

**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**

**COMMERCIAL ROOF PROJECT HANDOUT AND INSPECTION REQUIREMENTS**

Every item below must be checked as completed (if applicable), or marked n/a (if not applicable), for your project. This form must be completed in its entirety then returned with the application.

- Permit Application
- Municipal Prior Approval Form

**\*\*The following items are required to be included with application submittal.\*\***

- Copy of contract.
- Detailed scope of work.
- Manufacturer’s fastening/installation instructions to be submitted or provided at job site.
- Manufacturer’s warranty information.
- Pennsafe reserves the right as to when to require stamped plans for structural repairs/changes.**

**\*\*The following directory is a listing of the required inspections that must be adhered to. This form must be located at the jobsite and shall be provided to the inspector at the time of inspection.\*\***

**To schedule an inspection, call 814-375-1111. A 24-hour advance notice is required.**

**Required Inspections:**

**Inspector/Date:**

Roof Deck Underlayment

\_\_\_\_\_

Final Inspection

\_\_\_\_\_

Copy of Manufacturer’s Warranty

\_\_\_\_\_

**\*\*THIS COMPLETED FORM MUST BE SUBMITTED WITH THE APPLICATION\*\***