

**\*Mandatory: you must keep a clean job site, including Township roads.**

**MIDDLE PAXTON TOWNSHIP  
DAUPHIN BOROUGH  
UNIFORM CONSTRUCTION CODE  
BUILDING PERMIT PACKAGE**

The completed application and required documents can be submitted by mail or in person.

**Mailing Address: Middle Paxton Township  
P.O. Box 277  
Dauphin, PA 17018**

**Physical Address: Middle Paxton Township  
10 Elizabeth Avenue  
Dauphin, PA 17018**

Call, Fax or E-mail questions to:

**Phone: (717) 921-8128**

**FAX: (717) 474-8146**

**E-mail: [middlepaxtontwp@comcast.net](mailto:middlepaxtontwp@comcast.net)**

**NOTE:** All structural information must comply with Pennsylvania UCC – International Residential Code, 2009 Edition. Structural elements not found in the IRC must be sealed by a professional engineer or architect registered in the State of Pennsylvania, or comply with other professionally recognized evaluation services.

***NOTE: All building permit information including drawings etc., are open to public inspection and copies can be made by request in accordance to the Open Records Policy.***

# **INSTRUCTIONS FOR COMPLETING UNIFORM CONSTRUCTION CODE PERMIT**

## **When should you complete the Permit?**

Any owner or authorized agent who intends to construct, enlarge, move, demolish, or change the occupancy of a building or structure. See Exceptions documents for details.

## **Instructions for Completing the Permit:**

### **LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Site Location – Provide the physical address, tax parcel and lot number (if applicable). When providing directions, provide street name and house number.

### **TYPE OF WORK OR IMPROVEMENT**

Check the appropriate box for all types of work to be done.

Describe in detail what work will be done on provided space. Describe where in the structure (if not a new construction) work will be completed and estimated time until completion.

### **ESTIMATED VALUE OF CONSTRUCTION**

List the fair market value of construction. If project utilizes a Contractor, please provide contractor's written estimate. *Commercial Projects only or if Residential dwelling exceeds 5000 sq. ft.*

### **DESCRIPTION OF BUILDING USE**

#### **If residential:**

Choose single-family home or two-family home. If in townhouses, choose two-family home.

#### **If non-residential:**

List use of new construction (i.e. restaurant, warehouse, school, etc.)

List use group (see Chapter 3 of the International Building Code).

### **BUILDING/ SITE CHARACTERISTICS**

List the number of dwelling units that are existing or proposed on the property

List the primary method chosen to calculate the energy rating of the building envelope.

Calculations indicating energy compliance must be provided with application submission (for both residential and commercial)

Check the appropriate box if the structure will have water, sewer, fireplace, elevator/etc., sprinkler system, pressure vessels for a water heater, or refrigeration systems for air conditioning. Elevators, lifts & escalator require Labor & Industry approval and inspections.

### **BUILDING DIMENSIONS**

List the gross footage of the structure that will be constructed, or the square footage to be remodeled under the permit. Square footage also includes, but not limited to basements, garages, covered porches, decks.

List the number of stories, height of structure above the ground surface (grade) and the largest open floor space within the structure.

### **FLOODPLAIN**

Check the appropriate box if the site is located in the floodplain or if any portion of the site in the floodplain will be developed. Floodplain maps are available at the Federal Emergency Management Agency's (FEMA) website.

## **CONSTRUCTION PLANS AND SPECIFICATIONS/ SITE PLAN**

\*Submit three (3) complete sets of drawings and plans that contain the information listed below. Drawings and plans must be submitted on minimum 18" x 24" or larger paper. All sheets are to be the same size and sequentially labeled. Plans are to be clearly legible, with scaled dimensions, (**do not use pencil for drawings.**)

Plans will not be accepted that are marked preliminary or not for construction, that have red lines, cut and paste details or those that have been altered after the design professional has signed the plans.

**Please Note: A separate submittal of plans is required for each building or structure.**

### **Floor Plan with:**

- A. Location and size of walls, windows, doors, and stairs.
- B. Beams and headers, with supports and attachments.
- C. Ceiling joist directions, size and spacing.
- D. Electrical receptacles, switches, lights, and smoke detectors, complete circuiting.

### **Foundation/ first floor framing plan with:**

- A. Specific wall footing width and depth.
- B. Foundation wall size and construction type.
- C. Floor slab details.
- D. Pier and footing sizes with dimensions for their location and spacing.
- E. Girder sizes and locations, floor joist direction, size, spacing and species.
- F. Crawlspace vent calculations, access door size and location.
- G. Anchor bolts location and spacing.

