



MOSHANNON VALLEY COUNCIL OF GOVERNMENTS  
501 E. MARKET STREET  
SUITE 7  
CLEARFIELD, PA 16830  
814-765-3080

1. **ITEMS TO SUBMIT:**
  - A. COMPLETED AND SIGNED APPLICATION
  - B. SIGNED PRIOR MUNICIPAL APPROVAL PAGE
  - C. TWO (2) SETS OF PLANS
  - D. ANY OTHER ITEM(S) LISTED ON THE SUBMITTAL HANDOUT CHECKLIST
  
2. **GET PRIOR APPROVAL FORM SIGNED BY THE MUNICIPALITY IN WHICH THE WORK WILL BE DONE.**
  
3. **PLEASE PROVIDE ACCURATE MAILING ADDRESS INFORMATION ON THE APPLICATION FOR THE MAILING OF YOUR CERTIFICATE OF OCCUPANCY.**
  
4. **WHEN ALL NECESSARY PAPERWORK HAS BEEN COMPLETED, RETURN IT TO THE MVCOCG OFFICE OR TO YOUR MUNICIPAL OFFICE. AFTER YOUR APPLICATION HAS BEEN REVIEWED, YOU WILL BE CONTACTED WITH THE AMOUNT OF THE PERMIT FEE. PERMIT MUST BE PAID FOR IN FULL BEFORE ISSUANCE.**
  
5. **ONCE PERMIT IS ISSUED, IT IS YOUR RESPONSIBILITY TO SCHEDULE ALL NECESSARY INSPECTIONS.**

*\*FOR RESIDENTIAL PROJECTS, CALL JACK CARNS AT 814-591-0186.*

*\*FOR COMMERCIAL PROJECTS, CALL BRIAN WRUBLE AT 814-590-2933.*

**FAILURE TO CALL FOR A FINAL INSPECTION COULD RESULT IN ADDITIONAL FEES AND/OR PENALTIES.**

6. **IF ANY ASSISTANCE IS NEEDED, CONTACT THE MVCOCG OFFICE.**
  - A. PHONE (814) 765-3080
  - B. FAX (814) 765-3082
  - C. [mvcog@pennswoods.net](mailto:mvcog@pennswoods.net)

**(OFFICE HOURS ARE MONDAY, WEDNESDAY AND THURSDAY FROM 10:00 AM TO 2:00 PM.)**

**PENNSAFE BUILDING INSPECTION SERVICES LLC – PERMIT APPLICATION**

175 Beaver Drive, P.O. Box 486 – DuBois, PA 15801

Phone: 814-375-1111 Fax: 814-375-1117 Toll Free: 855-PENNSAF

Permit No. \_\_\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Municipality: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Site Address: \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Principal

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

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT (Circle all that apply)**

New Building Addition Alteration Repair Demolition Relocation

Change of Use Plumbing Electrical Mechanical Other \_\_\_\_\_

Describe the Proposed work: \_\_\_\_\_

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

**DESCRIPTION OF BUILDING USE (Check one then complete applicable info)**

RESIDENTIAL

Single Family Dwelling

Duplex

Townhouse

Total Sq. ft. of finished living space \_\_\_\_\_

NON-RESIDENTIAL (Commercial)

Building Code Used for Design: \_\_\_\_\_

Specific Use: \_\_\_\_\_

Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Change of Use (indicate former and proposed):

Maximum Occupant Load: \_\_\_\_\_

Maximum Live Load: \_\_\_\_\_

**Sprinkler system to be installed:** (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft.      Number of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ sq. ft.      Height Above Grade: \_\_\_\_\_ ft.  
Total Building Area: \_\_\_\_\_ sq. ft.      Area of Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN INFORMATION**

Is the site located within an identified flood plan area? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Note: All proposed development shall be in accordance with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act.

**HISTORIC DISTRICT INFORMATION**

Is the site located within a Historical District? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Note: If yes, you must provide proper Historical District certification per the UCC Law.

The applicant certifies that all information on this application is correct and the work will be completed in accordance 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 lines, setback lines, easements, right of ways, flood areas, etc. Issuance 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 hereby certifies he/she understands all applicable codes, ordinances and regulations.

