MUDDY CREEK TOWNSHIP

420 Stanford Road
Prospect, PA 16052
Phone: 724-368-3438 Fax: 724-368-3432

BUILDING PERMIT APPLICATION

Date: _____
Property Owner: _____ Phone Number: _____
Property Owner Address: _____ City: _____ State: _____Zip Code: _____
Email: _____ Fax: _____
Project Address: _____
Parcel: _____

Contractors Name: _____Phone Number: _____
Contractors Address: _____Fax: _____
Worker's Compensation Policy No. _____
Insurer: _____Policy Expiration: _____

Application is hereby made to Muddy Creek Township for the following work:
Proposed Construction/Alteration (explain in detail):

_____
_____
_____
Total Square Footage: Basement _____1st_____2nd_____

The location of the proposed building is in an identified flood plain: _____Yes _____No
I certify that an authorized representative from Muddy Creek Township shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of this permit.
I hereby certify that the information submitted herewith is true and correct. I understand that false statements are made subject to the penalties to 18 PA C.S. Section 4904, relating to unsworn falsification to authorities. I certify that I am owner of record for the land of the property listed.
All permits required by the Commonwealth of Pennsylvania Department of Labor and Industry including Highway Occupancy Permits shall be obtained by and are the responsibility of the applicant. The applicant shall be responsible for identification of all utilities prior to excavation.

The undersigned hereby acknowledges that the above information and attached documents and drawings are true and accurate, and that the permit requirements have been read and understood.

Applicants Signature: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Muddy Creek Township takes no responsibility for any misrepresentation or omission presented on this application by the Owner/Contractor.

TOWNSHIP USE ONLY

Date Received: _____ Approved or Denied: _____
Permit Number: _____ Permit Fee: _____
Permit Expiration Date: _____
Authorized Signature: _____Date: _____

Residential Building Permit Instructions and Checklist

- ❑ The Building Permit application has been completed in full and signed by both applicant and owner.
- ❑ A survey by a PA registered land surveyor her been submitted with the construction documents. The survey shall indicate the setback distance to every property line. The location of all proposed driveways shall be indicated on the submitted survey.
- ❑ All required Zoning Permits and approvals have been obtained from the municipality (attach copies).
- ❑ Two (2) copies of scaled and accurate construction drawings have been submitted. See instruction below. **Contact PCS for ALL non-residential projects and submittals.**
- ❑ All applicable Highway Occupancy Permits from PennDOT shall be obtained (attach copies).
- ❑ The attached "Workers Compensation Affidavit" has been completed.
- ❑ The Required Inspections sheet has been read and signed. (Township will identify required inspections).
- ❑ All sewer or on-site sewage disposal permits shall be obtained (attached copies).
- ❑ Pennsylvania One Call shall be notified prior to excavation. 1-800-242-1776

Residential Plan Review Requirements

- ❑ Two (2) sets of complete drawings shall be submitted with the Building Permit Application.
- ❑ **The required plan review fee shall be submitted with the Building Permit Application payable to PCS: $125.00 for New Dwellings, Accessory Structures; $50.00 for decks, additions**
- ❑ The drawings include a typical wall section indicating the following: footer size and reinforcement, foundation wall details including drainage, anchor bolts, floor joist size, framing sizes, header schedule, ceiling joist and roof rafter details, roof covering details & ventilation details.
- ❑ Engineered lumber specifications and manufacturers product information
- ❑ Floor plans for every story including basement.
- ❑ HVAC details including equipment to be installed.
- ❑ General wiring details including smoke detectors and service size.
- ❑ A plumbing isometric (attached worksheet) design including drainage size, vent size and location, trap location, cleanout locations and drainage fixture details. All building sewer specifications shall be in accordance with the local sanitary authority.
- ❑ Window schedules from the window manufacturer indicating sleeping room egress window and habitable basement egress sizes.

Worker's Compensation Affidavit

The applicant for the Building Permit, in compliance with Act 44 or 1993, hereby submits the following Information and Affidavit. One of the following requirements must be marked:

- ❑ A current *Certificate of Insurance* indicating Worker's Compensation is attached. The certificate must indicate *Muddy Creek Township* as the holder.

