

DEVELOPMENT PERMIT APPLICATION

KEATING TOWNSHIP ORDINANCE NO. 55*

(NO DEVELOPMENT PERMIT SHALL BE ISSUED UNTIL AFTER
ISSUANCE OF A SEWAGE PERMIT IN A SITUATION WHERE SEWAGE
DISPOSAL WILL BE NEEDED.)

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NO.: _____

PROPOSED PROJECT LOCATION: _____

PROPERTY INDEX NO.: _____

TYPE OF BUILDING/IMPROVEMENT: _____
(new, repair, addition, etc.)

PROPOSED USE: _____

IF NEW, WILL THIS BE A REPLACEMENT: _____

PROPOSED USE OF EXISTING STRUCTURE: _____
(raze, remove, convert, etc.)

IF CONVERTED, PROPOSED USE: _____

TYPE OF CONSTRUCTION OF NEW BLDG: _____
(wood, masonry, etc.)

DIMENSIONS: _____

DISTANCE FROM NEAREST ADJACENT BLDG.: _____

ESTIMATED VALUE OF CONSTRUCTION: _____

WHAT DEED RESTRICTIONS MAY GOVERN THIS PROPERTY: _____

FEE: \$25.00

SEWAGE PERMIT NO. _____

*ORDINANCE NO. 55- No part of any building shall be located less than ten feet from the right-of-way of any road, street or highway, or less than five feet from any side or rear lot line.

UNIFORM CONSTRUCTION PERMIT APPLICATION



Commonwealth of Pennsylvania

DCED-CLGS 01/02

KELMAR SERVICES, LLC
814 Interstate Pkwy.
Bradford, PA 16701
(814) 598-0740

No. _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Municipality: _____

Site Address: _____ Tax Parcel # _____

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

Applicant: _____ Phone # _____

Owner: _____ Phone # _____ Fax # _____

Mailing Address: _____ E-Mail: _____

Principal Contractor: _____ Phone# _____ Fax# _____

Mailing Address: _____

Architect: _____ Phone# _____ Fax# _____

Mailing Address: _____ E-Mail: _____

TYPE OF WORK OR IMPROVEMENT (Check One)

- New Building Addition Alteration Repair Demolition Relocation
 Foundation Only Change of Use Plumbing Mechanical Electrical

Describe the proposed work: _____

****PLEASE INCLUDE FOUNDATION AND STRUCTURAL DRAWINGS****

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

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

- One-Family Dwelling (R-3)
 Two-Family Dwelling (R-3)
 Multi-Family (R-2)
 Hotels (R-1)

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 Conditioning (i.e., electric, gas, oil, etc.) _____

Water Service: (Check) Public Private

Sewer Service: (Check) Public Private (Septic Permit # _____)

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ BTU's _____ Type Vent _____

Elevator/Escalators/Lifts/Moving walks: (Check) YES NO

Sprinkler System: YES NO

Pressure Vessels: YES NO

Refrigeration Systems: YES NO

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft.
Proposed Building Area: _____ sq. ft.
Total Building Area: _____ sq. ft.

Number Of Stories: _____
Height of Structure Above Grade: _____ ft.
Area of the Largest Floor: _____ sq. ft.

FLOODPLAIN

Is the site located within an identified flood prone area? (Check One) YES NO
Will any portion of the flood prone area be developed? (Check One) 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 within 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

Address

Date

Directions to Site: _____

KELMAR SERVICES, LLC

814 Interstate Parkway - Bradford, PA 16701

phone (814) 598-0740

MARK GRASSI – inspector

RESIDENTIAL INSPECTION FEES:

Stick Framed	\$234.00 plus \$.35 per square ft.*
Additions / Alterations	\$234.00 plus \$.35 per square ft.*
Modular Home	\$234.00 plus \$.23 per square ft.*
Non-living spaces attached to home (Attached garages, decks, porches, basements, etc.)	\$0.12 per sq. ft. (added to above)

above fees cover footing, foundation, framing, plumbing, electrical, mechanical, energy and final inspections

>>>> Additional visits may be billed separately at not less than \$55.00 per visit <<<<

