

CAERNARVON TOWNSHIP

APPLICATION FOR ZONING/BUILDING PERMIT

PERMIT #: _____

DATE REC'D: _____

Applicant's Name: _____ Telephone No. _____

Address: _____

Owner's Name: _____ Telephone No. _____

Address: _____

Address of Property: _____

Description of New Structure or Modification: _____

Construction Will Be: () Stone () Brick () Frame () Block
() Stucco () Aluminum () Other

Structure/Modification will contain _____ square feet and a height of _____ from grade to the highest point. Dimension: _____. Date of Completion: _____

Value of the Completed Structure or Modification: _____
(excluding land)

Proposed Use: _____

PROVIDE TWO (2) SETS OF PLANS WHICH CLEARLY SHOW...

1. Construction plans of sufficient detail to demonstrate compliance with the Township's building code (if applicable).
2. The dimensions and shape of the lot to be built upon.
3. The location and dimensions (length & width) of all existing buildings on the lot.
4. The location and dimensions (length, width, & height) of all proposed buildings or additions to buildings and off-street parking and/or loading facilities.
5. The setback dimensions for all proposed buildings or additions to buildings, measured from the side and rear property lines and the abutting street centerline.
6. The location of sanitary sewer and water supply facilities.
7. A statement indicating the existing and proposed use.

Date Applicant's Signature

FOR ZONING OFFICER'S USE ONLY

This application is: Approved () Denied ()

Date Zoning Officer's Signature

Comments:

Zoning Permit Fee: _____ Building Permit Fee: _____ Other: _____ Total Fee: _____

Permit Fee Paid On: _____ Check Number: _____ Cash: _____

Zoning District: _____ Tax Map Number: _____ County Account Number: 050-_____

ASSOCIATED BUILDING INSPECTIONS, INC.

Building, Fire, Electrical, Mechanical, and Plumbing
Code Administration, Enforcement, and Consulting Service
Member NFPA, BOCA, & IAIE
PO Box 423, Ephrata, PA 17522-0423
Phone/Fax: 717-733-1654 or Toll Free Phone/Fax 1-866-733-1654

Building Permit Application Checklist:

- The permit applicant shall review the “Permit Inspection Process” checklist enclosed with this application
- The permit application shall complete all pertinent items shown on the zoning/building permit application form supplied
- The permit application shall complete a sketch of the proposed construction indicating when applicable setback distances from the front and back as well as the side yards
- The permit application shall provide two complete sets of drawings for any proposed construction. Complete structural details are mandatory
- The permit applicant shall review requirements for pools and decks prior to permit submittal so all information may be provided
- Any questions regarding your plan shall be directed to the municipal building inspector (Code Official)
- The permit application shall return this checklist with a signature indicating that the applicant agrees to abide by and conform to the adopted municipal building codes

I do hereby agree to abide by the municipal building and zoning codes as adopted and construct in accordance with the building design criteria as provided.

Applicant: _____
(Signature)

Date _____

Applicant: _____
(Print Name Clearly)

CAERNARVON TOWNSHIP RESIDENTIAL BUILDING INSPECTION PROCESS

Tom Pierce – Third Party Code Official
Associated Building Inspections, Inc.
PO Box 423, Ephrata, PA 17522-0423

FOR ALL INSPECTIONS CONTACT TOM AT 717-336-5356

OFFICE HOURS:

I take calls personally Monday through Friday from 6:00 am to 7:00 am. After 7:00 am to 5:00 pm weekdays, call for an appointment. If there is no answer, please leave a message on the answering machine with your phone number and a time you may be contacted. **NO Sunday calls.**

A minimum 24-hour notice is required for all inspections.

Please understand that the earlier you call the better your chances are of receiving your inspection at the time you request. In all instances however, the building inspector will set the inspection time. Please verify this if unsure. Do not let a message on our voicemail and assume that the appointment you desire is available. Please verify all appointments.

In order to permit an orderly and timely inspection process, the following procedure shall be followed.

All required information should be completed in the permit application packet.

All projects shall be supplied with two sets of plan when submitting for a permit. Plans shall detail lumber sizing, spacing, and any details of any engineered structural members.

1. All inspections shall require a minimum 24-hour notice. The code enforcement officer shall set the inspection time according to his schedule.

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BUILDING INSPECTION PROCESS*

2. All footer inspections shall be completed prior to the pouring of concrete.
3. All foundation inspections shall be completed prior to any backfilling
4. Framing inspections shall include all rough “electrical”, rough plumbing, rough mechanical, and all framing. ****Please note that this agency shall assume responsibility for all electrical inspections**
5. Occupancy of any structure is prohibited until the receipt of a certificate of occupancy is issued by the building code official.

For final inspection, the structure shall be completed in its entirety with all mechanical, plumbing, and electrical systems fully functional. Also, completion of all trim, railings, hardware, floor systems, downspouts, final grading, etc. Contact the Building Inspector if any of these items cannot be completed.

6. STAIRWAYS, GUARDRAILS, AND HANDRAILS-

Stairways shall not be less than 36” in width. The maximum riser height shall be 8 ¼” and the minimum tread depth shall be 9”. Required guardrails on open stairways, porches, etc. shall not allow the passage of an object more than 4” in diameter between the rails. **THIS INCLUDES ALL STAIRS.** Handrails shall be returned or terminate on posts.

