

**CUSTOMER ASSISTANCE GUIDE  
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

**SINGLE FAMILY DWELLING**  
**(OTHER THAN MANUFACTURED OR INDUSTRIALIZED HOUSING)**

- Please read all of the following information.
- The following is a check list. You must have a “checkmark” in all the sections listed below prior to submitting your application.

\_\_\_ “Affidavit of Exemption” (See attached form) If you are hiring a contractor to construct your dwelling, and they have workers’ compensation, have the contractor or their insurance carrier provide us with a “Certificate of Insurance” showing proof of such. If the homeowner or a contractor without workers’ compensations is constructing the dwelling, the attached form must be completed and notarized.

\_\_\_ Sewer permit if applicable.                      \_\_\_ Septic permit if applicable.

\_\_\_ A site plan showing the outside dimensions of the proposed dwelling, including distances in feet to the front, sides and rear property lines.

\_\_\_ Three (3) sets of complete construction documents that show in detail code Compliance for all of the work proposed to include but not limited to the following Information;

- \_\_\_ Floor plan showing sizes of all rooms
- \_\_\_ Footing detail including depth below frost line, thickness, width and rebar
- \_\_\_ Type of foundation, showing type of masonry, waterproofing and anchorage of home to foundation.
- \_\_\_ Roof rafter size – species and grade of wood
- \_\_\_ Rafter spacing (16” on center, 24” on center, etc.)
- \_\_\_ Thickness and type of roof sheathing
- \_\_\_ Ceiling joist size and spacing
- \_\_\_ Floor joist size and spacing
- \_\_\_ Wall sections showing top and bottom plates and headers
- \_\_\_ Location and size of all beams
- \_\_\_ Sizes of all doors
- \_\_\_ Window type – including sizes and the net clear opening dimensions of all Sleeping room windows (emergency egress)
- \_\_\_ Smoke alarms – number and placement
- \_\_\_ Insulation – U – Values for windows, R – Values for exterior walls, attic and foundation
- \_\_\_ Heating if applicable
- \_\_\_ Plumbing (if any)
- \_\_\_ Electrical
- \_\_\_ Stairs (riser height maximum 8¼” tread depth minimum 9”)
- \_\_\_ Stairs – Handrail (height from nose of thread min 34” max 38”)
- \_\_\_ Guardrail (34” minimum measured vertically from nose of thread)
- \_\_\_ Width of stairs (36” minimum)

BIU will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked “approved”. A building permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Municipal Building. All fees shall be paid prior to the issuance of the permit. Then use the inspection procedures provided to have all of the required inspections performed.

**PERMIT APPLICATION**

**BUILDING PERMIT** \_\_\_\_\_ **ELECTRICAL PERMIT** \_\_\_\_\_

**Municipality** \_\_\_\_\_ **County** \_\_\_\_\_ **Tax Parcel** \_\_\_\_\_

**Construction Site Location** \_\_\_\_\_ **Date Received** \_\_\_\_\_

**Owner** \_\_\_\_\_ **Tenant** \_\_\_\_\_

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

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Front Yard** \_\_\_\_\_ **Ft. (Front of building to property line)** \_\_\_\_\_ **Describe proposed work in detail** \_\_\_\_\_

**Rear Yard** \_\_\_\_\_ **Ft. (Rear of building to property line)** \_\_\_\_\_

**Side Yard** \_\_\_\_\_ **Ft. Side Yard** \_\_\_\_\_ **FT.** \_\_\_\_\_

**State Classification:** **New Commercial** \_\_\_\_\_ **Other Commercial** \_\_\_\_\_ **New Residential** \_\_\_\_\_ **Other Residential** \_\_\_\_\_

**BUILDING PERMIT**

**Contractor** \_\_\_\_\_ (if owner, put same name above)

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Fed Employee No.** \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

