***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: mptgeneral@middlepaxtontwp.org

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, 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.

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:_____ Muncipality:_____
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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Dauphin PA, 17018

Phone: 717-921-8128
Fax: 717-474-8146

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: _____ **Email:** _____

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**

B. Purposed Use:

____**One Family Dwelling**

____**Two-Family Dwelling**

____**Multi-Family Dwelling**

____**Industrial Bldg. (Type)** _____

____**Professional Bldg.**

____**Commercial (Type)** _____

____**Accessory Use**

____**Other (Type)** _____

C. Subdivision Information

Name of Plan _____

Lot No. _____**Type of Lot**_____

Existing Buildings_____

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

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

☐ STREET CUT/DRIVEWAY	APPROVED_____
☐ PENNDOT HIGHWAY OCCUPANCY	APPROVED_____
☐ DEP FLOODWAY OR FLOODPLAIN	APPROVED_____
☐ SEWER CONNECTION	APPROVED_____
☐ ON-LOT SEPTIC	APPROVED_____
☐ ZONING	APPROVED_____
☐ 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	☐ Yes ☐ No	☐ Yes ☐ No	_____	_____
Construction Drawings	☐ Yes ☐ No	☐ Yes ☐ No	_____	_____
Electrical Drawings	☐ Yes ☐ No	☐ Yes ☐ No	_____	_____
Mechanical Drawings	☐ Yes ☐ No	☐ Yes ☐ No	_____	_____
Plumbing Drawings	☐ Yes ☐ No	☐ Yes ☐ No	_____	_____
Specifications	☐ Yes ☐ No	☐ Yes ☐ No	_____	_____
Flood Hazard Area Data	☐ Yes ☐ No	☐ Yes ☐ No	_____	_____
Workers Comp. Certificate	☐ Yes ☐ No	☐ Yes ☐ No	_____	_____

DATE STAMP:

INSPECTION CHECKLIST
(FOR CODE ADMINISTRATOR USE ONLY)

Address:_____ Permit #_____

Required	Type	Date	Inspector	Comments
	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			

MIDDLE PAXTON TOWNSHIP
10 ELIZABETH AVENUE
P.O. BOX 277
DAUPHIN, PA 17018

Phone (717) 921-8128 **Fax (717) 474-8146** **Email middlepaxtontwp@comcast.net**

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.