

KIDDER TOWNSHIP BUILDING PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT **TAX I.D. #** _____

Site Address: _____

Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone: _____ Fax: _____

Mailing Address: _____ Email: _____
(City, State and Zip Code)

General Contractor: _____

Mailing Address: _____ Contractor# _____
(City, State and Zip Code)

Phone: _____ Fax: _____ Email: _____

Architect: _____

Mailing Address: _____ License # _____
(City, State and Zip Code)

Phone: _____ Fax: _____ Email: _____

DESIGN CODE: _____ IBC _____ IRC Energy Code: _____ IECC _____ IRC _____ PA Alt. _____
(**Include design code year**) (Residential only) (Residential only)

TYPE OF WORK OR IMPROVEMENT

New Building Addition Alteration Repair Demolition Relocation
 Foundation Only Change of use Plumbing Mechanical Electrical Other

Describe the proposed work: _____

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

DESCRIPTION OF BUILDING USE (CHECK ONE)

RESIDENTIAL

One Family Dwelling (R-3)
 _____ Number of Bedrooms
 Two Family Dwelling (R-3)
 _____ Number of Bedrooms
 Multi Family Dwelling (R-2)
 _____ Number of bedrooms per unit

NON-RESIDENTIAL

Specific Use: _____
Use Group: _____
Change in Use: Yes No
If yes, indicate former: _____
Maximum Occupancy Load: _____
Maximum Live Load: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units _____ Existing _____ Proposed _____
Mechanical: Indicate Type of Heating/Ventilating/Air Condition (i.e. electric, gas, oil, etc.)
Water Service _____ Public _____ Private _____
Sewer Service _____ Public _____ Private (Septic Permit # _____)

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type of Vent _____
Elevator/Escalators/Lift/Moving Walks: Yes No
Sprinkler System: Yes No
Refrigeration Systems: Yes No

BUILDING DIMENSIONS

Existing Building Area: _____ Sq. Ft. Number of Stories: _____ Feet
Proposed Building Area: _____ Sq. Ft. Height of Structure Above Grade: _____ Feet
Total Building Area: _____ Sq. Ft. Area of the Largest Floor: _____ Feet
Number of Bedrooms _____

FLOODPLAIN

Is the site located within an identified flood prone area? Yes No
Will any portion of the flood prone area be developed? Yes No

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 (Act 166-1978), specifically *Section 60.3(d)*.

LIST OF SUB-CONTRACTORS:

License # _____ Cell # _____

License # _____ Cell # _____

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 Township. The property owner and applicant assume 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 code or ordinance of the Township 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 lessee 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 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 code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address (City, State and Zip Code)

Date: _____

Directions to Site: _____

FOR CODE ADMINISTRATOR USE ONLY

ADDITIONAL PERMITS/APPROVAL REQUIRED

- | | | |
|--------------------------|----------------------------|----------------|
| <input type="checkbox"/> | Driveway | Approved _____ |
| <input type="checkbox"/> | Cut & Fill | Approved _____ |
| <input type="checkbox"/> | PENNDOT Highway Occupancy | Approved _____ |
| <input type="checkbox"/> | DEP Floodway or Floodplain | Approved _____ |
| <input type="checkbox"/> | Sewer Connection | Approved _____ |
| <input type="checkbox"/> | On-lot Septic | Approved _____ |
| <input type="checkbox"/> | Zoning | Approved _____ |
| <input type="checkbox"/> | HARB | Approved _____ |
| <input type="checkbox"/> | Other _____ | Approved _____ |

APPROVALS:

Building permit denied: Date: _____ Date Returned: _____

Building permit approved: Date: _____

Code administrator: _____

Date issued: _____ Date Expires: _____ Permit # _____

Building permit fee: \$ _____ Permit # _____

Plumbing permit (if appl.) \$ _____ Receipt # _____

Mechanical permit (if appl.) \$ _____ Receipt # _____

Electrical permit (if appl.) \$ _____ Receipt # _____

DATE STAMP:

INSPECTION CHECKLIST

(FOR CODE ADMINISTRATOR USE ONLY)

Address: _____

Permit # _____

Required	<u>Type</u>	<u>Date</u>	<u>Inspector</u>	<u>Comments</u>
	Footer	_____	_____	_____
	Foundation	_____	_____	_____
	Plumbing	_____	_____	_____
	Mechanical	_____	_____	_____
	Framing	_____	_____	_____
	Wallboard	_____	_____	_____
	Electrical	_____	_____	_____
	Fire Stopping	_____	_____	_____
	Insulation	_____	_____	_____
	Duct test (if appl.)	_____	_____	_____
	Final Inspection	_____	_____	_____
	2 nd Final Inspection	_____	_____	_____
	Certificate of Occupancy	_____	_____	_____