

## BUILDING PERMIT APPLICATION (UCC/IRC 2021)

\* All fields must be completed

DATE OF APPLICATION: \_\_\_\_\_

Your application will not be reviewed until all of the required information has been provided to Schuylkill Township. In accordance to the Pennsylvania State Uniform Construction Code, the Building Code Official shall approve or deny the application in whole or in part within 15 days for residential projects and 30 days for commercial projects.

Historical Property: \* Yes \* No      Commercial Property: \* Yes \* No

**TOWNSHIP USE ONLY**  
Date Received Stamp

PERMIT NO.: \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

PA UCC FEE: \$ \_\_\_\_\_

**TOTAL FEES:** \$ \_\_\_\_\_

**PAID:** \_\_\_\_\_ **CHECK** \_\_\_\_\_ **CREDIT**

**Address of Proposed Work/Improvements:** \_\_\_\_\_

Zoning District: \_\_\_\_\_

Tax Parcel ID #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**Owner** Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner E-Mail Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Applicant** Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant E-Mail: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Contractor PAHIC #** \_\_\_\_\_

**Contractor** Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor E-Mail: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

New building       Addition       Alteration       Repair       Demolition  
 Deck       Pool/Hot Tub       Other: \_\_\_\_\_

**PERMIT INSERTS ENCLOSED** (check all that apply)

Electrical       Mechanical       Plumbing       Impervious Surface Worksheet

**DESCRIBE THE PROPOSED WORK:** \_\_\_\_\_

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ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ \_\_\_\_\_

SQ. FT. ADDITION		SQ. FT. NEW CONSTRUCTION		
SQ. FT. RENOVATED		NO. OF STORIES ABOVE GRADE		
TOTAL SQ.FT. OF HOME		BASEMENT		YES      NO
NO. OF FAMILY UNITS		NO. OF ACCESSIBLE UNITS		

**RESIDENTIAL:**      Hotel (R1)      Multi-Family (R2)      Single Family Dwelling (R3)  
                             Residential Care/Assisted Living (R4)

**NON-RESIDENTIAL:** Use Group \_\_\_\_\_      Change in Use: Yes  No   
     If yes, indicate former use: \_\_\_\_\_  
     Maximum Occupancy Load: \_\_\_\_\_

**ZONING COMPLIANCE**

Minimum setbacks required by zoning ordinance for building:

Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_

Accessory Buildings: \_\_\_\_\_

Does the property have on-site water service: Yes  No Does the property have:      on-site septic       public sewer **\*\* Must attach impervious surface coverage worksheet for all exterior work \*\*****\*\* Must provide plot plan showing setbacks and proposed building location for all exterior work \*\***Is the property located within a floodplain: Yes  No 

(If yes, attach one of the flood hazard certifications mandated in Section 1612.5 of the International Building Code)  
 Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (166-1978) specifically Section 60.3(d)

Does the property have a sprinkler system: Yes  No 

Does the building have any special features (fireplace, elevator, refrigeration systems, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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As the owner or authorized agent of the project for which this application is filed, I certify that:

- The applicant certifies that description of use, estimated construction cost and all other information provided as part of this application for a building permit is correct.
- The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc.
- The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been issued by Schuylkill Township.
- This project will be constructed and the work will be completed in accordance with the approved construction documents and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405, and any additional approved building code requirements adopted by Schuylkill Township.
- Any changes to the approved documents will be filed with Schuylkill Township.
- If the licensed architect, engineer, or contractor in charge of construction should change, written notice of the change will be provided to Schuylkill Township.
- No error or omission in either the drawings and specifications, or application, whether approved or not, or issuance of a permit, shall permit or relieve the applicant from constructing the work in any manner other than as provided for in 34 PA Code Chapters 401-405 and any additional approved building code requirements adopted by Schuylkill Township.
- If signed by someone other than the property owner, this work has been authorized by the owner on record and said person has been authorized by the owner to complete this application on their behalf.
- The applicant certifies that he/she understands all the applicable codes, ordinances and regulations.

**APPLICANT MUST COMPLETE ENTIRE SECTION BELOW****Applicant Signature:** \_\_\_\_\_**Applicant Name (printed/typed):** \_\_\_\_\_**Owner:** Yes  No IF NO:  Contractor  Architect  Engineer  Other: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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~~\* All fields must be completed~~**FOR TOWNSHIP OFFICIAL USE ONLY****ADDITIONAL PERMITS / APPROVALS REQUIRED:** (check all that apply)

<input type="checkbox"/> Road Opening / Driveway	Approved: _____
<input type="checkbox"/> PennDOT Highway Occupancy	Approved: _____
<input type="checkbox"/> Sewer Connection	Approved: _____
<input type="checkbox"/> On-Lot Septic	Approved: _____
<input type="checkbox"/> Zoning Hearing Board	Approved: _____

**DOCUMENTS SUBMITTED:** (check all that apply)

<input type="checkbox"/> Foundation Plans	Date: _____
<input type="checkbox"/> Geotechnical Report	Date: _____
<input type="checkbox"/> Stormwater Management Plan	Date: _____
<input type="checkbox"/> Stormwater BMP Ops/Maintenance Agreement	Date: _____
<input type="checkbox"/> Construction Drawings	Date: _____
<input type="checkbox"/> Structural Calculations	Date: _____
<input type="checkbox"/> Electrical / Plumbing / Mechanical Drawings	Date: _____
<input type="checkbox"/> Insurance / Workers Compensation Certificate	Date: _____

**APPROVALS:**Zoning  Approved  Denied By: \_\_\_\_\_ Date: \_\_\_\_\_If denied, provide explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Building Permit  Approved  Denied By: \_\_\_\_\_ Date: \_\_\_\_\_If denied, provide explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Building Permit Fee: \$ \_\_\_\_\_ Received on: \_\_\_\_\_ Check #: \_\_\_\_\_  Cash