- ❑ The building permit applicant or indicated contractor qualifies a qualifies as "Exempt from Worker's Compensation." Please indicate the reason for the exemption by checking one (1) of the following and completing the subsequent information:

    - ❑ The Contractor/Applicant is the owner of the property.

    - ❑ Contractor/Applicant is a Sole Proprietor without employees.

    - ❑ All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Act. Please explain in detail:

      _____

      _____

    - ❑ Contactor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Act. Explain the status of any/or all workers on the project:

      _____

      _____

Complete the following:

Date: _____

Name of Applicant/Contractor: _____

Address:_____

City: _____ **State:** _____ **Zip Code:**_____

1. **Any subcontractors used on this project will be required to carry their own worker's compensation coverage.**
2. **The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.**
3. **Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties as provided by law.**

Signature: _____ **Print Name:** _____

Company: _____ **Title:** _____

Required Inspections

Contact Professional Code Services Inc. to schedule inspections

Phone: (724)449-2633 Fax: (724)449-2673

The following periodic inspections (marked ✓) are required to ensure compliance with the Building Permit you have been issued. All inspections shall be requested no sooner than 48 hours before the inspection is required. **A FINAL INSPECTION IS REQUIRED FOR ALL BUILDING PERMITS**.

- ❑ STAKE-OUT INSPECTION: **Prior to ANY building excavation. All** corners of structure clearly staked out… **All** property lines clearly marked.
- ❑ FOOTING INSPECTION: Before placement of concrete. All required re-enforcement in accordance with the approved drawings should be installed. All reinforcement shall be placed in the bottom 1/3 of the footing and shall be suspended on chairs or other approved device. **Re-Bar Grounding Electrode for Electric Service Completed.**
- ❑ FOUNDATION: (When reinforcement is required) Prior to the placement of all required cell block grouting. All required reinforcement shall be in place. When added to the grout, all aggregate shall be 3/8 inch maximum.
- ❑ BACKFILL: Prior to any backfill. Rough framing must be completed. All waterproofing shall be completed. All drains and filter fabric shall be in place. All anchor bolts shall be installed.
- ❑ ROUGH ELECTRICAL: All electrical installations shall be installed in accordance with the 2005 NEC. Electrical inspections are performed by PCS ((724)449-2633).
- ❑ ROUGH PLUMBING: All drains, vents and water distribution shall be in place. A pressure test shall be conducted at this time and accessible for the inspector [5 lb air or 10-foot water column].
- ❑ ROUGH MECHANICAL: After the installation of all ductwork, fuel gas piping and flues.
- ❑ INSULATION: All required insulation installed in walls including areas to be concealed, prior to insulation.
- ❑ WALLBOARD: All fasteners installed prior to compound or finish material.
- ❑ FINAL ELECTRICAL: Electrical inspections are performed by PCS ((724)449-2633).
- ❑ FINAL PLUMBING: All fixtures shall be installed and fully functional.
- ❑ FINAL MECHANICAL: After all equipment and installation of fixtures.
- ❑ OCCUPANCY/FINAL INSPECTION: All mechanical inspections shall be completed.
- ❑ OTHER _____: Where in the opinion of the Building Official a special inspection is required.

Work shall not proceed until the above inspections are approved by the Building Official. Failure to obtain any of the above inspections may result in penalties in accordance with the UCC Act 45 & local ordinance.

Signature: _____ Print: _____ Date: _____

Rev 3/3/05

Energy Efficiency Data Sheet

The following information must be submitted with the construction documents OR a valid Recheck shall be submitted. The following information must be clearly indicated on the construction document (ceiling, floor, wall assemblies only). Mechanical equipment must be identified, located and labeled on the construction documents. A dimensional section drawing shall be submitted for all insulated floor slabs. ResCheck energy software is available at www.energycodes.gov

