

# MVCOG

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 MVCOG 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 MVCOG OFFICE.**
  - A. PHONE (814) 765-3080
  - B. FAX (814) 765-3082
  - C. [moshannonvalleycog@gmail.com](mailto:moshannonvalleycog@gmail.com)

(OFFICE HOURS ARE MONDAY AND THURSDAY FROM 9 AM TO 3 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: \_\_\_\_\_

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)**

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**  
**CHILD DAYCARE FACILITY HANDOUT AND REQUIREMENTS**

**CHILD DAY CARE FACILITY DEFINITION:**

A dwelling unit (residence) where child day care services are provided for less than 24 hours for 4 to 12 children is an R-3 residential occupancy if the dwelling unit is used primarily as residence and the provision of day care services is accessory to the principal use of the residence.

**There are three categories of child day care facilities. The first item to complete is to choose the type of daycare facility you are applying for:**

**\*\*Choose the service you are applying for here\*\*:  
(check one)**

1.  Services provided for 4 to 6 children. Go to "Section A".
2.  Services provided for 7 to 12 children. Go to "Section B".
3.  All other - more than 12 children. Go to Section "C".

Every item directly below must be checked and submitted to our office. This form must be completed in its entirety then returned with your project submittal drawings.

- Permit Application
- Municipal Prior Approval Form
- Two sets of floor plans showing all rooms and levels of your residence. Plans must be in ink.
- Building Plans must include all applicable information contained below:

**"Section A" - \*\*Fill out this section if your day care facility will contain 4 to 6 children\*\*:**

- Provide and install a smoke detector on each floor level of the residence, including the basement. The smoke detector shall be powered by a non-replaceable, UL approved lithium battery that is warranted for a 10 years. The smoke detector should sound an alarm when activated that is audible to persons in the unit's indoor child care space with all intervening doors closed. Where this type of detector is utilized, the unit owner of this detector shall keep the proof and date of purchase of the detector in the unit's fire drill logs.
- Provide a portable fire extinguisher rated for Class B Fires in the kitchen and other cooking areas.
- Meet the exiting requirements for an R3 - Residential Occupancy and licensure under 55 Pa. Code Chapter 3290 (relating to family child day care homes).

**“Section “B” - \*\*Fill out this section if your day care facility will contain 7 to 12 children\*\*:**

- Provide and install an **interconnected** smoke detector system.
- Provide a fire extinguisher rated for Class B fires in the kitchen and other cooking areas.
- Meet the exiting requirements for a Residential Occupancy and licensure under 55 Pa. Code Chapter 3280 (relating to group child day care homes).

**“Section “C” - \*\*If your facility will contain more than 12 children, call our office for specific details.\*\***

A Minimum Fee of \$100.00 will apply if facility is approved on first scheduled inspection visit. It is very important to have all the required equipment installed before scheduling your inspection.

Remember to call and schedule your inspection at least 48 hours in advance. You will not receive a Certificate of Occupancy/Approval until your project has been inspected and approved.

**\*\*THIS COMPLETED FORM MUST BE SUBMITTED WITH YOUR FLOOR PLAN DRAWINGS\*\***