

Fairview Township Building Permit Application

Permit Fee: _____

65 Shady Tree Drive, Mountaintop, PA 18707

Phone: 570-270-3900

Fax: 570-270-3892

Zoning Fee: _____

Sewer Fee: _____

Permit #: _____

*** Fill out ONLY applicable blocks. If unknown, leave blank.

Date: _____

Site Address: _____ Tax Parcel #: _____

Lot #: _____ Subdivision / Land Development: _____

Owner: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ Email: _____

Contractor: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ Email: _____

Architect: _____ Phone #: _____ Fax #: _____

Mailing Address: _____ Phone #: _____ Fax #: _____

Type of Work of Improvement (Check All That Apply)

- | | | | | |
|---------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Alteration | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical |

Describe the proposed work: _____

Cost of Construction: \$ _____

Utility Company Job # _____

Description of Building Use (Check One)

RESIDENTIAL

- One-Family Dwelling
 Two-Family Dwelling
 Multi-Family
of Units _____

NON-RESIDENTIAL

Specific Use: _____

Use Group: _____

Change in Use: Yes No

If Yes indicate former use: _____

Maximum Occupant Load: _____

Maximum Live Load: _____

Building / Site Characteristics

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
Mechanical: Type of Heating / Ventilating / Air Conditioning (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 _____ Fuel Type _____ BTU's _____ Vent Type: _____
Elevator / Escalators / Lifts / Moving Walks: Yes No
Sprinkler System: Yes No
Pressure Vessels: Yes No
Refrigeration System: Yes No

Building Dimensions

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

Flood Plain

Is the site located within an identified flood prone area?: Yes No
Will any portion of the flood prone area be developed?: Yes No N/A
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).

Historic District

Is the site located in a Historic District?: Yes No
If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.

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 assumes the responsibility of locating all property lines, setback lines, easements, rights-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. The applicant certifies 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

For Code Administrator Use Only

Additional Permits / Approvals Required:

	Approved:	
<input type="checkbox"/> Street Cut / Driveway	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cut and Fill	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> PennDOT Highway Occupancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> DEP Floodway or Floodplain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Sewer Connection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> On-Lot Septic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Zoning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Historical & Architectural Review Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Stormwater Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other (list)		

Approvals:

Building Permit Denied: Date: _____ Date Returned: _____

Building Permit Approved: Date: _____

Code Administrator: _____

Date Issued: _____ Expires On: _____ Permit #: _____

Building Permit Fee: \$ _____

Project Documents (Drawings and Calculations)

Type of Documents:

Foundation Plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workers		
Comp.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fairview Township Residential Permit Fee Schedule

Cost of Work	Total Permit Fee
\$1.00 - \$500.00	\$24.50
\$500.01 - \$600.00	\$29.50
\$600.01 - \$700.00	\$34.50
\$700.01 - \$800.00	\$39.50
\$800.01 - \$900.00	\$44.50
\$900.01 - \$1,000.00	\$49.50
\$1,000.01 - \$2,000.00	\$64.50
\$2,000.01 - \$3,000.00	\$79.50
\$3,000.01 - \$4,000.00	\$94.50
\$4,000.01 - \$5,000.00	\$109.50
\$5,000.01 - \$6,000.00	\$124.50
\$6,000.01 - \$7,000.00	\$139.50
\$7,000.01 - \$8,000.00	\$154.50
\$8,000.01 - \$9,000.00	\$169.50
\$9,000.01 - \$10,000.00	\$184.50

\$10,000.01 and above will be \$200.00 plus \$7.50 for each additional \$1,000.00, plus a \$4.50 State Fee

Residential Electrical Service Fee is a flat rate of \$104.50

FAILED inspections are subject to an additional charge of \$65.00 per inspection

Cost of work will be based upon the contract provided with application OR the Higher of the Code Officials estimate based on either the most recent edition of the R. S. Means Co., Inc. "Construction Data Book" or by Marshall & Swift.

FEES WILL BE DOUBLED FOR THOSE FAILING TO SECURE PERMIT PRIOR TO START OF WORK

**Make check or money order payable to: BHW Construction Consultation Services, Inc.
1151 Route 315
Wilkes-Barre, PA 18702**

Fairview Township Commercial Permit Fee Schedule

Cost of Work	Permit Fee
\$1.00 - \$500.00	\$29.50
\$500.01 - \$600.00	\$35.75
\$600.01 - \$700.00	\$42.00
\$700.01 - \$800.00	\$48.25
\$800.01 - \$900.00	\$54.50
\$900.01 - \$1,000.00	\$60.75
\$1,000.01 - \$2,000.00	\$79.50
\$2,000.01 - \$3,000.00	\$98.25
\$3,000.01 - \$4,000.00	\$117.00
\$4,000.01 - \$5,000.00	\$135.75
\$5,000.01 - \$6,000.00	\$154.50
\$6,000.01 - \$7,000.00	\$173.25
\$7,000.01 - \$8,000.00	\$192.00
\$8,000.01 - \$9,000.00	\$210.75
\$9,000.01 - \$10,000.00	\$229.50

\$10,000.01 and above will be \$200.00 plus \$10.00 for each additional \$1,000.00
Plus 25% administration fee, plus \$4.50 State Fee

Commercial Electrical Service Fee is a flat rate of \$154.50

FAILED inspections are subject to an additional charge of \$65.00 per inspection

Cost of work will be based upon the contract provided with application OR the Higher of the Code Officials estimate based on either the most recent edition of the R. S. Means Co., Inc. "Construction Data Book" or by Marshall & Swift.