Mobile home w / out basement	\$320.00*
Decks that are not included in other permits	\$114.00 plus \$.06 per square ft.*
Decks with roof	add 30% to above fee
Detached garages	\$119.00 plus \$.12 per square ft.*
Demolition	\$79.00*

>>>> Additional visits may be billed separately at not less than \$55.00 per visit <<<<

Small scale and other projects will be evaluated on an individual basis

****WORK STARTED WITHOUT PERMITS IS SUBJECT TO ADDITIONAL FEES****

*PA state permit fee included

NEW COMMERCIAL:

PLAN REVIEW:

Construction value up to \$1.25 M	=	C.V. x .0015 (\$150 minimum)
Construction value \$1.25 M to \$5 M	=	\$1875 + [.0005 x (C.V. - \$1.25M)]
Construction value over \$5 M	=	\$3750 + [.0004 x (C.V. - \$5M)]

Mechanical, plumbing, electrical and fire protection plan reviews:

These fees are each calculated at 25% of the building plan review fee.

INSPECTION FEES:

C.V. construction value fee = (modifier) X (C.V multiplier) + (project length X cost factor)

\$0 to 2 M	>>	.002 X (C.V.) + (no. of weeks X \$50)
\$2 M to \$6 M	>>	\$4000 + [.0009 X (C.V. - \$2 M) + (no. of weeks X \$50)
\$6 M to \$10 M	>>	\$7600 + [.0008 X (C.V. - \$6 M) + (no. of weeks X \$40)
\$10 M to \$30 M	>>	\$10800 + [.00075 X (C.V. - \$10 M) + (no. of weeks X \$40)
\$30 M to \$50 M	>>	\$25800 + [.0007 X (C.V. - \$30 M) + (no. of weeks X \$40)
\$50 M to \$100 M	>>	\$39800 + [.00065 X (C.V. - \$50 M) + (no. of weeks X \$40)

Mechanical, plumbing and fire protection inspection fees:

These fees are each calculated at 25% of the building inspection fee.

Electrical fees are calculated at 35% of the building inspection fees.

MISC. INSPECTION FEES:

Commercial renovation / addition	\$100.00 + (\$14.00 per \$1000 const. Cost) Minimum \$290.00*
Signs: wall	\$79.00*
ground sign w/footing	\$129.00*
Residential day care	\$100.00
Commercial day care	\$150.00
Above ground pools & spas	\$129.00*
In ground pools	\$234.00*
Tri-annual Dept. of Health	
Public pool electrical inspection	\$300.00

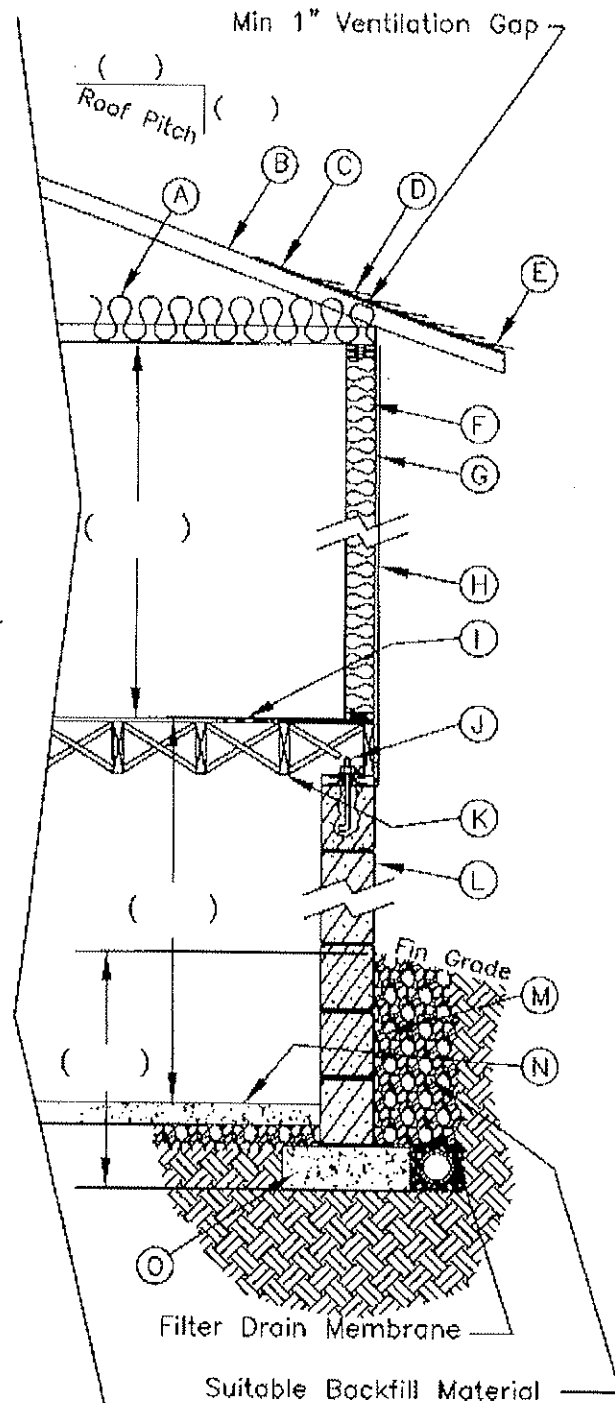
>>>> Additional visits may be billed separately at not less than \$55.00 per visit <<<<