### **Roof Framing showing:**

- A. Direction, size, and spacing, of rafters as well as special ridges or support for vaults, cathedral areas and valleys.
- B. Roof vent calculations and roof coverings.

### **Elevation views**

- A. Show grade elevations relative to building foundation.
- B. Show exterior decks, porches, and steps.

### **Building Cross Section:**

- A. Representative cross section with framing members called out.

### **Miscellaneous information:**

- A. Insulation values for floors, walls and ceilings.
- B. Attic access, elevations, and calculated areas for finished floor spaces and garage.
- C. Species and grade of framing members.

**NOTE: All structural information must comply with Pennsylvania UCC – International Residential Code, 2009 Edition. Structural elements not found in the IRC must be sealed by a professional engineer or architect registered in the State of Pennsylvania, or comply with other professionally recognized evaluation services.**

# **Climatic and Geographic Design Criteria**

Dauphin Co.

For municipalities located in Dauphin County, new construction and alterations must adhere to the following climatic and geographic design criteria.

| Ground Snow Load (1) | Wind Speed (mph) | Seismic Design Category | Concrete Weathering | Frost Line Depth(1) | Termite           | Decay              |
|----------------------|------------------|-------------------------|---------------------|---------------------|-------------------|--------------------|
| 35 psf               | 90               | B                       | Severe              | 40"                 | Moderate to Heavy | Slight to Moderate |

| Winter Design Temp. | Ice Shield Underlayment Required | Flood Hazards           | Climatic Zone | Radon Potential | Air Freezing Index | Mean Annual Temp. |
|---------------------|----------------------------------|-------------------------|---------------|-----------------|--------------------|-------------------|
| 0 Deg. Fahrenheit   | YES                              | Check with Municipality | 12            | High            | 1000               | 55                |

(1) Set by local jurisdiction.

**NOTE: Use Soil Load-bearing value of 1,500 psf for footing design unless a formal GeoTechnical Report indicated otherwise.**

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Website: [www.middlepaxtontwp.org](http://www.middlepaxtontwp.org)  
Email Address: [middlepaxtontwp@comcast](mailto:middlepaxtontwp@comcast)

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## MIDDLE PAXTON TOWNSHIP BUILDING PERMIT APPLICATION

**Building Permit #** \_\_\_\_\_  
**Permit Date:** \_\_\_\_\_

**Parcel #** \_\_\_\_\_  
**Exp. Date:** \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Site Address/ Location of Construction: \_\_\_\_\_  
Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

**Owner:** \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**Principal Contractor:** \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**Design Professional:** \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ E-Mail: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENTS (Check One)**      **Commercial** \_\_\_\_\_      **Residential** \_\_\_\_\_  
 New Building       Addition       Alteration       Repair       Demolition       Swimming Pool  
 Accessory Building       Change of Use       Plumbing       Mechanical       Electrical       OTHER  
Description of Work & Size: \_\_\_\_\_

| <b>BUILDING CHARACTERISTICS</b> | <b>Concrete</b> | <b>Block</b> | <b>Wood</b> | <b>Steel</b> | <b>Brick</b> | <b>Stone</b> |
|---------------------------------|-----------------|--------------|-------------|--------------|--------------|--------------|
| Foundation Material             | _____           | _____        | _____       | _____        | _____        | _____        |
| Floor Construction              | _____           | _____        | _____       | _____        | _____        | _____        |
| Roof Construction               | _____           | _____        | _____       | _____        | _____        | _____        |
| Exterior Wall Construction      | _____           | _____        | _____       | _____        | _____        | _____        |

Proposed Building Area: \_\_\_\_\_ sq. ft.  
Number of Stories: \_\_\_\_\_  
Height of Structure Above Grade: \_\_\_\_\_  
Total Building Area: \_\_\_\_\_ sq. ft.

**Utility Characteristics**  
**Heat Source**    Electric \_\_\_\_\_    Gas \_\_\_\_\_    Oil \_\_\_\_\_    Other \_\_\_\_\_  
**Heat Type**    Forced Air \_\_\_\_\_    Heat Pump \_\_\_\_\_    H/W Steam \_\_\_\_\_    Electric Base \_\_\_\_\_  
Other \_\_\_\_\_

**Water Service:** (Check)     Public     Private  
**Sewer Service:** (Check)     Public     Private  
**Central Air:** (Check)     YES     NO

**Interior Characteristics**  
# of Bedrooms \_\_\_\_\_ # of Baths \_\_\_\_\_ # of Powder Rooms \_\_\_\_\_ # of Fireplaces \_\_\_\_\_  
Square Footage of Finish Basement \_\_\_\_\_

**Estimated Costs of Construction** \_\_\_\_\_

**Permit Fee** \_\_\_\_\_

**FLOODPLAIN**

Is the site located within an identified flood hazard? (Check One)       YES       NO

