# **Oakland Township**

565 Chicora Road Butler, PA 16001

Phone: 724-287-8067 Fax: 724-287-3979

## **Building Permit Application**

Date:			
Owner Name:	Applicant	Applicant Name:	
Address:	Address: _		
PH: Fax:	 PH:	Fax:	
E-Mail:			
Property where work is proposed:			
Parcel #:			
		uations.	
Proposed construction or alteration (explain	Construction or Alte		
Total Square Footage: Basement:	1 <sup>st</sup>	2 <sup>nd</sup>	
Total Construction Cost: \$			
	ontractor Informati	on	
Contractor Name:	The second secon	Engineer Name:	
Address:			
PH: Fax:	PH:	Fax:	
Worker's Compensation Policy No.:		A permit will not be issued until a copy of the	
Insurer:	indicating O	worker's compensation insurance certificate is submitted indicating Oakland Township as the certificate holder.	
Expiration Date:		unana rownship as the certificate notael.	
All permits required by the Commonwealth of Pe Permits shall be obtained by and are the respons all utilities prior to excavation.	•	abor & Industry including Highway Occupancy applicant shall be responsible for identification of	
The undersigned hereby acknowledges that the accurate and that the permit requirements have		ttached documents and drawings are true and	
Applicant Signature:	Print:	Date:	
Owner's Signature:	Print:	Date:	
Township Hoo   witigle   Data Bo	naivade / /	Data Cont to DCO: / /	

\* Current owner's signature required on all Building Permit applications.

BCO: Jason Smith (PCS)

Revised: 04/2022

Permit #:

724-449-2633 724-591-4029

### Residential Building Permit Instructions & Checklist

The Building Permit application has been completed in full and signed by both applicant & owner.
A survey by a PA registered land surveyor has been submitted with the construction documents. The survey shall indicate the setback distance to every property line. The location of all proposed driveways shall be indicated on the submitted survey.
All required Zoning Permits and approvals have been obtained from the municipality (attach copies).
One (1) copy of scaled and accurate construction drawings have been submitted. See instruction below.
All applicable Highway Occupancy Permits from PennDot shall be obtained (attach copies).
The attached "Worker's Compensation Affidavit" has been completed.
The Required Inspections sheet has been read & signed. (Township BCO will identify required inspections)
All sewer or on-site sewage disposal permit (attach copies).
Pennsylvania One Call shall be notified prior to any excavation. 1 800 242-1776
Residential Plan Review Requirements
One (1) sets of complete drawings shall be submitted with the Building Permit Application.  o If drawings are larger than 11 x 14, then an electronic copy is needed in addition to the hard copy.
The required plan admin fee shall be submitted with the Building Permit Application payable to Oakland Township: Please visit: <a href="https://www.oaklandtownship.us/fee-schedule">www.oaklandtownship.us/fee-schedule</a> to determine fee.
The drawings include a typical wall section indicating the following: footer size and reinforcement, foundation wall details including drainage, anchor bolts, floor joist size, framing sizes, header schedule, ceiling joist and roof rafter details, roof covering details & ventilation details.
Engineered lumber specifications and manufacturers product information
Floor plans for every story including basement.
HVAC details including equipment to be installed.
General wiring details including smoke detectors and service size.
A plumbing isometric (attached worksheet) design including drainage size, vent size and location, trap location, cleanout locations and drainage fixture details. All building sewer specifications shall be in accordance with the local sanitary authority.
Window schedules from the window manufacturer indicating sleeping room egress window and habitable basement egress sizes.

Checklist for Residential applications.

Revised: 04/2022

#### Worker's Compensation Affidavit

The applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits the following Information and Affidavit. One of the following requirements must be marked: ☐ A current Certificate of Insurance indicating Worker's Compensation is attached. The certificate must indicate Oakland Township as the holder. ☐ The building permit applicant or indicated contractor qualifies as "Exempt from Worker's Compensation. Please indicate the reason for the exemption by checking on of the following and completing the subsequent information: ☐ The Contractor/applicant is the owner of the property. ☐ Contractor/Applicant is a Sole Proprietor without employees. ☐ All of the contractor/applicants employees on the project are exempt on religious grounds under Section 304.2 of the Act. Please explain in detail: Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Act. Explain the status of any/or all workers on the project: Complete the following: Name of Applicant/Contractor: \_\_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ 1. Any subcontractors used on this project will be required to carry their own worker's compensation 2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. 3. Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

Signature: \_\_\_\_\_\_ Print Name: \_\_\_\_\_\_

Company: Title:

### **Required Inspections**

The following periodic inspections (marked ✓) are required to ensure compliance with the Building Permit you have been issued. All inspections shall be requested no sooner than 48 hours before the inspection is required. A FINAL INSPECTION IS REQUIRED FOR ALL BUILDING PERMITS.

