1035 Beck Road Gettysburg, PA 17325

Phone: (717) 624-8049 Fax: (717) 624-7110

Application for Permit

Permit Procedure Sheet # 8

| LOCATION OF PROPERTY | Address | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | Parcel Type: Residential Commercial Industrial Other | | | | | | | |
| | Lot Area Coverage Percentage | | | | | | | |
| OWNER INFORMATION | Name of Owner/s Address of Owner | | | | | | | |
| | Phone Number E-mail address | | | | | | | |
| CONTRACTOR INFORMATION | Name or Business Name Mailing Address | | | | | | | |
| | Phone Number E-mail address | | | | | | | |
| PROJECT INFORMATION | New Building Addition Alteration Repair / Replacement Swimming Pool Other Brief Description of Project Value of ConstructionSquare Footage Structure Width Death Height | | | | | | | |
| | Structure Width Depth Height | | | | | | | |
| SELECTED CHARACTERISTICS OF BUILDING | Sewage Disposal: Public or Private Company Private on Lot System Water Supply: Public or Private Company Private on Lot Residential Buildings: Any Change in Number of Bedrooms? Yes No Existing Number of Bedrooms? Yes No Dimensions: Overall Exterior dimensions Overall Exterior dimensions Total Square Footage Based on Exterior Dimensions After Proposed Improvement | | | | | | | |
| OTHER PERMIT INFORMATION | Highway Occupancy Permit # Date Issued Twp DOT Public Sewer Permit # Date Issued | | | | | | | |
| | On-site Sewage Permit # Date Issued Other Permit # (NPDES, etc) | | | | | | | |
| SIGNATURE REQUIRED | Signature of Applicant Date | | | | | | | |

| | | u Iownsnip | |
|---|--|---------------------------------|-------------------------------------|
| 1035 Beck Road | | | (717) 624-8049 |
| Gettysburg, PA 17325 | DESCRIPTION O | FMATERIALS | |
| | DESCRIPTION OF | | Permit Procedure Sheet # 9b |
| Nama of Applicant | | | (electrical only) |
| Name of Applicant | | | |
| Name of Owner | | Contact N | umber |
| Builder/Contractor Inform | nation | | |
| Bunder/Contractor Inform | | | |
| ELECTRIC WIRING: | | | |
| Service:OverheadU | nderground Panel:Fuse Box | Circuit-breaker | Number circuits |
| Wiring: Conduit Arm | nored cable Nonmetallic cable | Knob and tube Other | |
| Approximate number of light fi | Water heaterOther | <u></u> | |
| | | | |
| • | IENTS or MISCELLANEOUS IMPROV | | |
| | rovements not described elsewhere, inclu walks, driveway, and garages.) | ding items such as unusual grad | ing, drainage structures, retaining |
| | | | |
| | | <u>.</u> | |
| | | | |
| | | | |
| | | | |
| | N OF DETAILS OR CONTINUATION tinue on separate sheet of paper and attac | | |
| I understand that any deviation list of materials and /or plans. | from the material as listed herein, or in the | he approved plans must be autho | rized by the approval of revised |
| Date | Signature of Applicant | | |
| | | | |
| Building Inspector's Notes: | DO NOT WRITE BE | LOW THIS LINE | |
| Building inspector's Notes. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Date of Approval | | | |
| 11 | Signature | | |
| | Signature | (Building Inspec | etor) |
| Date of Approval | SignatureSignature | (Building Inspec | Officer) |

Workers' Compensation Insurance Coverage Information

(attach to building permit application)

| ensation Law |
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| te e |
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| |

Complete section C if the applicant is a contractor claiming exemption from providing workers compensation insurance.

The undersigned swears and affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

| Property owner doing own work. If the property owner does hire a contractor to perform any |
|---|
| work pursuant to this building permit, contractor must provide proof of workers' compensation |
| insurance to Mount Pleasant Township. Property owner assumes liability for contractor |
| compliance with this requirement. |

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to Mount Pleasant Township.

Religious exemption under Workers' Compensation law.

