

1

**Code Inspections, Inc.**  
**CONSTRUCTION PERMIT APPLICATION**

Permit Application will be automatically **REJECTED** if all highlighted areas are not filled out.  
All other areas pertaining to the project shall also be filled out.

**County:** \_\_\_\_\_ **Municipality:** \_\_\_\_\_

**Application Date:** \_\_\_\_\_ **Approval Date:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

**Site Address:** \_\_\_\_\_ **Tax Parcel #** \_\_\_\_\_

**Lot #** \_\_\_\_\_ **Subdivision/Land Development:** \_\_\_\_\_ **Phase:** \_\_\_\_\_ **Section:** \_\_\_\_\_

**Check all that apply**

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition	<input type="checkbox"/> Relocation	<input type="checkbox"/> Deck	<input type="checkbox"/> Other
<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Pool	<input type="checkbox"/> Porch	

**Describe the proposed work:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Phone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Contractor Information**

	License #	Name	Address	Phone #
Applicant				
Design Professional				
Principal Contractor				
Excavation				
Masonry				
Concrete				
Carpentry				
Plumbing				
Sewer				
Electrical				
Mechanical				
Roofing				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

**TOTAL ESTIMATED COST OF CONSTRUCTION** (reasonable fair market value) \$ \_\_\_\_\_

◆ Permit fees are not based on construction costs

**DESCRIPTION OF BUILDING USE (Check One)**

**RESIDENTIAL** ☐ One-Family Dwelling

☐ Two-Family Dwelling

**NON-RESIDENTIAL**

**Specific Use:** \_\_\_\_\_

**Use Group:** \_\_\_\_\_

**Maximum Occupancy Load:** \_\_\_\_\_

**Change in Use:** ☐ YES ☐ NO

**If YES, indicate Former:** \_\_\_\_\_

**Maximum Live Load:** \_\_\_\_\_

**Building Section: ESTIMATED COST OF BUILDING WORK (Contract Value)**

\$

Number of Residential Dwelling Units:

Existing

Proposed

Type of Structural Frame: ☐ Wood ☐ Masonry ☐ Concrete ☐ Manufactured Dwelling☐ Steel ☐ Other; Explain: \_\_\_\_\_**Does or will your building contain any of the following:**

Elevator/Escalators/Lifts/Moving Walks:

☐ YES☐ NO

Pressure Vessels:

☐ YES☐ NO

Sprinkler System:

☐ YES☐ NO

Refrigeration Systems

☐ YES☐ NO

Fireplace(s): Number \_\_\_\_\_ Type Fuel \_\_\_\_\_ Type Vent \_\_\_\_\_

Bed Rooms (number)		Stories (number)		Street Frontage (feet)	
Full Baths (number)		Building Area (sq/ft)		Front Setback (feet)	
Partial Baths (number)		Living Area (sq/ft)		Rear Setback (feet)	
Garages (number)		Basement Area (sq/ft)		Left Setback (feet)	
Garage Area (sq/ft)		Office/Sales (sq/ft)		Right Setback (feet)	
Outside Parking (number)		Service (sq/ft)		Height Above Grade (feet)	

**Plumbing Section: ESTIMATED COST OF PLUMBING WORK (Contract Value)**

\$

Enter the Number and size of Fixtures Being Repaired, Replaced or installed

Tub/showers		Laundry Tubs		Sewage Ejectors	
Shower Stalls		Dishwashers		Back Flow Preventers	
Lavatories		Garbage Disposals		Water Pumps	
Toilets		Water heaters		Water Service	
Urinals		Water Softeners		Sewer Connection	
Sinks		Other			

Water Service: (Check)

☐ Public☐ Private

Sewer Service: (Check)

☐ Public☐ Private (Septic Permit #) \_\_\_\_\_**Mechanical Section: ESTIMATED COST OF MECHANICAL WORK (Contract Value)**

\$

Enter the Number and Size of Units Being Replaced or installed

Forced Air Furnace		Space Heater		A/C Compressor	
Solid fuel Appliance		Unit Heater		Split A/C Unit	
Heat Pump		Boiler		Coil Unit	
Air Handling Unit		Gravity Furnace		Gas/Oil Conversion	
Electric Furnace		Incinerator		Air Cleaner	
Other:					

Fuel Type: ☐ Gas ☐ Oil ☐ L.P. ☐ Electric ☐ Coal ☐ Wood ☐ Other**Electrical Section: ESTIMATED COST OF ELECTRICAL WORK (Contract value)**

\$

Service Amps \_\_\_\_\_ Number of Circuits \_\_\_\_\_ Number of Service Outlets: \_\_\_\_\_ 110V \_\_\_\_\_ 220V

List Devices	Qty	Load/Output	List Devices	Qty	Load/Output	List Devices	Qty	Load/Output
Switches			Dishwasher					
Receptacles			Washer					
Circuit Panel			Dryer					
Lights			Spa/Hot Tub					
Smoke Detectors			A/C Unit					

**Fire Protection Section: ESTIMATED COST OF FIRE PROTECTION WORK (Contract Value)**

\$

Enter the number and size of equipment being replaced or installed

Sprinkler System		Hood Suppression System		Fire Alarm System	
Stand Pipe		Fire Hydrants		Smoke Control System	
Suppression System		Fire Pumps		Fire Detection System	
Other:					



## FLOODPLAIN

Is the site located within an identified flood hazard area?

