

# REGIONAL MUNICIPAL SERVICES

## BUILDING INSPECTION SCHEDULE

The following inspections marked are required and must be compliant with the 2018 IRC Code

Address: \_\_\_\_\_ Type: \_\_\_\_\_

Re-inspections subject to a \$75.00 fee

- Footing:**
  - Pre-Cast Wall System – After footing is prepped but before stone/walls are set.
  - Concrete/Masonry System – After footer is prepped and formed, prior to pouring.
  
- Foundation Reinforcement:**
  - Poured Concrete Wall – After forms are set and reinforcement is placed, prior to pouring.
  - Block Wall – After block is laid, prior to core pouring.
  
- Foundation:**
  - Pre-Cast Wall System – After 1<sup>st</sup> floor joists and decking are set, prior to backfilling.
  - Concrete/Masonry System – After foundation is waterproofed, prior to backfilling.
  
- Ice & Water Shield:** After ice barrier is installed, prior to shingling. (Barrier shall extend from the lowest edges of all roof surfaces to a point at least 24” inches inside the exterior wall line of the building.
  
- Concrete Slab Pre-Pour:** After floor is prepped with stone and vapor barrier (6 mil polyethylene, insulation board or approved vapor retarder with joints lapped not less than 6” inches shall be placed between the slab and the base course.
  
- Rough Framing:** Prior to insulation or covering. All fire blocking, caulking and draft stopping shall be completed. Performed at the same time as the plumbing or electrical rough-in inspections.
  
- Electric Service:** After installing the meter base and main disconnect. Grounding electrode shall be installed for this inspection.
  
- Plumbing & Mechanical Rough-In:** Prior to insulation. Drainage and water line test required. Gas piping test is required. Ductwork shall be complete. All penetrations shall be fire stopped.
  
- Electrical Rough-In:** Prior to wall coverings. All wiring & Boxes shall be installed. All grounds shall be made. All penetrations shall be fire stopped.
  
- Energy:** After structure is insulated, prior to covering.
  
- Wallboard:** After drywall is hung, prior to taping and spackling.
  
- Final:** After structure is completed, prior to any use or occupancy.

# REGIONAL MUNICIPAL SERVICES

## RESIDENTIAL PLAN REVIEW REQUIREMENTS

Three (3) sets of plans are required. Two (2) submitted to the township office and one (1) set shall be on site at all times. Sheet size shall not be less than 11"x17". All plans shall be to scale.

**All drawings shall bear the name and signature of the person(s) responsible for the design.**

*Plans shall include the following:*

### **Building Plan Review**

- Front, Rear and Side elevations.
- Footing / Foundation diagram and frost depth.
- Garage / Living area separation wall(s).
- Window / Door schedule. All manufacturer's stickers shall be on all glazing.
- Designed snow load. (40 psf)
- Method of Energy/Insulation Conservation. Chosen energy path shall be onsite. (ResCheck, IEC Prescriptive, PA alternatives, IRC Prescriptive).

### **Plumbing Plan Review**

- Diagram of potable water supply system with fixtures, locations and WSFU values.
- Diagram of DWV system with fixtures, location and DFU values.

### **Mechanical Plan Review**

- Location and size of equipment.
- Diagram and size of supply, distribution and return systems.
- Gas piping diagram.

### **Electrical Plan Review**

- Location of all lighting, switches, receptacles, equipment, appliances, transformers, panels and subpanels.
- Panel schedules with circuit and feeder loading, overcurrent protection, and load summaries.
- Indicate the location of smoke detectors, heat detectors, CO detectors and all egress lighting.

### **Site Plan**

- Show all property lines and setbacks, right of ways, easements and floodways.
- Indicate distances from all structures to the property lines.
- Provide address, street names and driveway entrances.

To start the plan review process the following must be submitted to the township office:

- Complete building plans as described above.
- Completed application. **(Please note: incomplete applications will not be processed).**
- A check made payable to Regional Municipal Services, LLC. for the fees as outlined in the fee schedule.

# REGIONAL MUNICIPAL SERVICES

## BUILDING PERMIT APPLICATION

### New Construction of a Residence:

When returning the application, the following items are required:

- A copy of the **sewage permit** (this applies if there is no existing on-lot system.) OR a receipt showing application has been made to hook onto public sewer.
- A copy of the **zoning permit**.
- A Stormwater and E&S plan approval (if necessary).
- A **Certificate of Insurance on your contractor**. The state requires proof of workmen's compensation on the contractor (if the contractor has employees).
- THREE complete sets of plans** on the residence. These plans must include the following information: elevation drawings, foundation drawings, floor plans, electrical, plumbing, venting riser plans and residential energy worksheet. Once the plans have been reviewed, one set will be returned with the permit. These plans will be stamped "Approved" and signed by the Building Code Official.