D. Signatures

| Signature of Applicant |
|------------------------|
| Address |
| |
| County of |

| Municipality of | |
|-----------------|--|
|-----------------|--|

Mount Pleasant Township Application for Plan Review/Inspections

App #: _____

Permit Procedure Sheet # 10

| APPLICANT: PLEASE PRINT | | | Owner Name | | | | | | | | | |
|-------------------------|------------------------------|-------|--------------|-----------------------------------|----------------------------|------------------|-------------------------------|---------------------|---------------------|--------------------------|----------------------------------|--|
| Street | | | | City State | | | | | ate | Zip Code | | |
| Autho | orized Agent | | | Phone # | | | | | | | | |
| | | | | | | | | | | | | |
| Appli | cant's Signature | | | | | | | | | | | |
| Contr | ractor/Business | | | | | | | | Ph | none # | | |
| PLAN | N REVIEW | | | | | | | | | | | |
| Туре | of Construction: | | | | | | | | | | | |
| | New Construction | | (sq. ft) | Garage/Storage Occupancy Class: | | | | | | | | |
| | Renovations/Alterations | | (sq. ft) | Swimming Pool – In Ground | | | | | Other: | | | |
| | Full House | | | Swimming Poo | l – Ab | ove Grou | nd | | | | | |
| | House Addition | | | Deck | | | | | | | | |
| BUIL | DING INSPECTION | | | | | C | ALL 7 | 2 HC | OURS PRIOR TO INSI | PECTIO | ON | |
| Туре | of Construction: | | | | | | | | | | | |
| | New Construction | | (sq. ft) | Roof | | | | | Chimney/Fireplace | | | |
| | Renovations/Alterations | | (sq. ft) | Swimming Pool | l – In | Ground | | | Woodburning Stove | | | |
| | House | | | Swimming Pool | l – Ab | ove Grou | nd | | Air Conditioning | | | |
| | Addition | | | Garage/Storage | e | | | | Other: | | | |
| PLU | WBING INSPECTION | | | CALL 72 HOURS PRIOR TO INSPECTION | | | | | | | | |
| Fixtu | ires: | | | | | | | | | | | |
| ; | Sewer Lateral | | | Shower Stalls | | | Garbage Disposal | | | Number of Full Bathrooms | | |
| , | Water Lateral | | | Water Closet | | | | Laundry Tray | | | Number of Half Bathrooms | |
| | Bathtub | | | Kitchen Sink | | | Clothes Washer | | | | Other: | |
| | Lavatories | | | Dishwasher | | | Water Heater | | | | | |
| MEC | HANICAL INSPECTION | | | CALL 72 HOURS PRIOR TO INSPECTION | | | | | | | | |
| List / | All Equipment Below: | | | | | | | | | | | |
| | Electric Furnace | | | Duct System | | | Fireplace – Masonry | | | | Mechanical Ventilation | |
| | Natural Gas Furnace | | | Chimney & Vents | | | Fireplace – Factory Built | | | | Other: | |
| | Oil Furnace | | | A/C | | | Exhaust | | | | | |
| | Gas Thermal Heat | | | Solid Fuel Burn | Fuel Burning Dryer Exhaust | | | | | | | |
| ELEC | CTRICAL INSPECTION | | | CALL 72 HOURS PRIOR TO INSPECTION | | | | | | ON | | |
| Num | ber of Rough Wiring Out | lets: | | List All Equipment | Belov | v : | | | | | | |
| ; | Switches | | | Amp. Service | | | Air Conditioner | | Pump | | | |
| Lighting | | | Water Heater | | | Garbage Disposal | | Wiring and Controls | | | | |
| | Receptacles | | | Oven | | | Dishwasher | | Other: | | | |
| | Total Number of Fixtures | | | Amp. Receptacles | | | Dryer | | | | | |
| | | | | Surface Unit | | | Range | | | | | |
| ENE | ENERGY COMPLIANCE INSPECTION | | | CALL 72 HOURS | | | | 2 HC | OURS PRIOR TO INSI | PECTIO | ON | |
| | RES Check Type A-1 | | | Construction Flat Ce | | | eiling Insulation R-49 | | | | Walls at Basement Stairs R-15/19 | |
| | PA Alternative Type A-2 | | | | | | edral Ceiling Insulation R-30 | | | | Basement Walls R-19 | |
| | IRC Chapter 11 U-Factors | | | Windows | ndows Stud W | | | Wall Cavity R-21 | | | Heating Efficiency AFUE value | |
| | IECC | ι | U-Factors | Door | | Floors (| Over U | ncon | ditioned Space R-30 | | A/C Efficiency SEER value | |
| | Blower Door | ing | | | | | | | | | | |