1. Ceiling Frame Type _____
2. Ceiling Insulation Type _____ R-Value _____
3. Skylight Frame Material: Metal Frame ❑ Metal Frame with Thermal Break ❑
   Wood Frame ❑ Vinyl Frame ❑ Other _____
4. Skylight U Factor _____ Skylight sq. ft. _____
   Single Pane ❑ Double Pane ❑ Double Pane-Low E ❑ Triple Pane ❑ Triple Pane-Low E ❑
5. Wall Construction _____
6. Gross sq. ft. of Wall Space _____
7. Wall Cavity Insulation R-Value _____ Continuous Insulation R-Value _____
8. Window Frame Material Metal Frame ❑ Metal Frame with Thermal Break ❑
   Wood Frame ❑ Vinyl Frame ❑ Other _____
9. Gross sq. ft. of Window Openings _____
10. Windows; Enter information on the poorest window efficiency in the building: Single Pane ❑
    Double Pane ❑ Double Pane-Low E ❑ Triple Pane ❑ Triple Pane-Low E ❑
    *** Each window must be identified separately or number of each type. Attach schedule**
11. Doors: 1. Solid (under 50% glazing) ❑ Glass ❑ U-Factor _____ R-Value _____ Sq. Ft. _____
    2. Solid (under 50% glazing) ❑ Glass ❑ U-Factor _____ R-Value _____ Sq. Ft. _____
    3. Solid (under 50% glazing) ❑ Glass ❑ U-Factor _____ R-Value _____ Sq. Ft. _____
    4. Solid (under 50% glazing) ❑ Glass ❑ U-Factor _____ R-Value _____ Sq. Ft. _____
    5. Solid (under 50% glazing) ❑ Glass ❑ U-Factor _____ R-Value _____ Sq. Ft. _____
12. Basement Wall Type _____ Gross sq. ft. Area _____
    Measured in feet: (ie 7.5')
    - Wall Height (top of wall to basement floor) _____
    - Depth below grade (finish outside grade to basement floor _____
    - Height of insulation (top of wall to where insulation stops) _____
13. Floor Assembly:
    - **Wood Assembly:** Over un-conditioned space ❑ Over outside air ❑
      Gross Area _____ Cavity R-Value_____ Continuous R-Value _____
    - **Slab on Grade:** Unheated ❑ Heated ❑
      Gross Area _____ Cavity R-Value_____ Continuous R-Value _____
    - **Structural Insulated Panels:** Over un-conditioned space ❑ Over outside air ❑
      Gross Area _____ Cavity R-Value_____ Continuous R-Value _____
14. Crawl Space Wall Type _____ Gross sq.ft. Area _____
    - Wall Height (top of wall to basement floor)_____
    - Depth below grade (finish outside grade to basement floor) _____
    - Height of insulation (top of wall to where insulation stops) _____
15. Heating Equipment: Where more than one (1) unit, use least efficient data
    - Furnace Heating Efficiency _____%
    - Boiler Heating Efficiency _____%
    - Heat Pump Heating Efficiency _____%
    - Air Conditioner Cooling Efficiency _____%