☐ YES

☐ NO

Will any portion of the flood hazard area be developed?

☐ YES

☐ NO

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3

Lowest Floor Level: \_\_\_\_\_

## HISTORIC DISTRICT:

Is the site located within a Historic District?

☐ YES

☐ NO

*If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.*

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 the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, right-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 or lessee of the building or structure, or agent of either, or by the registered design professional employed in connection with the proposed work. **NOTE: Per Sections 403.43(g) and 403.63(g) A permit becomes invalid unless the authorized construction work begins within 180 days after the permit's issuance or if the authorized construction work permit is suspended or abandoned for 180 days after the work has commenced. A permit holder may submit a written request for an extension of time to commence construction for just cause. The building code official may grant extensions of time to commence construction in writing. A permit may be valid for no more than 5 years from its issue date.**

### Certificate of Occupancy.

§ 403.46(a) A building, structure or facility may not be used or occupied without a certificate of occupancy issued by a building code official.

§ 403.46(d) A building code official may suspend or revoke a certificate of occupancy when the certificate was issued in error, on the basis of incorrect information supplied by the permit applicant or in violation of the Uniform Construction Code. Before a certificate of occupancy is revoked, a building owner may request a hearing before the board of appeals under § 403.122 (relating to appeals, variances and extensions of time).

**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. By checking the box by the SIGNATURE BLOCK below I certify I am the owner or authorized agent of the project for which this application is filed and I certify that all information provided on this application is correct and true to the best of my knowledge.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

## DIRECTIONS TO SITE:

### (FOR ADMINISTRATIVE USE ONLY)

#### ADDITIONAL PERMITS/APPROVALS REQUIRED

STREET CUT/DRIVEWAY	APPROVED	YES	NO	BY:	DATE:
CUT AND FILL	APPROVED	YES	NO	BY:	DATE:
PENNDOT HIGHWAY OCCUPANCY	APPROVED	YES	NO	BY:	DATE:
DEP FLOODWAY OR FLOODPLAIN	APPROVED	YES	NO	BY:	DATE:
SEWER CONNECTION	APPROVED	YES	NO	BY:	DATE:
ON-LOT SEPTIC	APPROVED	YES	NO	BY:	DATE:
ZONING	APPROVED	YES	NO	BY:	DATE:
HARB	APPROVED	YES	NO	BY:	DATE:
OTHER	APPROVED	YES	NO	BY:	DATE:

#### APPROVALS

BUILDING PERMIT DENIED  
BUILDING PERMIT APPROVED  
CODE ADMINISTRATOR: \_\_\_\_\_

DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

BUILDING PERMIT FEE: \$ \_\_\_\_\_  
ELECTRIC PERMIT FEE: \$ \_\_\_\_\_  
PLUMBING PERMIT FEE: \$ \_\_\_\_\_  
MECHANICAL PERMIT FEE: \$ \_\_\_\_\_  
ENERGY PERMIT FEE: \$ \_\_\_\_\_  
ACCESSIBILITY PERMIT FEE: \$ \_\_\_\_\_

FIRE PROTECTION FEE: \$ \_\_\_\_\_  
FLOODPLAIN PERMIT FEE: \$ \_\_\_\_\_  
ZONING PERMIT FEE: \$ \_\_\_\_\_  
COG FEE: \$ \_\_\_\_\_  
ADMINISTRATIVE FEE: \$ \_\_\_\_\_  
STATE FEE: \$ \_\_\_\_\_

TOTAL SQUARE FOOTAGE USED FOR FEE: \_\_\_\_\_

TOTAL OF ALL PERMIT FEES \$ \_\_\_\_\_

•  
•  
•  
•  
•  
•  
•

P.O. Box 366  
Milford, PA 18337  
Tel. (570) 296-5540  
FAX (570) 409-8348  
Website: [www.milfordtownshippike.com](http://www.milfordtownshippike.com)

# MILFORD TOWNSHIP

Due to the Covid-19 Public Health Emergency, the applicant will grant the Township a waiver of the required time limits for taking action on the application.

The Township will act as expeditiously as possible to process the application. The Township thanks you for your patience.

Property Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

• • • • •