7. SMOKE DETECTORS –

R317.1 Single- and multiple- station smoke alarms

Single and multiple station smoke alarms shall be installed in the following locations:

- a. In each sleeping room
- b. Outside of each separate sleeping area in the immediate vicinity of the bedrooms

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- c. On each additional story of the dwelling, including basements and cellars, but not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split-levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.

When more than one smoke alarm is required to be installed within an individual dwelling unit the alarm devices shall be interconnected in such a manner that the actuation of one alarm will activate all of the alarms in the individual unit. The alarm shall be clearly audible in all bedrooms over background noise levels with all intervening doors closed.

All smoke alarms shall be listed and installed in accordance with the provisions of this code and the household fire warning equipment provisions of NFPA72.

R317.1.1 Alterations, repairs, and additions

When interior alterations, repairs or additions requiring a permit occur, or when one or more sleeping rooms are added or created in existing dwellings, the individual dwelling unit shall be provided with smoke alarms located as required for new dwellings; the smoke alarm shall be interconnected and hard wired.

Exceptions:

- a. Smoke alarms in existing areas shall not be required to be interconnected and hard wired where the alterations or repairs do not result in the removal of interior wall or ceiling finishes exposing the structure, unless there is an attic, crawl space, or basement available which could provide access for hard wiring and interconnection without the removal of interior finishes
- b. Repairs to the exterior surfaces of dwellings are exempt from the requirements of this section

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R317.2 Power Source

In new construction, the required smoke alarms shall receive their primary power from the building wiring when such wiring is served from a commercial source, and when primary power is interrupted, shall receive power from a battery. Wiring shall be permanent and without a disconnecting switch other than those required for over current protection. Smoke alarms shall be permitted to be battery operated when installed in buildings without commercial power or in buildings that undergo alterations, repairs, or additions regulated by Section R317.1.1

8. Openings between a garage and a house shall have a permanently labeled 20 minute fire rated door or a solid wood door not less than 1 3/8" thick.
9. ALL egress doors shall be readily operable from the side which egress is to be made without the use of a key. A minimum 3' x 3' landing shall be required on each side of an egress door.
10. Basements with habitable space and every sleeping room shall have at least one operable emergency escape and rescue window or exterior door opening for emergency escape and rescue. The units must be operable from the inside to the full clear opening without the use of a key or tools. The egress window shall have a sill height not to exceed
11. All water supply systems shall be tested at a pressure of 100 PSI for 30 minutes without evidence of leakage. All drain lines shall be tested at 5 PSI for 30 minutes.
12. For further requirements, please review the applicable codes at the Township Office. Any other questions, please contact the Code Official.

If you have questions at any time, please call your inspector. We would rather see the job done correctly the first time and will assist you in every way possible to achieve this goal.

Tom Pierce
Third Party Code Official
Caernarvon Township
Phone 717-336-5356

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If you desire to purchase a copy of the building code, please contact the building inspector.

MINIMUM BUILDING DESIGN CRITERIA (RESIDENTIAL)

Attics without storage	10 psf
Attics with storage	20 psf
All other areas except balconies and decks	40 psf
Balconies (Exterior)	100 psf
1 & 2 Family residences only, not exceeding 100 square feet	60 psf
Basic wind speed design	90 mph
Ground snow load	30 psf
Earthquake	+ 25
Termite infestation	Moderate to heavy
Concrete weathering	Severe
Roof	30 psf TLL 10 psf TCDL
Frost depth (footings)	36" (3 feet)
Winter design temperature	10 degrees Fahrenheit

CAERNARVON TOWNSHIP SUPERVISORS

2147 MAIN STREET, NARVON, PA 17555
717-445-4244 FAX: 717-445-7119

CONTRACTOR LISTING

Permit No: _____

Site Address: _____

GENERAL CONTRACTOR:

Business Name: _____ Telephone Number: _____
Contact: _____ Cell Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Fax Number: _____

ELECTRICAL CONTRACTOR:

Business Name: _____ Telephone Number: _____
Contact: _____ Cell Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Fax Number: _____

PLUMBING CONTRACTOR:

Business Name: _____ Telephone Number: _____
Contact: _____ Cell Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Fax Number: _____

HVAC CONTRACTOR:

Business Name: _____ Telephone Number: _____
Contact: _____ Cell Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Fax Number: _____

Caernarvon Township Supervisors

LANCASTER COUNTY, 2147 MAIN STREET, NARVON PENNSYLVANIA 17555

(717) 445-4244

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Effective August 31, 1993, the "Workers' Compensation Reform Act", known as Act 44 of 1993, requires contractors to submit a workers' compensation certificate showing the effective date of the coverage and the signature of the insurer each and every time the contractor applies for a zoning/building permit.

The attached form shall be completed and notarized when the contractor signs the permit application.

If the person signing the permit application is not the contractor, that person should check "No" in Part A of the form and provide a signature at the bottom of the form.

-
- A. The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law.
 Yes No
If "Yes", complete Sections B & C below as appropriate.
-

- B. Insurance Information:
Name of Applicant: _____
Federal or State Employer Identification Number: _____
Applicant is a qualified self-insurer for workers' compensation.
 Certificate Attached
Name of Workers' Compensation Insurer: _____
Workers' Compensation Insurance Policy Number: _____
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 workers' compensation insurance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor is prohibited by law from employing an 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.

Subscribed and sworn to before me this _____ day of _____ 20__.

Signature of Notary Public

Signature of Applicant

My Commission Expires: _____

Address of Applicant

County of _____
Municipality of _____