Plumbing Isometric Design - Provide Schematic

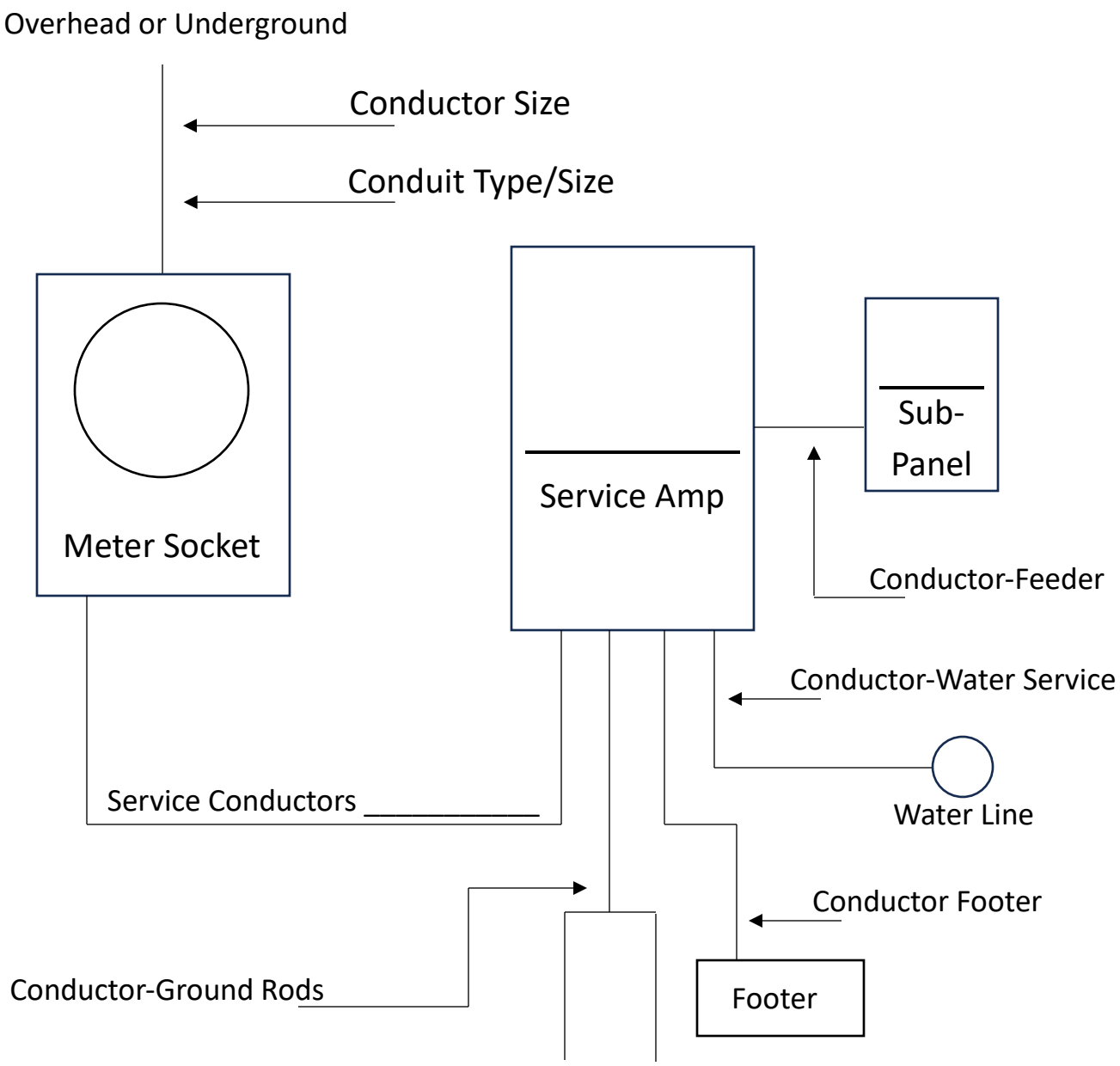
Roof Line

2nd Floor

1st Floor

Basement

Provide Information for New Electrical Service Work



* (2 8’ ground rods 6’ feet apart

MUDDY CREEK TOWNSHIP
SMALL PROJECT STORMWATER MANAGEMENT APPLICATION

Per the Muddy Creek Township Stormwater Management Ordinance, an Applicant is required to submit this Small Project Application whenever Regulated Activities involve the creation of new impervious surfaces. Impervious surfaces are areas that prevent the infiltration of water into the ground and shall include, but not be limited to roofs, patios, garages, storage sheds and similar structures, and any new streets or sidewalks.

TO CALCULATE IMPERVIOUS SURFACES, PLEASE COMPLETE THIS TABLE					
SURFACE TYPE	**LENGTH (FEET)**	**X**	**WIDTH (FEET)**	**=**	**PROPOSED IMPERVIOUS AREA**
Building (area per downspout)		X X X		= = =	
Driveway		X X		= =	
Parking Areas		X X		= =	
Patios/Walks		X X		= =	
Other		X X		= =	
Total Impervious Surface Area to be managed (sum of all areas)					

For all Regulated Activities that involve creation of new impervious surface areas EQUAL TO or GREATER than 5,000 square feet. The Applicant **MUST** submit a Stormwater Management Site Plan and Report as defined in Article Vlll of the Ordinance and implement volume and rate controls.