**Estimate of total costs for all work** \_\_\_\_\_

**Total square feet:** \_\_\_\_\_ **Use Group** \_\_\_\_\_ **Type Construction** \_\_\_\_\_

**No. of Stories:** \_\_\_\_\_ **Height of Structure** \_\_\_\_\_

**Description of work:** \_\_\_\_\_

**Type of work:**

**Alterations/Additions of:** \_\_\_\_\_ **Square Ft.** \_\_\_\_\_

( ) **Roofing - Total square feet** \_\_\_\_\_

( ) **Fencing, supply height if it exceeds 6 foot** \_\_\_\_\_

( ) **Sign - Total Square feet** \_\_\_\_\_

( ) **Pool - Total Square feet** \_\_\_\_\_

( ) **Decks - Total Square feet** \_\_\_\_\_

( ) **Demolition - Total Square feet** \_\_\_\_\_

( ) **Accessibility** \_\_\_\_\_

**Other:** \_\_\_\_\_

**I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.**

**Signature:** \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**ELECTRICAL PERMIT**

**Contractor** \_\_\_\_\_ (if owner, put same name above)

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Fed Employee No.** \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

**Estimate of total costs for all work** \_\_\_\_\_

**Technical Site**

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units _____
_____		Signs
_____		Survey Fee

**Others:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**

**Plans Approved** \_\_\_\_\_ **Plans Approved with Comments** \_\_\_\_\_

**UCC Building Fee:** \_\_\_\_\_

**Plan Review Fee:** \_\_\_\_\_

**Admin. Fee:** \_\_\_\_\_

**State Fee:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**Code Official:** \_\_\_\_\_ **State Cert.#** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**ELECTRICAL CODE OFFICIAL USE ONLY**

**Plans Approved** \_\_\_\_\_ **Plans Approved with Comments** \_\_\_\_\_

**UCC Electrical Fee:** \_\_\_\_\_

**Plan Review Fee:** \_\_\_\_\_

**Admin. Fee:** \_\_\_\_\_

**State Fee:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**Code Official:** \_\_\_\_\_ **State Cert.#** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**PERMIT APPLICATION**

**MECHANICAL PERMIT** \_\_\_\_\_

**PLUMBING PERMIT** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Describe proposed work in detail: \_\_\_\_\_

State Classification: New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**MECHANICAL PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

**PLUMBING PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Technical Site Data No.	Fixture/Equipment
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC
Others: _____	
Signature: _____	
Owner ( ) Contractor ( ) Owner Representative ( )	

Technical Site Data No.	Items	Technical Site Data No.	Items
_____	Water Closet	_____	Interceptor/Separator
_____	Urinal/Bidet	_____	Backflow preventer
_____	Bath tub	_____	Grease trap
_____	Lavatory	_____	Sewer Connection
_____	Shower	_____	Sewer Pump
_____	Floor drain	_____	Stacks
_____	Sink	_____	Solar
_____	Dishwasher		
_____	Drinking fountain		
_____	Washing Machine		
_____	Hose Bibb		
_____	Water Heater		
_____	Fuel Oil Piping		
_____	Gas Piping		
_____	Steam Boiler		
_____	Hot Water Boiler		
_____	Water Service Connection		
Others: _____			
Signature: _____			
Owner ( ) Contractor ( ) Owner Representative ( )			

**MECHANICAL CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Mechanical Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

**PLUMBING BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Plumbing Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