### Additions/Alterations or New Buildings on your lot:

When returning the application, the following items are required:

- A copy of the **zoning permit**. Check with your township zoning officer if you do not know if you require a zoning permit.
- A **Certificate of Insurance on your contractor**. The state requires proof of workmen's compensation on the contractor (if the contractor has employees). If no employees, a signed notarized affidavit will be required.
- Two complete sets of Building Plans**. If you are constructing an addition, please draw the house and show where the addition will be constructed in relation to the home. We will ask for dimensions of the addition. Submit elevation, floor plan and sectional drawings showing construction, plumbing, heating, electrical and insulation systems to be constructed.

**NOTE:** When an addition or alteration creates a new sleeping space, verification of on-lot sewage capacity will be required from the Municipality's Sewage Enforcement Officer.

# REGIONAL MUNICIPAL SERVICES BUILDING PERMIT APPLICATION

**IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, and IV**

<b>I. LOCATION OF BUILDING</b>	_____ STREET	_____ PARCEL ID#
	_____ CITY, STATE, ZIP	
	IS ANY PORTION OF THE PROPOSED STRUCTURE IN A FLOOD PLAIN? <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*IF YES, AN ELEVATION CERTIFICATE AND ENGINEERED FOUNDATION DRAWINGS WILL BE REQUIRED</small>	

**II. TYPE AND COST OF BUILDING – All APPLICANTS COMPLETE PARTS A - D**

<b>A. TYPE OF IMPROVEMENT</b> <input type="checkbox"/> NEW BUILDING* * <input type="checkbox"/> STICK-BUILT ON SITE <input type="checkbox"/> MODULAR (# OF SECTIONS _____) <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> New <input type="checkbox"/> Used DIMENSIONS _____ X _____ <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION OR BUILD-OUT OF EXISTING <input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> DEMOLITION (# OF UNITS _____) ARE ALL UTILITIES DISCONNECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MOVING OR RELOCATION <input type="checkbox"/> FOUNDATION ONLY	<b>B. PROPOSED USE (FOR DEMOLITION, CHECK MOST RECENT USE OF STRUCTURE)</b> <table style="width: 100%;"> <tr> <td style="width: 33%;"> <b>RESIDENTIAL</b>  <input type="checkbox"/> ONE FAMILY  <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____)  <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____)  <input type="checkbox"/> GARAGE  <input type="checkbox"/> CARPORT  <input type="checkbox"/> SWIMMING POOL  <input type="checkbox"/> IN GROUND   <input type="checkbox"/> ABOVE GROUND  <input type="checkbox"/> SOLAR PANELS  <input type="checkbox"/> GROUND MOUNT   <input type="checkbox"/> ROOF MOUNT  <input type="checkbox"/> OTHER – SPECIFY _____                  _____                  _____             </td> <td style="width: 67%;"> <b>NONRESIDENTIAL</b>  <input type="checkbox"/> AMUSEMENT, RECREATIONAL  <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE  <input type="checkbox"/> INDUSTRIAL  <input type="checkbox"/> PARKING / STORAGE  <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE  <input type="checkbox"/> HOSPITAL, INSTITUTIONAL  <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL  <input type="checkbox"/> PUBLIC UTILITY  <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL  <input type="checkbox"/> STORES, RETAIL, MERCANTILE  <input type="checkbox"/> TANKS, TOWERS  <input type="checkbox"/> OTHER – SPECIFY _____                  _____                  _____                  _____             </td> </tr> </table>	<b>RESIDENTIAL</b> <input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____) <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____) <input type="checkbox"/> GARAGE <input type="checkbox"/> CARPORT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> SOLAR PANELS <input type="checkbox"/> GROUND MOUNT <input type="checkbox"/> ROOF MOUNT <input type="checkbox"/> OTHER – SPECIFY _____ _____ _____	<b>NONRESIDENTIAL</b> <input type="checkbox"/> AMUSEMENT, RECREATIONAL <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> PARKING / STORAGE <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE <input type="checkbox"/> HOSPITAL, INSTITUTIONAL <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL <input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL <input type="checkbox"/> STORES, RETAIL, MERCANTILE <input type="checkbox"/> TANKS, TOWERS <input type="checkbox"/> OTHER – SPECIFY _____ _____ _____ _____
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<b>C. ADDITIONAL PERMITTING.</b> <input type="checkbox"/> FLOOD PLAIN <input type="checkbox"/> STORMWATER <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> E&S PLAN <input type="checkbox"/> ZONING <input type="checkbox"/> CONTRACTOR REGISTRATION			

