

Richland Township

4019 Dickey Road, Gibsonia PA 15044
Phone: (724) 443-5921 Fax: (724) 443-8860

Building Permit Application

| | |
|----------------------------|---------------------------|
| Date: _____ | Architect/Engineer: _____ |
| Property Owner Name: _____ | _____ |
| Applicant Name: _____ | Phone: _____ |
| Address: _____ | Fax: _____ |
| _____ | E-Mail: _____ |
| Ph: _____ Fax: _____ | |
| E-Mail: _____ | |

| |
|--|
| Property where work is proposed: _____ |
| _____ Parcel # _____ |

New Construction, Alterations, or Renewal

| |
|---|
| Proposed construction or alteration (explain in detail) _____ |
| _____ |
| Total Square Footage: Basement: _____ 1 st _____ 2 nd _____ |
| Total Construction Cost: _____ |

Contractor Information

| |
|---|
| Contractor Name: _____ |
| Address: _____ |
| Phone: _____ Fax: _____ |
| Worker's Compensation Policy No.: _____ |
| Insurer: _____ |
| Expiration No.: _____ |
| Note, A permit will not be issued until a copy of the worker's compensation insurance certificate is submitted indicating Richland Township as the certificate holder. |

All permits required by the Commonwealth of Pennsylvania Department of Labor & Industry including Highway Occupancy Permits shall be obtained by and are the responsibility of the applicant. The applicant shall be responsible for identification of all utilities prior to excavation.

The undersigned hereby acknowledges that the above information and attached documents and drawings are true and accurate and that the permit requirements have been read and understood.

Applicant Signature: _____ Print _____ Date _____

Building Owner's Signature: _____ **Print** _____ **Date** _____

| |
|---|
| Township Use: Date Received _____ / _____ / _____ Initials _____ |
| Date Approved: _____ / _____ / _____ Date Denied: _____ / _____ / _____ |

RESIDENTIAL BUILDING PERMIT INSTRUCTIONS & CHECKLIST

The Building permit application has been completed in full and signed by both applicant & owner.

A survey by a PA registered land surveyor has been submitted with the construction documents. The survey shall indicate the setback distance to every property line. The location of all proposed driveways shall be indicated on the submitted survey.

All required Zoning Permits and approvals have been obtained from the municipality (attach copies).

All required Plumbing approvals and permits from Allegheny County Health Department.

Two (2) copies of scaled and accurate construction drawings have been submitted. See instructions below. **Contact PCS for ALL Non-Residential /Commercial project submittals.**

All applicable highway occupancy permits from PennDOT shall be obtained (attach copies).

The attached "Worker's Compensation Affidavit" has been completed.

"Required Inspections sheet" has been read and signed. (Township will identify required inspections).

All sewer or on-site sewage disposal permit (attach copies).

Pennsylvania One Call shall be notified prior to any excavation 1-800-242-1776.

¹ Residential Plan Review Requirements

Two (2) sets of complete drawings shall be submitted with the Building Permit Application and Zoning Permit Application to gportuesi@richland.pa.us

The required plan review fee shall be submitted with this Application, payable to Richland Township: \$150.00 for New Dwellings, \$189.50 for additions, decks, pools, accessory structures. In addition, a payment of \$75.00 is due for the Zoning review. Payments to be made through Richland Township website www.richland.pa.us, "Online payments".

The drawings include a typical wall section indicating the following: footer size and reinforcement, foundation wall details including drainage, anchor bolts, floor joist size, framing sizes, header schedule, ceiling joist and roof rafter details, roof covering details & ventilation details.

Engineered lumber specifications and manufacturers product information.

Floor plans for every story including basement.

HVAC details including equipment to be installed.

General wiring details including smoke detectors and service size.

A plumbing isometric (attached worksheet) design including drainage size, vent size, and location, trap location, cleanout locations and drainage fixture details. All building sewer specifications shall be in accordance with the local sanitary authority.

Window schedules from the window manufacturer indicating sleeping room egress window and habitable basement egress sizes.

¹ **Checklist for Residential applications. Contact PCS (724-449-2662) for commercial review instructions.**

WORKER'S COMPENSATION AFFIDAVIT

The applicant for the Building permit, in compliance with Act 44 of 1993, hereby submits the following Information and Affidavit. One of the following requirements must be marked.

- A current "**Certificate of Insurance**" indicating Worker's Compensation is attached. The certificate must indicate "**Richland Township**" as the holder.

- The building permit applicant or indicated contractor qualifies as "Exempt from Worker's Compensation". Please indicate the reason for the exemption by checking one of the following and completing the subsequent information:
 - The Contractor/Applicant is the owner of the property.
 - Contractor/Applicant is a Sole Proprietor without employees.
 - All of the contractor/applicant's employees on the project are exemption religious grounds under Section 304.2 of the Act. Please explain in detail:

 - Contractor/applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Act.

Complete the following:

| |
|--|
| Date: _____ |
| Name of Applicant/Contractor: _____ |
| Address: _____ |
| City: _____ State: _____ Zipcode: _____ |
| 1. Any subcontractors used on this project will be required to carry their own worker's compensation coverage. |
| 2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the Permit in Violation of the Act. |
| 3. Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law. |
| Signature: _____ Print name: _____ |
| Company: _____ Title: _____ |

**** DO NOT CHECK OFF ANY OF THE BOXES (To be done by Plan Reviewer)**
Please sign, print and date at the bottom of the page.