Signati	nature: Print:	Date:
	ork shall not proceed until the above inspections are approved by the Building Official. Face controls are approved by the Building Official. Face controls may result in penalties in accordance with the UCC Act 45 & local ordinance.	ailure to obtain any of the above
	Official a special inspection is required.	re in the opinion of the Building
	• •	atad
		. i Ciai i
_		rician
Q	☐ WALLBOARD: All fasteners installed prior to compound or finish material.	
	☐ ROUGH FRAMING: After all rough electrical and plumbing inspections have insulation.	been approved prior to
	☐ INSULATION: All required insulation installed in walls including areas to be	concealed, prior to wallboard.
	☐ ROUGH MECHANICAL: After the installation of all ductwork, fuel gas piping	and flues.
	□ ROUGH PLUMBING: All drains, vents and water distribution shall be in place conducted at this time and accessible for the inspector [5lb air or 10-foot vents are conducted at this time and accessible for the inspector [5lb air or 10-foot vents are conducted at this time and accessible for the inspector [5lb air or 10-foot vents are conducted at this time and accessible for the inspector [5lb air or 10-foot vents are conducted at this time and accessible for the inspector [5lb air or 10-foot vents are conducted at this time and accessible for the inspector [5lb air or 10-foot vents are conducted at this time and accessible for the inspector [5lb air or 10-foot vents are conducted at this time are conducted at the conduc	•
	□ ROUGH ELECTRICAL: All electrical installations shall be installed in accordant	nce with the 2008 NEC.
	BACKFILL: Prior to any backfill. Rough framing must be completed. All water All drains and filter fabric shall be in place. All anchor bolts shall be installed	
	☐ FOUNDATION: (When reinforcement is required) Prior to the placement of All required reinforcement shall be in place. When added to the grout, all a maximum.	
	□ FOOTING INSPECTION: Before placement of concrete. All required re-enformapproved drawings should be installed. All reinforcement shall be placed in and shall be suspended on chairs or other approved device. Re-Bar Ground Service completed.	the bottom 1/3 of the footing
	□ STAKE-OUT INSPECTION: <b>Prior to ANY building excavation</b> . <b>All</b> corners of s <b>All</b> property lines clearly marked.	tructure clearly staked out.

#### **Energy Efficiency Data Sheet**

The following information must be submitted with the construction documents **OR** a valid Recheck shall be submitted. The following information must be clearly indicated on the construction document (ceiling, floor, wall assemblies only). Mechanical equipment must be identified, located and labeled on the construction documents. A dimensional section drawing shall be submitted for all insulated floor slabs. ResCheck energy software is available at: www.energycodes.gov

1.	Celling Framing Type
2.	Ceiling Insulation Type
3.	Skylight Frame Material: Metal Frame  Metal Frame With Thermal Break
	Wood Frame
4.	Skylight U-Factor Skylight sq. ft Single Pane ?
	Double Pane Double Pane-Low E Triple Pane Triple Pane Low-E
5.	Wall construction
6.	Gross sq. ft. of Wall space
7.	Wall Cavity Insulation R-Value Continuous Insulation R-Value
8.	Window Frame Material Metal Frame ? Metal Frame With Thermal Break ?
	Wood Frame  Vinyl Frame Other
9.	Gross sq. ft. of Window openings
	Windows; Enter information on the poorest window efficiency in the building: Single Pane ? Double Pane
	Double Pane-Low E ? Triple Pane ? Triple Pane Low-E ?
	*Each window must be identified separately or number of each type. Attach schedule
11.	Doors: 1. Solid (under 50% glazing) PGlass U-Factor R-Value Sq. ft
	2. Solid (under 50% glazing) PGlass U-Factor R-Value Sq. ft.
	3. Solid (under 50% glazing) ? Glass ? U-Factor R-Value Sq. ft
	4. Solid (under 50% glazing) ? Glass ? U-Factor R-Value Sq. ft
	5. Solid (under 50% glazing) Glass U-Factor R-Value Sq. ft.
12	Basement Wall Type Gross sq. ft. Area
12.	Measured in feet; (ie 7.5')
	> Wall Height (top of wall to basement floor)
	Depth below grade (finish outside grade to basement floor
	➤ Height of insulation (top of wall to where insulation stops)
13.	Floor Assembly;
	> Wood Assembly: Over un-conditioned space ? Over outside air ?
	Gross Area Cavity R-Value Continuous Insulation R-Value
	> Slab on Grade: Unheated P Heated
	Gross Area Cavity R-Value Continuous Insulation R-Value
	> Structural Insulated Panels: Over un-conditioned space ? Over outside air ?
	Gross Area Cavity R-Value Continuous Insulation R-Value
14.	Crawl Space Wall TypeGross sq. ft. Area
	Measured in feet; (ie 7.5')
	Wall Height (top of wall to basement floor)
	Depth below grade (finish outside grade to basement floor
1 [	Heating Equipment: Whose more than (1) unit use least efficient data
13.	Heating Equipment; Where more than (1) unit, use least efficient data  Furnace Heating Efficiency
	Boiler Heating Efficiency
	Heat Pump Heating Efficiency%  Heat Pump Heating Efficiency%
	Air Conditioner Cooling EfficiencySEER
	U /

# Plumbing Isometric Design - Provide Schematic

Roof Line	Roof Line		
2nd Floor			
1st Floor			
Basement			

#### **Provide Information for New Electrical Service Work**

#### Overhead or Underground