<b>D. COST</b> BASE COST OF IMPROVEMENTS  ELECTRICAL PLUMBING HEATING / A/C OTHER  TOTAL COST OF IMPROVEMENTS	(OMIT CENTS) \$ _____      \$ _____	NON-RESIDENTIAL – DESCRIBE IN DETAIL THE PROPOSED USE OF BUILDINGS IF USE OF EXISTING BUILDING IS BEING CHANGED. ENTER THE PROPOSED USE.  _____ _____ _____
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**III. SELECTED CHARACTERISTICS OF BUILDING – FOR NEW BUILDINGS AND ADDITIONS, COMPLETE PARTS E – L FOR DEMOLITION, COMPLETE ONLY PART J, FOR ALL OTHERS SKIP TO IV**

<b>E. PRINCIPAL TYPE OF FRAME</b> <input type="checkbox"/> MASONRY (WALL BEARING) <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> STRUCTURAL STEEL <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER – SPECIFY _____ _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> <input type="checkbox"/> PUBLIC / MUNICIPAL <input type="checkbox"/> PRIVATE (ON-LOT SYSTEM)  <b>H. TYPE OF WATER SUPPLY</b> <input type="checkbox"/> PUBLIC / MUNICIPAL <input type="checkbox"/> PRIVATE (WELL, CISTERN)	<b>J. DIMENSIONS</b> _____ WIDTH   _____ LENGTH   _____ HEIGHT   _____ STORIES TOTAL BUILDING SQ/FT _____   LOT SIZE _____ SQ/FT / ACRES TOTAL SQUARE FEET OF ALL EXISTING STRUCTURES _____ TOTAL IMPERVIOUS SQUARE FEET _____
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> GEOTHERMAL <input type="checkbox"/> OTHER – SPECIFY _____ _____	<b>I. TYPE OF MECHANICAL</b> WILL THERE BE CENTRAL AIR CONDITIONING? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>K. NUMBER OF OFF-STREET PARKING SPACES</b> ENCLOSED (GARAGE) _____ OUTDOORS _____
		<b>L. RESIDENTIAL BUILDINGS ONLY</b> NUMBER OF BEDROOMS _____  NUMBER OF BATHROOMS { FULL PARTIAL } _____

# REGIONAL MUNICIPAL SERVICES

## BUILDING PERMIT APPLICATION

IV. IDENTIFICATION – <i>To be completed by all applicants</i>					
	NAME	MAILING ADDRESS	ZIP	PHONE #	Contact for P/U?
1. OWNER OR LESSEE					<input type="checkbox"/>
			E-mail Address		
2. CONTRACTOR					<input type="checkbox"/>
			E-mail Address		
3. ARCHITECT OR ENGINEER					<input type="checkbox"/>
			E-mail Address		

The applicant certifies that all information on this application is correct and the work will be performed in accordance with the approved construction documents and PA Act 45 ( Uniform Construction Code)and any additional approved building code(s) adopted by the municipality. The property owner and applicant assumes the responsibility of locating all property lines, easements, rights-of-ways, flood areas,etc. Issuance of a building 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 certifies that he/she understands all the applicable codes, ordinances and regulations. Application for a permit shall be made by the owner or lessess of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work.

I certify that the Building Code Official or the authorized representative of the BCO shall have the authority to enter any areas covered by the application of said permit at any reasonable hour to enforce the provisions of the code(s) that are applicable to said permit application.

THE UNDERSIGNED APPLICANT UNDERSTANDS THAT FALSE STATEMENTS HEREON ARE MADE SUBJECT TO THE CRIMINAL PENALTIES OF 18 PA. C.S.A. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. THIS APPLIES TO FALSE STATEMENTS MADE ANYWHERE ON ANY PAGE OF THIS APPLICATION.

I HAVE READ AND UNDERSTAND ALL THE STATEMENTS MADE IN THIS ABOVE APPLICATION AND HAVE DISCUSSED ANY QUESTION WITH THE ISSUING OFFICER.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED AGENT

\_\_\_\_\_  
PRINT NAME OF OWNER OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE:

ZONING PERMIT NUMBER (issued by the zoning officer) \_\_\_\_\_

SEWERAGE PERMIT NUMBER (ISSUED BY SEWER AUTHORITY) \_\_\_\_\_

ROAD OCCUPANCY PERMIT NUMBER (issued by municipality or PennDot) \_\_\_\_\_

REVIEWED BY AND DATE

DESCRIPTION	
PERMIT FEE	
STATE FEE	
TOTAL FEE	
PAID <input type="checkbox"/>	