Application for a permit shall be made by the **owner or lessee of the building or structure, or authorized agent of either, or by the authorized registered Design Professional** employed in connection with the proposed work.

**I certify that the Code Administrator or the Code Administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the applicable codes to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions to Worksite:** \_\_\_\_\_

OFFICE USE ONLY below

Permit Fee: \$ \_\_\_\_\_ Plan Submittal Checklist Attached: yes \_\_\_\_\_ no \_\_\_\_\_

Plan Review Approval Date: \_\_\_\_\_

**MUNICIPAL PRIOR APPROVAL CHECKLIST**

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

Name of Applicant\_\_\_\_\_

Parcel#\_\_\_\_\_ Lot#\_\_\_\_\_

**This Section below to be completed by the Authorized Municipal Representative**

**CHECKLIST ITEMS**

Is the project site located in a Flood Area? (Check one) yes\_\_\_\_\_ no\_\_\_\_\_

**(Circle one)**-----**Residential Project** or **Commercial Project**

Description of Work: \_\_\_\_\_

Zoning or Land Use Permit            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Stormwater Management            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Street cut/ Driveway            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Sewage/Onlot Permit            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Water Permit            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

PennDot Highway Occupancy            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Floodplain Permit            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

Other\_\_\_\_\_            Approved\_\_\_\_\_            Not applicable\_\_\_\_\_

I certify that all required Municipal Codes, Ordinances and Regulations have been met and approval thereby is granted to issue the requested Permit.

Authorized Municipal Representative signature:\_\_\_\_\_

Date:\_\_\_\_\_

**\*\*NOTE THAT THIS PERMIT APPLICATION PACKAGE MUST BE COMPLETED AND THEN SUBMITTED WITH THE PROJECT CONSTRUCTION PLANS AND THE CORRESPONDING SUBMITTAL CHECKLIST\*\***

## **PENNSAFE BUILDING INSPECTION SERVICES LLC**

### **PLAN SUBMITTAL HANDOUT for COMMERCIAL RENOVATIONS, ALTERATIONS, CHANGE OF OCCUPANCY TO EXISTING BUILDINGS OR SMALL ADDITIONS**

The Project Submittal package is required to include all information on this handout. Check each applicable item. If not applicable, then mark item n/a. This form must be submitted with attached project drawings.

- Permit Application
- Municipal Prior Approval
- Two full sets of Building Plans drawn to scale
- Existing Certificate of Occupancy (if available)

**\*\*The following items are required to be included on the Building Plans\*\***

(Check every item that will be included in the project or marked n/a as not applicable)

- Provide site plan.
- Designate design code used.
- Drawings must include all portions of the building affected by the construction project.
- Provide code compliance path (ie: IBC Chapter 34 or International Existing Building Code).
- Designate level of work as per code.
- All floor plans including basement (both existing and newly proposed must be included).
- Provide overview layout and detail of all structural elements.
- Dimensions of all rooms and areas of building/structure.
- Designate occupant load for each room and total for entire building.
- All exterior elevations of building (existing buildings may substitute photographs of all sides)
- Provide typical wall-section.
- Designate type of construction and use group for all portions of building on the plan.
- Designate all fire walls and separations.
- Stairways, stair towers, ramps, fire escapes, etc.
- Provide door schedule, include fire door ratings.
- Emergency lighting systems, fire alarm systems and fire extinguishing equipment.
- Indicate building means of egress, exit arrangement and sizes, corridors, doors, stairs, etc.
- For all projects that contain plumbing, electric, mechanical or fire system installation or alteration, a detail and scope of work for each discipline must be provided.
- Exit signs and means of egress lighting.
- Include all Handicapped accessibility provisions and details.
- Provide energy code information and compliance path (for example: Comcheck)
- If project is "Change of Use or Occupancy", indicate present use and new proposed use.
- Drawings must be a minimum size of 15"x24" and drawn to a scale not less than 1/8" per ft.
- List the plan designer with all contact information. Include phone, fax and email.

**\*\*THIS COMPLETED FORM MUST BE SUBMITTED WITH PROJECT PLANS\*\***