included If any engineered products are to be used (trusses, wood I-beams, joists etc). (See Section F of instructions) **The "UCC PLAN REVIEW CHECKLIST" must be completed and submitted with this Application.**

F.1 Will this project involve the installation of heating and/or cooling appliances?

Yes No

If "Yes", what type of energy(s) will be used by any heating/cooling appliances? Check all that apply:

Natural Gas Oil Solid (wood or coal) Propane Gas Electric Other: _____

If "Yes", Indicate the type of in-place heating/ cooling appliances to be installed: Check all that apply:

Boiler Electric Furnace Baseboard Forced Air Heat Pump Add on Heat Pump

Central Air Conditioning Outdoor Boiler Electric Baseboard

F.2 Please indicate the type of framing construction: Check all that apply:

Typical Wood Frame Construction Brick/Block Masonry Construction Poured Concrete
 Steel Framing Pre-fabricated basement walls Engineered Wood Framing Materials

NOTE: All Building Permit Applications must be accompanied with a set of floor plans and drawings (blueprints) showing the methods of construction.

F.3 Will this project involve new or additional electrical work?

Yes No

F.4 Will your project involve new or additional plumbing work?

Yes No

G. PLOT PLAN

1. PLOT PLAN

Draw a plot plan of the proposed development and construction showing the following information. This sketch should be as accurate as possible and drawn to exact scale by a professional surveyor or engineer.

- a. Lot lines and lot sizes.
- b. Existing and proposed streets, roadways, access roads, etc
- c. Existing and proposed rights-of-way.
- d. Existing and proposed drinking water supplies
- e. Existing or proposed location of dwellings and the location of ALL other buildings on the site.
- f. Dimensions of proposed construction.
- g. Existing or proposed onlot septic systems or sewer pipelines, transmission lines, etc.
- h. Floodplain and floodways (Federal Flood Insurance Mapping).
- i. Proposed driveway(s)
- j. Surface waters
- k. Location of septic system or sewer tap.
- l. Location of ground utilities.

h.

H. CERTIFICATION IN LIEU OF OATH

OWNER SECTION: (To be completed only by the property owner)

1. I hereby certify that I am the owner of the property listed on Section "C" of this Application. I understand that submission of this form grants authorized representatives from the Jones Township access to this property to inspect and conduct tests of the structure(s) under construction.
2. I further certify that the information presented on applicable application(s), form(s), all specifications, and/or drawing(s) are accurate and true to my belief and knowledge.
3. I attest that all work will conform to all rules and regulations as adopted by the Municipality.

Owner Name (Print) _____ Owner Signature _____ Date _____

AGENT SECTION: (To be completed only in the absence of the property owner)

1. I hereby certify that the work is authorized by the owner of record for the property indicated in Section "C"
2. I further certify that the owner has authorized me to create and file this *Application* as his agent, and that I will present a true and correct copy of this certification to the Owner.
3. Evidence of valid Workers Compensation Insurance Provided (check if yes)

Agent Name (Print) _____ Agent Signature _____ Date _____

J. MUNICIPAL ACTION (To be completed only by the Municipality)

1. Sewage Disposal Facilities (For use only when an existing septic system is to re-used on the parcel)
- I have inspected the lot on which the existing building(s) and existing septic system(s) is (are) located and have concluded, based on soils mapping and/or soils evaluation, permit information and/or site inspection, that the long-term sewage disposal needs of this site and the building currently served can be met.
 - A brief description and sketch of the existing system(s) and site is attached.

Signature of Certified Sewage Enforcement Officer Print Name Date

2. This Building Permit Application has been reviewed by the Municipality and has been found to be **ACCEPTABLE**.
Approval of this Application constitutes individual permit approval and is valid for a period of one (1) year.

3. This Building Permit Application is **NOT ACCEPTABLE** because:
Check appropriate reason(s);
- The construction does not comply with adopted building code(s).
 - The project does not comply with municipal subdivision and/or land development ordinances.
 - Other (Explain) _____

TOWNSHIP CODE ADMINISTRATOR Signature Date