

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

**MIDDLE PAXTON TOWNSHIP
UNIFORM CONSTRUCTION CODE
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 Email questions to:

Phone: (717) 921-8128

FAX: (717) 474-8146

Email: middlepaxtontwp@comcast.net

NOTE: All structural information must comply with Pennsylvania UCC – International Residential Code, 2021 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 with 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 the provided space. Describe where in the structure (if not a new construction) work will be completed and an 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 & escalators 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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Middle Paxton Township

UCC BUILDING PERMIT APPLICATION

Building Permit #: _____

Parcel # _____

Permit Date: _____

Exp. Date: _____

County: _____ Municipality: _____

Site Address/ Location of Construction: _____

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

Owner: _____ Phone # _____ Fax # _____

Mailing Address _____ Email: _____

Principal Contractor: _____ Phone # _____ Fax # _____

Mailing Address _____ Email: _____

Design Professional: _____ Phone # _____ Fax # _____

Mailing Address _____ Email: _____

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: _____

BUILDING CHARACTERISTICS

	Concrete	Block	Wood	Steel	Brick	Stone
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 developed? (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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Middle Paxton Township

Permit Issued _____
Permit Fees _____

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 Buildings _____

Size of Building or Addition _____
(OUTSIDE OF STRUCTURE – not useable space)

B. Purposed Use:

____ One Family Dwelling

____ Two-Family Dwelling

____ Multi-Family Dwelling

____ Industrial Bldg. (Type) _____

____ Professional Bldg.

____ Commercial (Type) _____

____ Accessory Use

____ Other (Type) _____

D. Lot & Building Dimension & Area

Lot Area _____

Lot Width _____

Lot Depth _____

Front Yard _____ Side Yard _____

Rear Yard _____ Side Yard _____

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)

Sewage Permit No. _____ 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.

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 _____

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. Contractors prohibited by law from employing any individual to perform work pursuant to this building permit unless the 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 # _____

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

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BUILDING PERMIT INSPECTION SHEET

INSPECTIONS NOTED ON THIS SHEET MAY BE SCHEDULED BY TELEPHONE

1-888-949-9728

WITH AT LEAST 48-HOURS NOTIFICATION. WORK SHALL NOT PROCEED UNTIL THE FIELD INSPECTION HAS BEEN APPROVED. *All inspections are to be performed by the Township or the third-party agency representing the Township. (Light-Heigel & Associates)*

STAKE-OUT INSPECTION: PRIOR TO ANY EXCAVATING.

SUPERIOR WALL SYSTEM:

FOOTING: Prior to installing stone bed & setting walls.

FOUNDATION: After first 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.