Will any portion of the flood hazard area be developer? (Check One)       YES       NO       N/A

Owner/ Agent shall verify that any proposed construction and/or development activity complies with the requirements of the Middle Paxton Township Floodplain Ordinance, the National Flood Insurance Program and the Pennsylvania Floodplain Management Act ( Act 166-1978), Specifically *Section 60.3*

Lowest Floor Level: \_\_\_\_\_

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 Municipality. **The property owner and applicant assume 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(s) of the building, land or structure.**

**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(s)

\_\_\_\_\_  
Print Name of Owner(s)

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Print Name of Owner(s)

Directions to Site: \_\_\_\_\_

\_\_\_\_\_



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Permit Issued \_\_\_\_\_  
Permit Fees \_\_\_\_\_

*Middle Paxton Township*

**Application for Zoning Permit**

Permit No. \_\_\_\_\_ Tax Map No. \_\_\_\_\_ Date: \_\_\_\_\_

Property located at: \_\_\_\_\_

Is property located in an identified flood hazard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Owner's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

**A. Application is for: (Estimated Cost)**

\$ \_\_\_\_\_ New Building

\$ \_\_\_\_\_ Addition to Building

\$ \_\_\_\_\_ Accessory Building

\$ \_\_\_\_\_ Temporary Building

\$ \_\_\_\_\_ Swimming Pool

\$ \_\_\_\_\_ Home Occupation

\$ \_\_\_\_\_ Change of Use

\$ \_\_\_\_\_ Sign (Type)

\$ \_\_\_\_\_ Fence/Wall

**C. Subdivision Information**

Name of Plan \_\_\_\_\_

Lot No. \_\_\_\_\_ Type of Lot \_\_\_\_\_

Existing Bldg's \_\_\_\_\_

Size of Building or Addition \_\_\_\_\_

(OUTSIDE OF STRUCTURE – not useable space)

Attach Plot Plan showing lot, lot dimensions, building location, size of building and set-backs

Applicants Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

(Attach Workmen's Compensation Form)

Purposed Use: \_\_\_\_\_ Zone \_\_\_\_\_

**"I understand that the statements above are subject to penalties under 18 Pa. Con. Stat. Ann. Section 4909 relating to unsworn falsification to authorities."**

\_\_\_\_\_  
Signature of Applicant

**Workers' Compensation Insurance Coverage Information**

**A. The applicant is: (select one)**

**A contractor within the meaning of the Pennsylvania Workers' Compensation Law**

**YES**

**NO**

**If the answer is "yes", complete Sections B and C below as appropriate.**

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**B. Insurance Information**

**Name of Applicant** \_\_\_\_\_

**Federal or State Employer Identification No.** \_\_\_\_\_

**Applicant is a qualified self-insurer for workers' compensation.**  
*(Certificate attached)*

**Name of Workers' Compensation Insurer** \_\_\_\_\_

**Workers' Compensation Insurance Policy No.** \_\_\_\_\_  
*(Certificate attached)*

**Policy Expiration Date** \_\_\_\_\_

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**C. Exemption**

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

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's

**Workers' Compensation Law for one of the following reasons, as indicated:**

**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 the Township.**

**Religious exemption under the Workers' Compensation Law.**

**Signature of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**County of** \_\_\_\_\_

**Municipality** \_\_\_\_\_



**B. (FOR CODE ADMINISTRATOR USE ONLY)**

**ADDITIONAL PERMITS/APPROVALS REQUIRED**

- |   |                |
|---|----------------|
| <input type="checkbox"/> STREET CUT/DRIVEWAY        | APPROVED _____ |
| <input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY  | APPROVED _____ |
| <input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN | APPROVED _____ |
| <input type="checkbox"/> SEWER CONNECTION           | APPROVED _____ |
| <input type="checkbox"/> ON-LOT SEPTIC              | APPROVED _____ |
| <input type="checkbox"/> ZONING                     | APPROVED _____ |
| <input type="checkbox"/> OTHER                      | APPROVED _____ |

**APPROVALS**

BUILDING PERMIT DENIED: Date: \_\_\_\_\_ Date Returned \_\_\_\_\_

BUILDING PERMIT APPROVED: Date: \_\_\_\_\_  
CODE ADMINISTRATOR \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_ PERMIT # \_\_\_\_\_

BUILDING PERMIT FEE \$ \_\_\_\_\_ CHECK # \_\_\_\_\_

**PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

| Type of document:         | Submitted  | Signed & Sealed  | Date: | Revision Date: |
|---------------------------|--|--|-------|----------------|
| Foundation Plans          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____          |
| Construction Drawings     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____          |
| Electrical Drawings       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____          |
| Mechanical Drawings       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____          |
| Plumbing Drawings         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____          |
| Specifications            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____          |
| Flood Hazard Area Data    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____          |
| Workers Comp. Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____          |