FEES WILL BE DOUBLED FOR THOSE FAILING TO SECURE PERMIT PRIOR TO START OF WORK

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1151 Route 315
Wilkes-Barre, PA 18702**

To schedule inspections please call or email us at the following: Office 570-270-3900.

Jason Humenanski	Building Inspector	Phone: 570-704-9478
	UCCconsultant@hotmail.com	
Joe Sleboda	Electrical Inspector	Phone: 570-574-2504
	joes@bhwinspections.net	
Mark D. Bienias	Plumbing & HVAC Inspector	Phone: 570-814-1048
	MarkB@BHWinspections.com	

*** Carbon Monoxide Detectors Are Required To Be Provided For Any Residence That Contains A Fuel-Fired Appliance Or Has An Attached Garage**

The following inspections are required if applicable:

Concrete Foundation Wall Pre-Pour

Backfill Inspection (Prior to placement)

Underground Plumbing

Underground Electrical

Electrical Service (A Utility Company Job Number is required to be obtained from the utility company)

Basement Slab Pre-Pour

Rough Framing

Rough Wiring

Rough Plumbing

Rough Mechanical

Insulation / Energy Conservation

Wallboard

Final Building

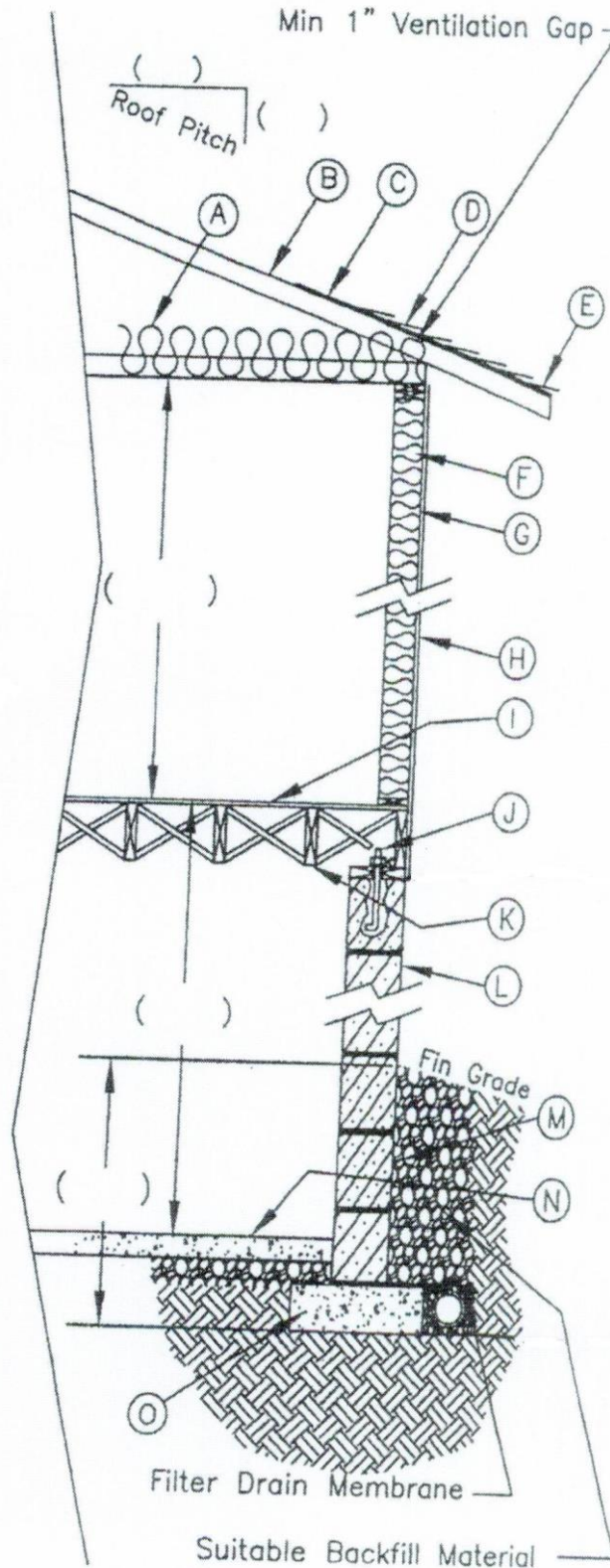
Final Electrical

Final Plumbing

Final Mechanical

Wall Envelope Detail / Description

- A** Ceiling Insulation:
Type: _____ R-Value: _____
- B** Rafters / Trusses
Type: _____ Span: _____
Spacing: _____
- C** Roof Sheathing
Type: _____ Thickness: _____
- D** Roof Underlayment
Type: _____
- E** Roof Covering
Type: _____
- F** Wall Insulation
Type: _____ R-Value: _____
- G** Wall Framing
Stud Size: _____ Spacing: _____
- H** Wall Sheathing
Type: _____ Thickness: _____
- I** Sub-Floor Sheathing
Type: _____ Thickness: _____
- J** Sill Plate Anchor
Type: _____ Spacing: _____
- K** Floor Joist / Truss
Type: _____ Span: _____
Spacing: _____
- L** Foundation
Type: _____ Thickness: _____
- M** Foundation Waterproofing System
Type: _____
- N** Floor
Type: _____ Thickness: _____
- O** Footer
Type: _____ Thickness: _____
Width: _____ Strength: _____



Minimum 42" Frost Depth Requirement