ENGINEERS SURVEYORS BUILDING CODE INSPECTORS MUNICIPAL SERVICES

LIGHT-HEIGEL
& ASSOCIATES, INC.

A full service provider of
Pennsylvania Uniform Construction Code (UCC) services.

Uniform Construction Code
Building Permit Application

Rockefeller Township

LOCAL LIGHT-HEIGEL OFFICE CONTACT INFORMATION:

Light-Heigel & Associates, Inc.
135 Walter Drive Suite 3
Lewisburg Pa 17837
Attn: Building Codes
Phone: (570) 524-7742
Fax: (570) 524-7746

FOR ADDITIONAL INFORMATION:
Website: *www.light-heigel.com*
E-mail: *Permits@light-heigel.com*

Rockefeller Township

Northumberland County

UCC Building Permit Application

COMPLETENESS CHECKLIST

The individual completing the application should use the checklist below to assure that all items are included in the application package. The Building Codes Officer will confirm that the required items have been included within 5 days of receipt.

_____ Completed Application with applicant's name, signature and date

_____ Project plans and specifications, (including plot plan) with all required information to verify code compliance

_____ Engineer's Seal on drawings (required for commercial work and special residential situations)

_____ Zoning Permit from Zoning Officer. Contact: *Rockefeller Township*

_____ On-Lot Sewage Permit from SEO. Contact: *Rockefeller Township*
OR

_____ Letter of intent to serve the project from the public water supplier (if applicable)
Supplier: Name of Water Company at Phone #

_____ Municipal Driveway Permit (for access to local municipality roads)
OR
PennDOT Highway Occupancy Permit (for access to state or federal roads)

_____ Completed Worker's Compensation Insurance Coverage Form

_____ Completed Fee Schedule Worksheet

_____ Total Permit Fee enclosed (made payable to *Light-Heigel* & *Associates, Inc.)*

_____ Municipal Administrative Fee enclosed ($5 made payable to Rockefeller Township*)*

_____

Completeness Signature of Building Code Official

_____

Date Submittal Determined Complete

UNIFORM CONSTRUCTION CODE BUILDING PERMIT APPLICATION

PLEASE PRINT LEGIBLY

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Tax Parcel #:_____

County: Northumberland Township or Borough: Rockefeller Township

Site Address:_____ City & Zip:_____

Subdivision/Land Development:_____ Lot #:_____

Directions to Work Site: _____

_____

_____

Owner:_____ Phone #:_____

Complete Mailing Address:_____

Email: _____

Principal Contractor:_____ Phone # _____

Mailing Address:_____ Email: _____

Architect/Designer/Engineer_____ Phone #_____

Mailing Address:_____ Email: _____

The *Building Permit* and *Occupancy Permit* should be sent to: ☐ Owner ☐ Contractor (please check)

TYPE OF WORK OR IMPROVEMENT

☐ New Building ☐ Addition ☐ Alteration ☐ Change of Use ☐ Relocation

Describe the proposed work: _____

_____

*ESTIMATED FAIR MARKET VALUE OF CONSTRUCTION $*_____

BUILDING/SITE CHARACTERISTICS

Energy: Indicate method chosen to confirm energy code compliance.

☐ Design by Total Building Envelope (RESCheck / COMCheck or equal)

☐ Design by PA Alternative Res. Energy Provisions

☐ Other (specify) _____

BUILDING DIMENSIONS

Existing Building Area: _____sq. ft. Number of Stories: _____

Proposed Building Area: _____sq. ft. Height of Structure Above Grade: ___ft.

Total Building Area: _____sq. ft. Area of the Largest Floor: _____sq. ft.

FLOODPLAIN

Is the site located within an identified flood hazard area? (*Check one*) ☐ YES ☐ NO
Will any portion of the flood hazard area be developed? (*Check one*) ☐ YES ☐ NO ☐ N/A

If checked yes, applicant must submit certification that lowest floor elevation is at or above the design 100-year flood elevation, as required in the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*. All living spaces and mechanical equipment shall be placed above the 100-year flood elevation.

Note: The National Flood Insurance Program recommends that residential and non-residential structures be elevated 1.5' above the 100-year flood elevation. Many municipalities have adopted all or part of these recommendations in their zoning ordinances, in which case the most restrictive regulation will apply.

Lowest Floor Level: _____

CONSTRUCTION PLANS AND SPECIFICATIONS

Are construction plans and/or specifications attached, illustrating elevations, floor plans, electrical, plumbing, mechanical layouts, energy code compliance data, design loads and calculations, window and door schedule, typical cross sections, typical footer and foundation details, etc.?