****WORK STARTED WITHOUT PERMITS IS SUBJECT TO ADDITIONAL FEES****

*PA state permit fee included

CROSS SECTION SUBMITTAL

- (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 _____
Type _____
- (H) Wall Sheathing
Type _____ Thickness _____
- (J) Sill Plate Anchor
Type _____ Spacing _____
- (I) Sub-Floor Sheathing
Type _____ Thickness _____
- (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 _____



Provided by: RUSSELL GRAPHICS

Deck Plan w/ Roof Submittal

- Provide Plans for Roof (looking down from above) and Plan of Deck, indicate Existing Structure, and New Construction. All drawings must include types, sizes and spans of all materials used such as Posts, Beams, Joists, Trusses and Rafters.
- See Drawings and Details Figures 1.1, 1.2 and 1.3 for Item locations and additional information.

Roof Type:

- Select one: Shed ___ Gable ___ Hip ___ Other ___

Roof Size (overall dimensions):

- Length: _____ Width: _____

① Roof Covering:

- Type: _____

② Roof Sheathing:

- Type: _____ Thickness: _____

③ Rafters or Trusses: (circle one)

- Type: _____ Pitch: _____
- Span: _____ Spacing: _____

④ Carrier Beam (roof):

- Material: _____
- Size (nominal): _____ X _____
- Spacing Center to Center: _____
- Clear span distance: _____

⑤ Support Post (roof):

(n/a if post runs thru to footer)

- Material: _____
- Size (nominal): _____ X _____
- Post Length: _____

⑥ Guardrail:

- Required if floor is 30" or more above ground.
- Constructed so no opening will allow 4" sphere to pass thru.
- * See note

Stairs (where applicable):

- No. of Treads (9" min.): _____
- No. Risers (8¼" max.): _____
- Min. 4" high toe Kick.

⑦ Handrail:

- Constructed so no opening will allow 4" sphere to pass thru.
- See Figure 1.2 for Acceptable Handrail Details
- * See note

Deck Size (overall dimensions):

- All Fasteners MUST be exterior grade.
- Length: _____ Width: _____

⑧ Flooring:

- Material: _____
- Size (nominal): _____ X _____

⑨ Floor Joists:

- Material: _____
- Size (nominal): _____ X _____
- Spacing Center to Center: _____
- Clear span distance: _____

⑩ Carrier Beam (floor):

- Material: _____
- Size (nominal): _____ X _____
- Spacing Center to Center: _____
- Clear span distance: _____

⑪ Support Post (deck):

- Material: _____
- Size (nominal): _____ X _____
- Post Length: _____

Footer:

(Select one or provide drawing if other)

- Type 'A': _____
- Type 'B': _____

*Note:

- Handrail assemblies and guards shall be able to resist a single concentrated load of 200lbs. applied in any direction at any point along the top.