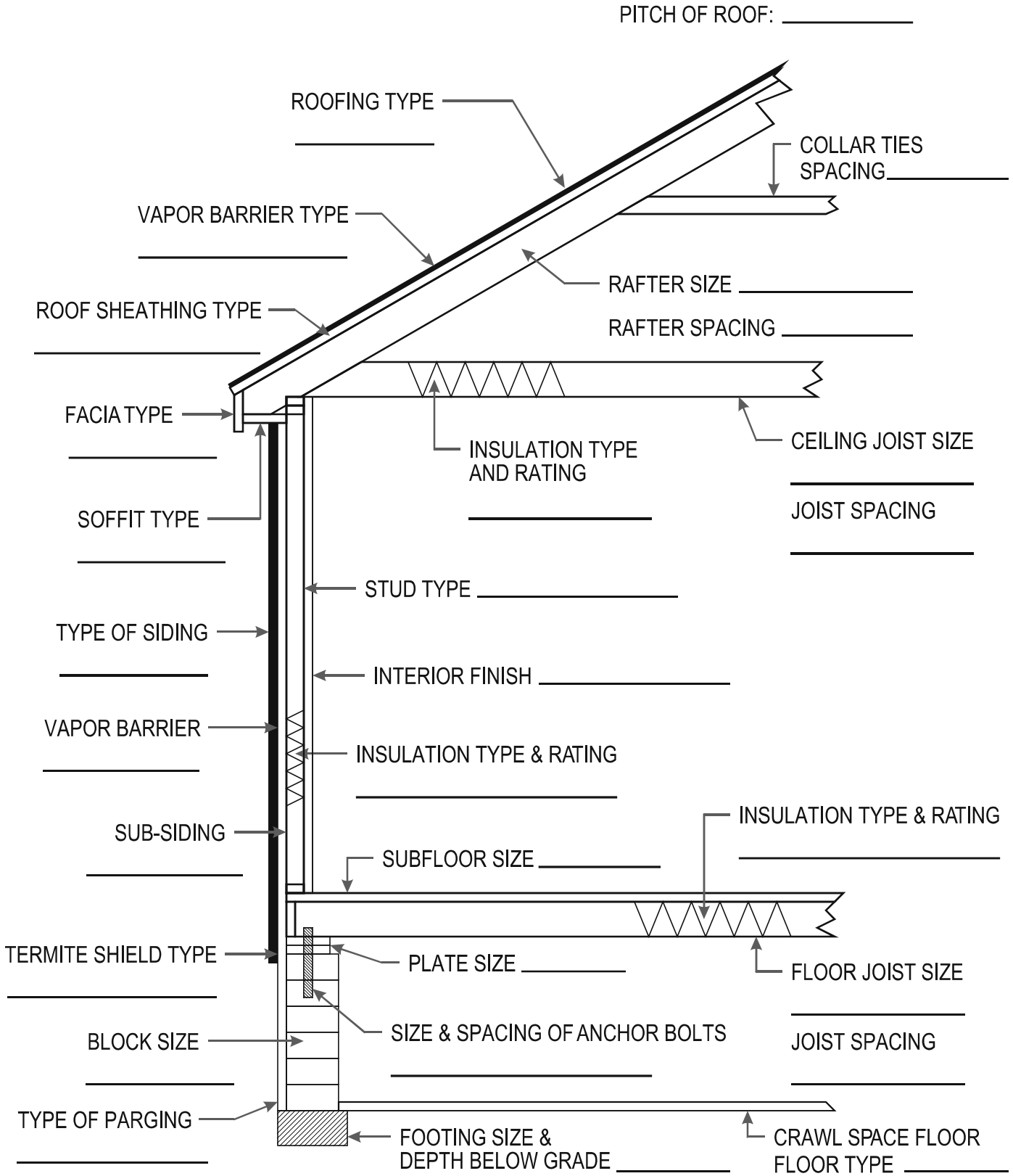
Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

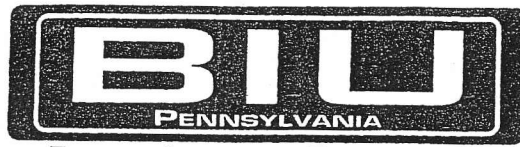
Date Issued: \_\_\_\_\_

Owner \_\_\_\_\_ Municipality \_\_\_\_\_  
Address \_\_\_\_\_ Permit # \_\_\_\_\_

### TYPICAL CROSS SECTION

#### FILL IN THE BLANKS





BUILDING INSPECTION UNDERWRITERS

1010 ALBRIGHT AVENUE, SCRANTON, PENNSYLVANIA 18508

ROOF: ROOF PITCH \_\_\_\_\_ ROOF TYPE: SHED - GABLE - HIP - OTHER \_\_\_\_\_ (CIRCLE ONE)