☐ YES ☐ NO

SITE PLAN

Is a site plan attached, showing the size and location of the new construction and existing structures on the site and the structure's distance from the property lines?

☐ YES ☐ NO

WORKER'S COMPENSATION INSURANCE COVERAGE

All applicants are required to submit evidence of Worker's Compensation Insurance Coverage or an exemption form as directed by PA ACT 44. Complete and attach the Worker's Compensation Insurance Coverage Worksheet.

Note: Contractor may fax or mail Workman's Compensation Insurance Coverage directly to Light-Heigel. Be sure to include the job name on the fax. Fax # (570) 524-7746

☐ Worker's Compensation Insurance Coverage Worksheet attached.

CERTIFICATION AND/OR ACKNOWLEDGEMENT OF RESPONSIBILITY

Application for a permit shall be made by the *owner* or *lessee* of the building or structure, the *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

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 Municipality.

The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, right-of-way, 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 codes or ordinances of the Municipality or any other governing body.

Authorized Agent Acknowledgement – 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 an authorized agent and agree to conform to all applicable regulations set forth by PA ACT 45.

Pennsylvania Act 45, Sections 403.45 & 403.46 requires that a final inspection be performed. *A building, structure or facility may not be used or occupied without a certificate of occupancy.* Failure to arrange for your final inspection after the project is completed is a violation that will result in possible legal action from your municipality. This action may include a fine of not more than $1,000.00 in costs for each day the violation exists (Section 903).

Failed/Additional inspections – Permit fees are calculated based on a set number of inspections. In the event that additional inspections are required due to failed inspections, not ready, lack of access, etc., the permit holder will be billed at the full rate for that type of inspection. A Certificate of Occupancy will not be issued until all fees have been paid.

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, Zip

Date

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. The Applicant or Authorized Agent is

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

☐ YES ☐ NO

If the answer is "yes" complete Section B, if "no" complete section C below.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Worker's Compensation. ☐ Certificate Attached

Name of Worker's Compensation Insurer _____

Worker's Compensation Insurance Policy

No. _____ ☐ Certificate Attached

Policy Expiration Date: _____

C. Exemption

I, _____, do attest that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit, if I employ any other persons, I will notify this office and provide proof of workers' compensation coverage within three working days.

I understand that failure to comply, will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993, Act 44.

Residential Fee Schedule Sheet

A. Individual Inspections / Residential Additions (> 200 sf):

Plan Review	$100.00	=	_____
Footer Inspection	$85.00	=	_____
Foundation Inspection	$85.00	=	_____
Framing Inspection	$85.00	=	_____
Wallboard Inspection	$85.00	=	_____
Rough Plumbing Inspection	$85.00	=	_____
Rough Electrical Inspection	$85.00	=	_____
Rough Mechanical Inspection	$85.00	=	_____
Insulation Inspection	$85.00	=	_____
Final Inspection / COO	$110.00	=	_____
Sub Total (Individual)		=	_____

B. SF Home base fee $890.00 = _____

SF Home >2000 SF but <5000 SF + _____
SF EXCEEDING 2000 (X .38)

SF Home >5000 SF + _____
DO NOT ADD TO ANY OTHER FEE (X .45)

Sub Total (SF Home) = _____

C. Specific Projects:

Decks & Porches	$300.00	=	_____
In Ground Pool	$350.00	=	_____
Above Ground Pool	$150.00	=	_____
Pool & Deck	$350.00	=	_____
Residential Addition (2 story or > 200 sf) See section A			
Residential Addition (1 story and < 200 sf)	$350.00	=	_____
Electrical Service Inspection	$125.00	=	_____
Manufactured Home (Single)	$400.00	=	_____
Manufactured Home (Double)	$500.00	=	_____
Industrialized Home	$600.00	=	_____
Roof/ground (res) mount Solar (max 60A)	$300.00	=	_____
Solar (60-100A)	$400.00	=	_____
Solar (over 100A)	$500.00	=	_____
Demolition	$100.00	=	_____

Sub Total (Specific) = _____

Government Surcharge $4.50 = $4.50

Total Permit Fee = _____

MAKE CHECK PAYABLE TO: LIGHT-HEIGEL & ASSOCIATES, INC.
FOR OFFICE USE ONLY: CHECK # _____ RECEIVED ON _____BY_____

Municipal Fee: = **$5.00**
MAKE ***SEPARATE*** CHECK PAYABLE TO: **ROCKEFELLER TOWNSHIP**
FOR OFFICE USE ONLY: CHECK # _____ RECEIVED ON _____BY_____