

# APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.**

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) _____ (NO.) _____ (STREET) _____	ZONING DISTRICT _____
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____	
	SUBDIVISION _____ LOT _____ BLOCK _____	LOT SIZE _____

## II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	<b>D. PROPOSED USE - For "Wrecking" most recent use</b>  <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Residential</b>            12 <input type="checkbox"/> One family            13 <input type="checkbox"/> Two or more family - Enter number of units -----&gt;            14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----&gt;            15 <input type="checkbox"/> Garage            16 <input type="checkbox"/> Carport            17 <input type="checkbox"/> Other - Specify _____            _____            _____         </td> <td style="width: 50%; vertical-align: top;"> <b>Nonresidential</b>            18 <input type="checkbox"/> Amusement, recreational            19 <input type="checkbox"/> Church, other religious            20 <input type="checkbox"/> Industrial            21 <input type="checkbox"/> Parking garage            22 <input type="checkbox"/> Service station, repair garage            23 <input type="checkbox"/> Hospital, institutional            24 <input type="checkbox"/> Office, bank, professional            25 <input type="checkbox"/> Public utility            26 <input type="checkbox"/> School, library, other educational            27 <input type="checkbox"/> Stores, mercantile            28 <input type="checkbox"/> Tanks, towers            29 <input type="checkbox"/> Other - Specify _____            _____         </td> </tr> </table>	<b>Residential</b> 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family - Enter number of units -----> 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----> 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ _____ _____	<b>Nonresidential</b> 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other - Specify _____ _____
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<b>B. OWNERSHIP</b> 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)			
<b>C. COST</b> 10. Cost of improvement.....\$ _____ <i>To be installed but not included in the above cost</i> a. Electrical.....\$ _____ b. Plumbing.....\$ _____ c. Heating, air conditioning.....\$ _____ d. Other (elevator, etc.).....\$ _____ 11. TOTAL COST OF IMPROVEMENT \$ _____	(Omit cents) <b>Nonresidential - Describe in detail proposed use of buildings, e. g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</b> _____ _____ _____		

## III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

<b>E. PRINCIPAL TYPE OF FRAME</b> 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other - Specify _____ _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.)  <b>H. TYPE OF WATER SUPPLY</b> 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	<b>J. DIMENSIONS</b> 48. Number of stories..... 49. Total square feet of floor area, all floors, based on exterior dimensions..... 50. Total land area, sq. ft. .... <b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 51. Enclosed..... 52. Outdoors..... <b>L. RESIDENTIAL BUILDINGS ONLY</b> 53. Number of bedrooms..... 54. Number of bathrooms } Full..... } Partial.....
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other - Specify _____ _____	<b>I. TYPE OF MECHANICAL</b> Will there be central air conditioning? 44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No  Will there be an elevator? 46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No	

NO. 31 REE 1



**IV. IDENTIFICATION - To be completed by all applicants**

Name		Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
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**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

**VII. VALIDATION**

Building Permit number _____ Building Permit issued _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____	<p align="center"><u>FOR DEPARTMENT USE ONLY</u></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by:	
	_____ TITLE

# CONTRACTORS

**THE FOLLOWING INFORMATION IS REQUIRED FOR A PERMIT**

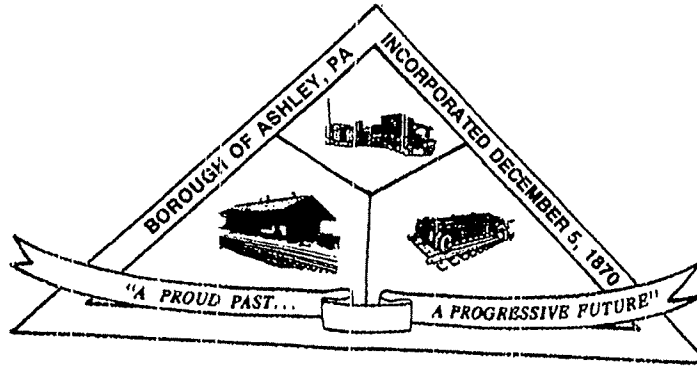
- ▶ **STATE REGISTRATION NUMBER - (RESIDENTIAL)**
- ▶ **COPY OF CONTRACT SIGNED BY BOTH PARTIES WITH THE FOLLOWING**
- ▶ **COMPLETE DISCRIPTION OF WORK**
- ▶ **TOTAL DOLLAR AMOUNT FOR WORK**

**ABSOLUTELY NO EXCEPTIONS**

Mayor  
RICHARD ORAVIC

Police  
(570) 822-8995

Building Code Official  
ANDY KRATZ  
(570) 824-1364



BOROUGH OF ASHLEY  
8-10 NORTH MAIN STREET  
ASHLEY, PENNSYLVANIA 18706

JIM MULLIN  
President of Council

MARTIN McDONALD  
Vice President of Council

Council  
JOHN GIBBONS  
JOSEPH GORHAM  
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STACY MCGOVERN

CHRISTINE J. CASEY  
Secretary of Council

(570) 824-1364  
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### ROOFING SPECIFICATION & INSTRUCTION

ROOF LOAD INCREASE/STRUCTURAL WORK: If structural repairs, alterations or additions are required OR if roof dead loads are to be increased, **roof framing details/plans are to be submitted** for review and approval. An architect or engineer review may be required.

1. Inspection Requirements:  Underlayment/Flashing Inspection  Final Inspection
2. Roof Slope \_\_\_\_\_ Asphalt shingles not permitted for slopes under 2/12. Double underlayment required under 4/12.
3. Does the existing roof have 2 or more layers of roof covering?  Yes  No If yes, tear-off is required
4. Is the existing roof water-soaked or deteriorated?  Yes  No If yes, tear-off is required
5. What type of roof is in place now?  Asphalt  Wood Shake  Slate  Other \_\_\_\_\_
6. What type of roof is proposed?  Asphalt  Wood Shake  Slate  Other \_\_\_\_\_
7. Are eave vents or soffit vents being used?  Yes  No Ridge vent to be installed?  Yes  No

What is the square footage of the attic area of the roof to be replaced? \_\_\_\_\_

#### **ROOF VENTILATION IS TO BE INSTALLED PER THE FOLLOWING CALCULATIONS:**

If roof AND soffit vents are installed, use the following calculation:

Square footage of the attic area \_\_\_\_\_ divide by 300 = \_\_\_\_\_ Square foot of ventilation required

If roof AND soffit vents are NOT installed, use the following calculation:

Square footage of the attic area \_\_\_\_\_ divide by 150 = \_\_\_\_\_ Square foot of ventilation required

8. Ice barrier required from the lowest edges of roof surface to a point at least 24" inside the exterior wall line.
9. Valley construction?  Open  Closed  N/A Type of valley lining \_\_\_\_\_

- All roof coverings shall be installed in accordance with the manufacturer's installation instructions.
- A minimum of 15# felt shall be used. 30# felt may be required per manufacturer's instructions.
- Base, cap, valley and side wall flashing shall be installed per IRC Section 905.2.8 and the manufacturer's instructions.
- Complete tear-off is required if existing roof covering is slate, wood shake, clay, cement or asbestos cement tiles.
- All deteriorated sheathing shall be replaced with like kind material.
- Refer to Section 905 of the IRC for Residential requirements and Chapter 15 of the IBC for Commercial requirements.

Signature of: Owner/Contractor \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
I certify that the above information is true and accurate to the best of my knowledge.

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN - *For Applicant Use*

A large grid of graph paper for drawing a site or plot plan. A north arrow symbol is located in the bottom right corner of the grid area.