ROOFING MATERIAL \_\_\_\_\_

ROOFING UNDERLAYMENT \_\_\_\_\_

ROOF DECKING \_\_\_\_\_

TRUSS \_\_\_ YES \_\_\_ NO

TRUSS SPACING \_\_\_\_\_

RAFTER SIZE \_\_\_\_\_

RAFTER SPACING \_\_\_\_\_

RAFTER CLEAR SPAN \_\_\_\_\_

RAFTER SPECIES \_\_\_\_\_

RIDGE \_\_\_\_\_

CEILING JOIST SIZE \_\_\_\_\_ SPAN \_\_\_\_\_

CEILING JOIST SPACING \_\_\_\_\_

CEILING JOIST SPECIES \_\_\_\_\_

INSULATION \_\_\_\_\_

ROOF VENTILATION \_\_\_\_\_

FLOOR:

SUB-FLOOR \_\_\_\_\_

FLOOR JOIST SIZE \_\_\_\_\_

FLOOR JOIST SPACING \_\_\_\_\_

FLOOR JOIST CLEAR SPAN \_\_\_\_\_

FLOOR JOIST SPECIES \_\_\_\_\_

BEAM TYPE & SIZE \_\_\_\_\_

DISTANCE FROM GRADE \_\_\_\_\_

FOUNDATION:

FOUNDATION TYPE \_\_\_\_\_

ANCHOR TYPE \_\_\_\_\_

ANCHOR SPACING \_\_\_\_\_

SILL PLATE \_\_\_\_\_

BLOCK WALL SIZE \_\_\_\_\_

VERTICAL REINFORCEMENT \_\_\_\_\_

CONCRETE FLOOR THICKNESS \_\_\_\_\_

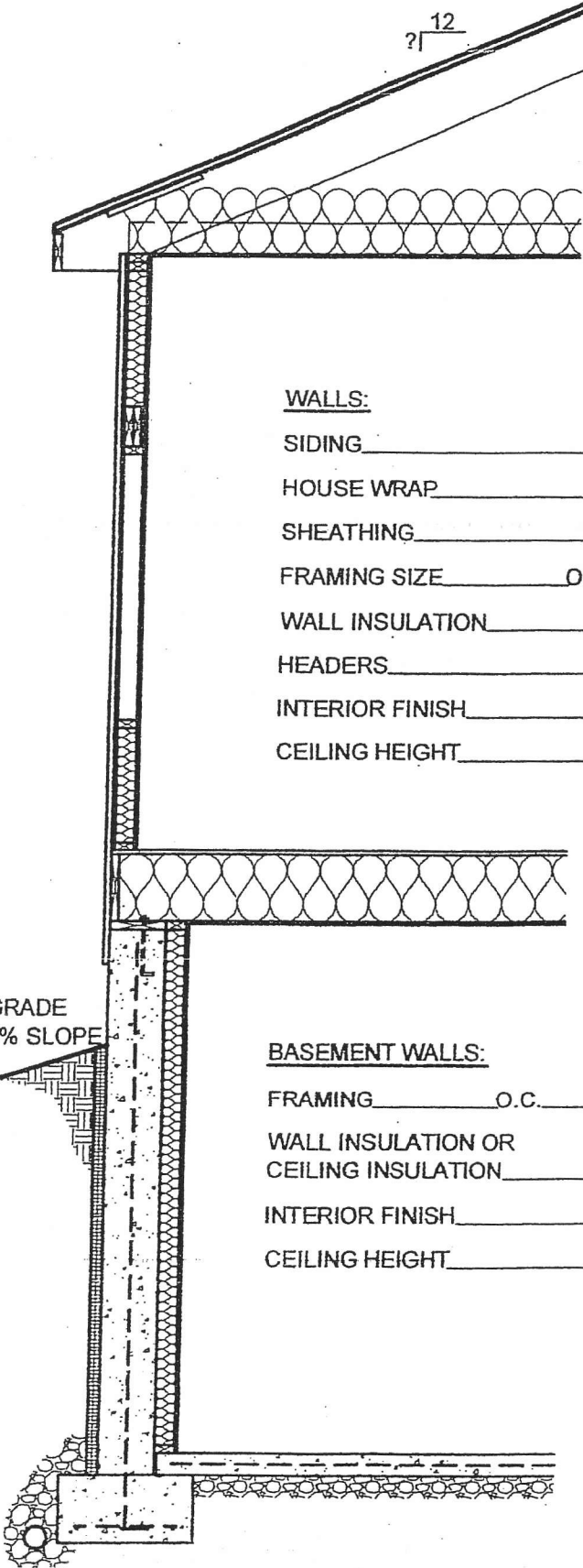
VAPOR BARRIER \_\_\_\_\_

COLUMN PAD SIZE \_\_\_\_\_

COLUMN SPACING \_\_\_\_\_

FOOTING WIDTH \_\_\_\_\_ HEIGHT \_\_\_\_\_

FOOTING DEPTH BELOW GRADE \_\_\_\_\_



? | 12

WALLS:

SIDING \_\_\_\_\_

HOUSE WRAP \_\_\_\_\_

SHEATHING \_\_\_\_\_

FRAMING SIZE \_\_\_\_\_ O.C. \_\_\_\_\_

WALL INSULATION \_\_\_\_\_

HEADERS \_\_\_\_\_

INTERIOR FINISH \_\_\_\_\_

CEILING HEIGHT \_\_\_\_\_

BASEMENT WALLS:

FRAMING \_\_\_\_\_ O.C. \_\_\_\_\_

WALL INSULATION OR CEILING INSULATION \_\_\_\_\_

INTERIOR FINISH \_\_\_\_\_

CEILING HEIGHT \_\_\_\_\_

GRADE  
5% SLOPE

**WORKERS' COMPENSATION INFORMATION FORM**

**THIS FORM REQUIRES A NOTARY SEAL**

**AFFIDAVIT OF EXEMPTION**

The undersigned affirm that he/she is not required to provide workers compensations insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

\_\_\_ Property owner performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with these requirements.

\_\_\_ Contractor has 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 municipality.

\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

\_\_\_ Use this form when applicable to part "C" on the workers' compensation form.

---

Signature of Applicant

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

Municipality of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by the above

\_\_\_\_\_ this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

SEAL

---

Notary Public

**MUST BE NOTARIZED**

## REQUIRED INSPECTIONS

- 1> FOOTING – at excavation stage with footer forms and rebar (when required) in place
- 2> FOUNDATION – before concrete pour, forms in place with rebar as needed
- 3> FOUNDATION/DAMP PROOFING/FOOTER DRAINS – stone placed and perforated pipe around perimeter of foundation (block or poured) parging when required and walls coated with damp proofing (BEFORE BACKFILLING)
- 4> FOUNDATION ANCHORAGE - treated sill plates and bolts in place, beam set and floor deck joist and rim started or complete; before deck sheathing
- 5> ROUGH FRAME – structure frame completed, sheathing completed and windows set , BEFORE SIDING ( nailing checked at this time )
- 6> ROOFING – at any point when ice dam and paper are applied
- 7> ROUGH PLUMBING – all H/C water lines and DWV run, plugged and pressure test on lines; TUB DRAINS INCLUDED
- 8> ROUGH MECHANICAL – concealed ductwork complete
- 9> ROUGH ELECTRIC – all wiring run and cut into boxes, service panel and meter base set and wired
- 10> SERVICE - ground rod(s) and one GFI outlet must be installed
- 11> SLABS/DECKS – poly vapor barrier [including garage area] - post footing holes for decks
- 12> DRAFTSTOP and FIREBLOCKING
- 13> INSULATION – walls & floors, weather caulking [prior to siding]
- 14> SHEETROCK – hung, not spackled
- 15> LATERALS - Sewer and Water
- 16> SIDING – SOFFIT – VENTS
- 17> FINAL - All devices and fixtures set. Completed electric system including smoke detectors. All rough grading must show slope away from building foundation

NOT NECESSARILY IN THE ORDER SHOWN  
INSPECTION ROUGHS 5-6-7-8-9-10 SHOULD BE COMBINED

WHENEVER POSSIBLE

“CONTRACTOR RESPONSIBLE TO NOTIFY”

TO SCHEDULE

INSPECTIONS CALL BIU

1-866-344-9681