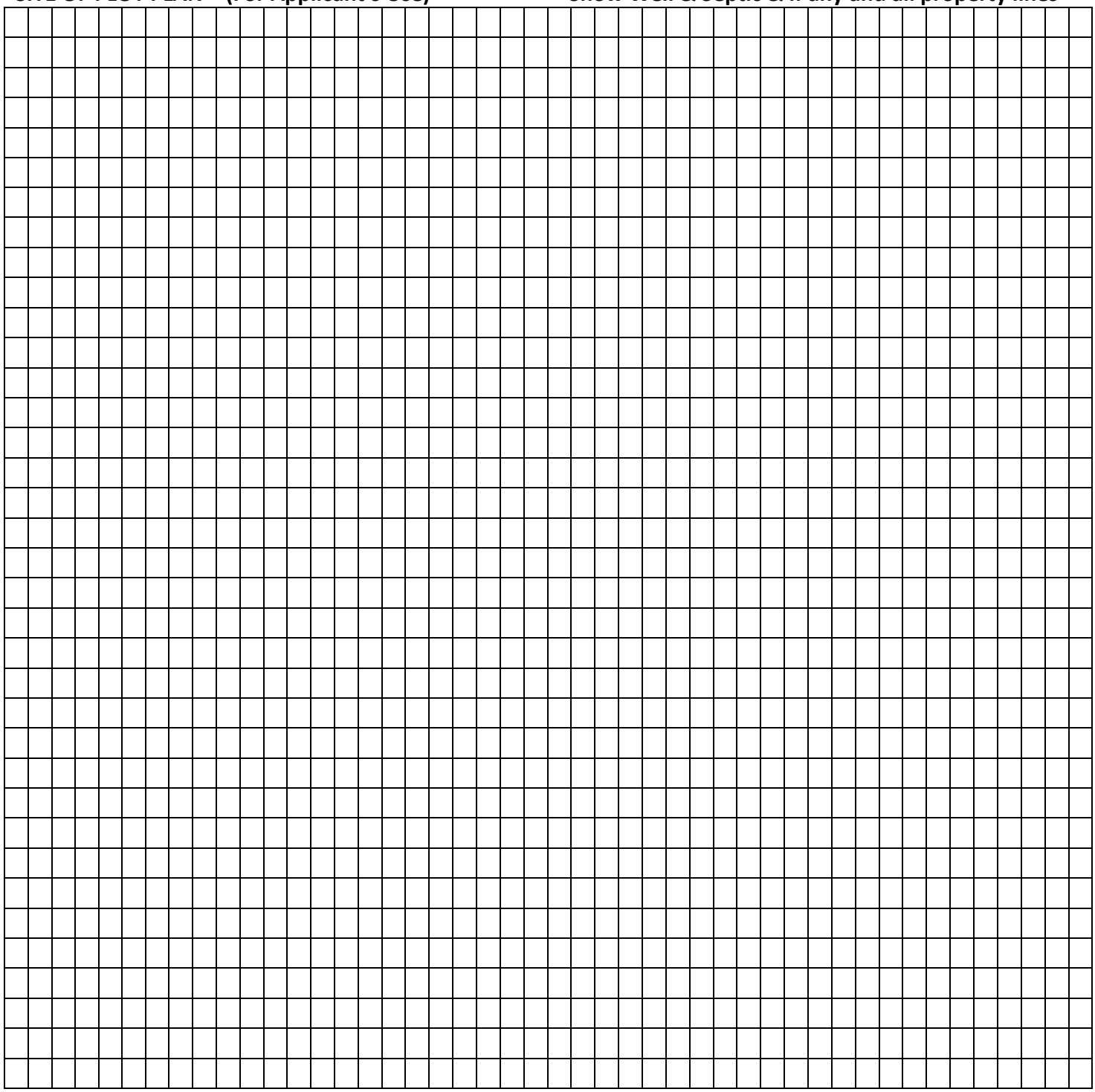
If the Total impervious Surface Area is LESS THAN 5,000 square feet, or the proposed development is a Single Family Residential Activity implementing the minimum measures in Section 302.E., read, acknowledge and sign below.

Based upon information you have provided, a Stormwater Management Site Plan and Report **IS NOT** required for this Regulated Activity. Muddy Creek Township may request additional information and/or a SWM Site Plan for any reason.

Applicant or property Owner certifies that Sections 302.A., 302.B., and 302.C. have been adequately addressed and acknowledges that submission of inaccurate information may result in a stop work order or permit revocation. Acknowledgement of such is by signature below. I declare that I am the Owner or Owner's legal representative. I further acknowledge that the information provided is accurate and employees of Muddy Creek Township are granted access to the above described property for review and inspection as they deem necessary.

Owner: _____ **Date**: _____

Muddy Creek Township
Plot Plan

Applicant's Name: _____
Parcel Number: _____

SITE OF PLOT PLAN – (For Applicant's Use) **Show Well & Septic & if any and all property lines**