**DATE STAMP:**

**INSPECTION CHECKLIST**  
(FOR CODE ADMINISTRATOR USE ONLY)

Address: \_\_\_\_\_ Permit # \_\_\_\_\_

| <b>Required</b> | <b>Type</b>                     | <b>Date</b> | <b>Inspector</b> | <b>Comments</b> |
|-----------------|---------------------------------|-------------|------------------|-----------------|
|                 | <b>Stake-out</b>                | _____       | _____            | _____           |
|                 | <b>Foundation #1</b>            | _____       | _____            | _____           |
|                 | Foundation #2                   | _____       | _____            | _____           |
|                 | Foundation #3                   | _____       | _____            | _____           |
|                 | <b>Masonry #1</b>               | _____       | _____            | _____           |
|                 | Masonry #2                      | _____       | _____            | _____           |
|                 | Masonry #3                      | _____       | _____            | _____           |
|                 | <b>Plumbing #1</b>              | _____       | _____            | _____           |
|                 | Plumbing #2                     | _____       | _____            | _____           |
|                 | Plumbing #3                     | _____       | _____            | _____           |
|                 | <b>Mechanical #1</b>            | _____       | _____            | _____           |
|                 | Mechanical #2                   | _____       | _____            | _____           |
|                 | Mechanical #3                   | _____       | _____            | _____           |
|                 | <b>Electrical #1</b>            | _____       | _____            | _____           |
|                 | Electrical #2                   | _____       | _____            | _____           |
|                 | Electrical #3                   | _____       | _____            | _____           |
|                 | <b>Framing #1</b>               | _____       | _____            | _____           |
|                 | Framing #2                      | _____       | _____            | _____           |
|                 | Framing #3                      | _____       | _____            | _____           |
|                 | <b>Insulation</b>               | _____       | _____            | _____           |
|                 | <b>Wallboard #1</b>             | _____       | _____            | _____           |
|                 | Wallboard #2                    | _____       | _____            | _____           |
|                 | Wallboard #3                    | _____       | _____            | _____           |
|                 | <b>Final #1</b>                 | _____       | _____            | _____           |
|                 | Final #2                        | _____       | _____            | _____           |
|                 | Final #3                        | _____       | _____            | _____           |
|                 | <b>Temporary C/O</b>            | _____       | _____            | _____           |
|                 | Date Expires                    | _____       | _____            | _____           |
|                 | <b>Certificate of Occupancy</b> | _____       | _____            | _____           |

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## BUILDING PERMIT INSPECTION SHEET

INSPECTIONS NOTED ON THIS SHEET MAY BE SCHEDULED BY TELEPHONE WITH **AT LEAST A 48-HOUR NOTIFICATION**. WORK SHALL NOT PROCEED UNTIL THE FIELD INSPECTION HAS BEEN APPROVED. *All inspections to be performed by the Township or the third party agency representing the Township. (Middle Department Inspection Agency) –\*INSPECTIONS ARE PERFORMED ON TUESDAYS AND THURSDAYS.*

**STAKE-OUT INSPECTION: PRIOR TO ANY EXCAVATING.**

**SUPERIOR WALL SYSTEM:**

FOOTING: Prior to installing stone bed & setting walls.  
FOUNDATION: After 1<sup>st</sup> floor joist and deck are set, prior to backfilling.

**CONCRETE/ MASONRY SYSTEM:**

FOOTINGS: Prior to pouring concrete.  
FOUNDATION: Prior to backfilling.

**ABOVE GROUND PLUMBING:** Prior to covering, drainage & water test required.

**ELECTRICAL ROUGH-IN:** Prior to covering, all wiring & boxes shall be installed. All grounds shall be made for this inspection.

**MECHANICAL ROUGH-IN:** Prior to covering. Gas piping test is required.

**FRAMING:** Prior to insulation or covering

**INSULATION:** Prior to drywall

**DRYWALL:** Prior to finishing.

**ELECTRICAL FINAL:** All equipment, fixtures, & devices shall be functional.

**MECHANICAL FINAL:** All equipment shall be set & functional.

**PLUMBING FINAL:** All equipment & fixtures shall be set & functional.

**FINAL: PRIOR TO ANY USE OR OCCUPANCY.**

**PERMIT HOLDER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*This permit is valid for one year and construction shall commence within six (6) months of permit issuance. Application for Certificate of Use and Occupancy must be filled out and returned prior to the final inspection approval.*