REQUIRED INSPECTIONS
Contact Professional Code Services Inc. to schedule inspections
PH: 724-449-2661 FAX: 724-449-2673

The following periodic inspections (marked \checkmark) required to ensure compliance with the Building Permit you have been issued. All inspections shall be requested no sooner than 48 hours before the inspection is required. **A FINAL INSPECTION IS REQUIRED FOR ALL BUILDING PERMITS.**

- STORMWATER RETENTION/SUMP PIT: Prior to backfill, all conductors and storage in place. Contact George Anderson, Richland Township 724-443-5921 ganderson@richland.pa.us
- FOOTING INSPECTION: Before placement of concrete. All required reinforcement in accordance with the approved drawings should be installed. All reinforcement shall be placed in the bottom 1/3 of the footing and shall be suspended on chairs or other approved devices. **Re-Bar Grounding electrode for Electric Service completed.**
- FOUNDATION: (When reinforcement is required) prior to the placement of all required cell block grouting. All required reinforcement shall be in place. When added to the grout, all aggregate shall be 3/8 inch maximum.
- BACKFILL: Prior to any backfill. Rough framing must be completed. All waterproofing shall be completed. All drains and filter fabric shall be in place. All anchor bolts shall be installed.
- ROUGH ELECTRICAL: All electrical installations shall be installed in accordance with the 2008 NEC. Electrical inspections are performed by PCS (724-449-2661).
- ROUGH PLUMBING: **Allegheny County Health Department.**
- ROUGH MECHANICAL: After the installation of all ductwork, fuel gas piping and flues.
- INSULATION: All required insulation installed in walls including areas to be concealed, prior to wallboard.
- ROUGH FRAMING: After all rough electrical and plumbing inspections have been approved prior to insulation.
- WALLBOARD: All fasteners installed prior to compound for finish material.
- FINAL ELECTRICAL: Electrical inspections are performed by PCS (724-449-2661).
- FINAL PLUMBING: **Allegheny County Health Department.**
- FINAL MECHANICAL: After all equipment and installation of fixtures.
- OCCUPANCY/FINAL INSPECTION: All mechanical inspections shall be completed.
- OTHER: _____ Where in the opinion of the Building Official a special inspection is required.

Work shall not proceed until the above inspections are approved by the Building Official. Failure to obtain any of the above inspections may result in penalties in accordance with the UCC Act 45 & local ordinance.

Signature: _____ Print: _____ Date: _____

Energy Efficiency Data Sheet

The following information must be submitted with the construction documents OR a valid Recheck shall be submitted. The following information must be clearly indicated on the construction document (ceiling, floor, wall assemblies only). Mechanical equipment must be identified, located and labeled on the construction documents. A dimensional section drawing shall be submitted for all insulated floor slabs. ResCheck energy software is available at www.energycodes.gov

1. Ceiling Framing Type _____
2. Ceiling Insulation Type _____ R-Value _____
3. Skylight Frame Material: Metal Frame Metal Frame With Thermal Break
Wood Frame Vinyl Frame Other _____
4. Skylight U-Factor _____ Skylight sq.ft. _____ Single
Pane Double Pane Double Pane-Low E Triple Pane Triple Pane Low-E
5. Wall construction _____
6. Gross sq.ft. of Wall space _____
7. Wall Cavity Insulation R-Value _____ Continuous Insulation R-Value _____
8. Window Frame Material Metal Frame Metal Frame With Thermal Break
Wood Frame Vinyl Frame Other _____
9. Gross sq.ft. of Window openings _____
10. Windows; Enter information on the poorest window efficiency in the building: Single Pane Double
Pane Double Pane-Low E Triple Pane Triple Pane Low-E
***Each window must be identified separately or number of each type. Attach schedule**
11. Doors:
 1. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
 2. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
 3. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
 4. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
 5. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
12. Basement Wall Type _____ Gross sq.ft. Area _____ Insulation R-Value _____
Measured in feet; (ie 7.5')
 - Wall Height (top of wall to basement floor) _____
 - Depth below grade (finish outside grade to basement floor) _____
 - Height of insulation (top of wall to where insulation stops) _____
13. Floor Assembly;
 - **Wood Assembly;** Over un-conditioned space Over outside air
Gross Area _____ Cavity R-Value _____ Continuous Insulation R-Value _____
 - **Slab on Grade;** Unheated Heated
Gross Area _____ Cavity R-Value _____ Continuous Insulation R-Value _____
 - **Structural Insulated Panels;** Over un-conditioned space Over outside air
Gross Area _____ Cavity R-Value _____ Continuous Insulation R-Value _____
14. Crawl Space Wall Type _____ Gross sq.ft. Area _____
Measured in feet; (ie 7.5')
 - Wall Height (top of wall to basement floor) _____
 - Depth below grade (finish outside grade to basement floor) _____
 - Height of insulation (top of wall to where insulation stops) _____
15. Heating Equipment; Where more than (1) unit, use least efficient data
 - Furnace Heating Efficiency _____ %
 - Boiler Heating Efficiency _____ %
 - Heat Pump Heating Efficiency _____ %
 - Air Conditioner Cooling Efficiency _____ SEER

Provide Information for New Electrical Service Work

Overhead or Underground

