## BURRELL TOWNSHIP, INDIANA COUNTY, PA - PERMIT APPLICATION

PO Box 483, Black Lick, PA 15716 Phone: 724-248-3308

Permit No  LOCATION OF PROPOSED WORK OR IMPROV	/FMFNT		
Municipality: Burrell Township			
Tax Parcel #			
Site Address:			
Lot#Subdivision/Land Development:_	Pha	ase: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 New Building Addition Alteration		location	
Change of Use Plumbing Electrication			
Describe the Proposed work:			
ESTIMATED COST OF CONSTRUCTION (Reason	nable fair market value)		
DESCRIPTION OF BUILDING USE (Check one	hen complete applicable in	fo)	
<u>RESIDENTIAL</u>	NON-RESIDE	NTIAL (Commercial)	
Single Family Dwelling	Specific Use	Specific Use	
Duplex		Use Group:Construction Type:	
Townhouse	Change of Use (indic	cate former and proposed):	
Total Sq. ft. of finished living space			
		Load:	
	Maxim1um Live Loa	d:	

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Sprinkler system to be installed: (Check	one) YesI	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 ident	tified flood plan	area? (Check one) YesNo	
Note: All proposed development Flood Insurance Program and the		dance with the requirements of the National lood Plain Management Act.	
HISTORIC DISTRICT INFORMATION			
Is the site located within a Histor	ical District? (Ch	eck one) YesNo	
Note: If yes, you must provide pr	oper Historical D	District certification per the UCC Law.	
accordance with the "approved" construand any additional approved building coowner and applicant assumes the responsible of ways, flood areas, etc. Issuance construed as authority to violate, cancel Municipality or any other governing bod applicable codes, ordinances and regula.  Application for a permit shall be made by authorized agent of either, or by the authorized work.	uction document de requirements nsibility of locati of a permit and or set aside any y. The applicant tions. by the owner or uthorized registe	lessee of the building or structure, or	
•		any reasonable hour to enforce the provisions	
Signature of Owner or Authorized Agent	Prin	nt Name of Owner or Authorized Agent	
Address:		Date:	
Directions to Worksite:			
OFFICE USE ONLY below			
Permit Fee: \$		Submittal Checklist Attached: yesno Review Approval Date:	

## **Burrell Township, Indiana County, PA Setbacks**

New Home - 25 feet from the the property line and the township road (right of way)

Detached Garage/Sheds - 10 feet from the property line and 25 feet from the township road

Attached Garage to House - 25 feet from the property line and the township road

Decks - 5 feet from the property line and 25 feet from the township road

Fences - 5 feet from the property line and 25 feet from the township road

MUNICIPAL PRIOR APPROVAL CHECKLIST			
Name of Municipality			
Name of Applicant			
Parcel#	rarcel# Lot#		
This Section below to be comple	ted by the Authorized M	lunicip	al 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 FIRE ALARM SYSTEMS

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 Plans (minimum 24"x 30") drawn to scale  Existing Certificate of Occupancy (if available)				
The applicant shall be responsible to ensure that design specifications and plans are complete and in compliance with the requirements of the International Fire Code and applicable standards.					
**The following items are required to be included on the Plans**					
(Check every item that will be included in the project or mark n/a as not applicable)					
Proposed	Work:				
_	Design Code Used:; Use Group:; Construction Type:				
	Provide code compliance path (ie: IBC, NFPA).				
	New alarm system within a new building.				
	New alarm system within an existing building.				
	Replacement of existing system. (Include reason for replacement in explanatory comments).				
	Modification of existing alarm system.				
	Two-way communication.				
Alarm Sys	stem Coverage:				
	Required manual fire alarm system.				
	Required automatic detection.				
	Non-required automatic detection.				
	Audible/Visual annunciation.				
	Sprinkler monitoring.				
	HVAC smoke detector monitoring.				
	Smoke damper detectors.				
	Smoke-rated fire doors.				
	High rise building.				
	Elevators.				
	Type 1 cooking hood extinguishing system monitoring.				
	Special extinguishing system releasing panel.				
	Offsite alarm supervision; Type:				
	Alternative materials/methods/design of construction or equipment, approved and signed by				
	the Building Official, and where applicable, the Fire Marshal, or Assistant Fire Marshal				

Docume	ents Provided:
[	☐ Fire alarm permit application.
[	Fire alarm plans (2 sets). Plans shall be drawn to minimum 1/8" scale on minimum 24"x30"
ī	sheets.
	Letter from designer or engineers approved stamp.
Į.	For engine-driven generators, include verification of conformance with NFPA 72 including the fuel supply.
Fire Ala	rm Plans:
[	☐ Site plan.
[	All plan sheets to include title block, name and address of project, and north arrow.
[	Drawings must include all portions of the building affected by the construction project.
[	Floor plan clearly detailing all walls, doors, and identify use of all areas.
[	Exterior walls and doors are clearly distinguished from other construction features.
[	Details of ceiling heights and construction, when applicable to smoke detectors and ceiling strobes.
[	☐ A scaled bar graph shall be shown on all sheets.
[	☐ Include source and location of emergency standby generators.
[	☐ Legend provided.
[	Tenant improvement plans show all adjacent spaces and devices as necessary to show prope device coverage when system includes visual annunciation devices or area coverage smoke detection.
[	Location of all initiating and annunciating devices in project area.
[	☐ Circuit zone numbers, and/or individual device addresses and approximate wiring information for all devices in project area.
[	Distinguish new from existing alarm equipment with "N" and "E" subscripts.
[	Strobe candela ratings.
[	Location of all control panels, booster panels, and remote annunciators.
[	Location of all sprinkler risers, waterflow switches, control valve; fire pumps and controllers.
[	Location of all cooking hood extinguishing systems and other special extinguishing systems.
[	☐ Smoke damper locations.
[	Location of smoke doors on hold-open devices or door-closing devices.
[	Air handlers requiring duct detectors.
[	Ancillary devices, fuel and power shut offs, release of exit door latching hardware, release of door hold-open devices, elevator shunt trip and recall and control voltage monitoring.
[	Location of remote indicator devices.
[	☐ Typical device wiring connections.
[	Battery and voltage drop calculations (all affected panels).
[	Manufacturer's data sheets and model numbers for all equipment and devices. (Identify model used).
[	Compatibility listings verifying component compatibility with the FACP.
	Fire alarm riser diagram showing the affected circuits and address/zone numbers, FACP and NAC panel make and model numbers.
[	☐ Alarm response matrix (system specific).

<b>Riser Diag</b>	ram:
	All control panels, proposed additions and modifications.
	All new and existing initiating and annunciation circuits.
	New and existing connected devices on all modified circuits.
	An "E" or "N" subscript to distinguish existing from new equipment and devices.
	An equipment legend for all devices, (including the model identification), if different from
	legend shown on floor plans.
	All power supplies. Include AH rating batteries.
	Offsite monitoring connections.
	Interface of fire safety control functions.
	Conductor types and sizes. Identify if wiring is enclosed in conduit, exposed, power-limited or non-power limited.
	Device addresses for addressable systems; or device locations by room number or name, for zoned systems.

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