

Requirement checklist to obtain a Building Permit for a:

**NEW MANUFACTURED DWELLING
on a Foundation, Crawlspace, or Piers**

- ☐ Completed two-page application (must be legible and signed) [2 COPIES]
- ☐ Land Use Permit (signed/approved by the Municipality) [2 COPIES]
- ☐ Site Plan (include all existing structures, proposed structure and their distances to lot lines) [2 COPIES]
- ☐ Foundation plan (elevation, footer size, foundation details, beams, etc.) [2 COPIES]
- ☐ Deck plan if applicable (Must not be attached to the Manufactured Dwelling. If over 30" high at any point around the perimeter, measured from ground to top of finished floor, additional permitting and inspections are required.) [2 SETS]
- ☐ Installation manual of Manufactured Home (if available)
- ☐ **The HUD Licensed Installer and their License # must be provided to PMCA before your Building Permit will be released.**
- ☐ Copy of Contractors Certificate of Insurance for Workers Compensation
OR
If doing the work yourself submit Workers Compensation Insurance Coverage Waiver
[refer to the attached document].
- ☐ Driving directions from a known landmark or intersection
- ☐ **HUD Manufactured Home Installation Certification and Verification Report (Form HUD-309) to be provided to PMCA before the final inspection**

- ✓ After submitting all required documents your application and drawings will be reviewed.
- ✓ PMCA will contact you to let you know if your application has been approved or denied.
- ✓ When the project is approved you will be notified the Building Permit is ready. Prior to obtaining the building permit all charges, i.e. administrative, inspections fees must be paid.
- ✓ Be advised additional fees may be applied, throughout the project, for failed or missed inspections.
- ✓ The Building Permit placard and municipal placard are to be visible on site at all times during the construction process. The application and approved building plans are to remain on site when the building inspectors come for inspections. Be advised: we cannot inspect if these are not on site and you may incur additional costs due to extra trip(s) by the inspector
- ✓ To schedule an inspection: call the office where your permit application was submitted or visit our website to schedule online. Be prepared to have your permit number, address, and type of inspection you are requesting. If you request an inspection before 3 PM, every effort is made to schedule the inspection for the next business day.



Chambersburg Office: 380 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996
Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326
Somerset Office: 510 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112
Adams Office: 1895B York Road, Gettysburg, PA 17325 Phone: 717 321-9046
Email: pmca@pacodealliance.com Website: <https://pacodealliance.com/>

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Rcvd. Date Stamp Here

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application No. _____

1. PROPERTY / SITE INFORMATION

Site Address: _____ Tax Map / Parcel No.: _____
Complete Address / Street / Lot #

City

State

Zip

Municipality: _____ County: _____ Land Use Permit No. _____

Use: ☐ Residential ☐ Single-Family Dwelling / Duplex ☐ Multi Family ☐ New / ☐ Relocated Manufactured Home ☐ Modular

☐ Commercial ☐ Other _____ Floodplain present: ☐ Yes ☐ No

Improvement Type: ☐ New ☐ Addition ☐ Alteration ☐ Repair/Replacement ☐ Relocation ☐ Other _____

2. LAND / PROPERTY OWNER'S INFORMATION (Complete Section 5 for Contractor's Info)

First Name _____ Mi. _____ Last Name _____ Phone No: _____ Cell No.: _____

Street Address _____ City _____ State _____ Zip _____ Email: _____

3. BUILDING / STRUCTURE OWNER'S INFORMATION [If Different From Above]

First Name _____ Mi. _____ Last Name _____ Phone No: _____ Cell No.: _____

Street Address _____ City _____ State _____ Zip _____ Email: _____

4. BUILDING PERMIT APPLICATION

Provide below description of Work: (Also provide details on plot plan: Show all improvements on lot & approx. distances to lot lines)

Total Lot Area: _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ _____

ICC Use Group: _____ ICC Construction Type: _____

ESTIMATED START DATE: ____/____/____ ESTIMATED COMPLETION DATE: ____/____/____

5. CONTRACTOR INFORMATION

Business Name: _____ Phone No: _____

Contractor Street Address _____ City _____ State _____ Zip _____

Person in Charge of Work: _____ Phone No.: _____

Email: _____ Cell No.: _____

Workman's Compensation Insurance: ☐ Provided ☐ On Record ☐ Exempt PA Home Improvement Contr. Reg. # _____

►► THIS SECTION MUST BE FULLY COMPLETED OR THE APPLICATION MAY BE REJECTED AS INCOMPLETE ◀◀

6. CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true & correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. §4903.

Applicant Signature _____ Print Name (*legibly*): _____ Date _____

Applicant Phone (Land Line and Cell) _____ Applicant Email _____

Business Name (if applicable) _____ Email _____

☐ Business **OR** ☐ Applicant Complete Mailing Address _____

Business Phone Number (Land Line and Cell) _____

7. PROJECT DETAILS

Trades: ☐ Building ☐ Electrical Work ☐ Plumbing Work ☐ Mechanical Work (HVAC) ☐ Fire Suppression/Fire Alarm System

Heat Source (if applicable): _____ Fuel Type: _____

Foundation Type: ☐ Crawlspace ☐ Foundation ☐ Slab at Grade ☐ Piers ☐ Other: _____

Details: _____

SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades. Use additional sheet(s) if needed.

☐ Additional sheet(s) attached

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING PMCA OFFICE FOR ALL REQUIRED INSPECTIONS.

►► IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT N/A ON THE LINE/ SPACE ◀◀

DIRECTIONS TO THE SITE LOCATION

Please give directions to the work site from a known landmark and/or intersection. Use a directional drawing also in the space provided below if that would assist.

Applicant: _____ Phone: _____

Site Street Address: _____

Directions: _____

Use this space if needed to further clarify the site location:

Please Note: Inspectors cannot inspect what they cannot find, Be certain the directions are clear. Use Road or Street names, distances between turn offs, and the direction of that travel (North South East or West). Landmarks are very helpful.

► Workers' Compensation Insurance Coverage Information ◀

A. The applicant is

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 – **MUST BE NOTORIZED**

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 provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

☐ Contractor with 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 township.**

☐ **Homeowner** who elects to do all work without contracting or hiring others to assist.

☐ **Religious exemption** under the Workers' Compensation Law.

Signature of Applicant: _____ Print Name: _____

Address: _____ Date: _____

Commonwealth of Pennsylvania, County of _____

On this, the _____ day of _____, 20____ before me _____,

(Notary)

the undersigned personally appeared _____, known to me (or satisfactorily proven)

(Signatory)

to be the person whose name subscribed to the within instrument, and acknowledged that he/she executed the same for the purpose herein contained.

In Witness whereof, I hereunto set my hand and official seal.

Notary Public

✓ Checklist for the Site Plan to be provided with the Permit Application

1. **Site plans are essential and must be clearly legible and reproducible regardless of the reason for requesting the permit.**
2. Use an 8 ½" X 11" sheet of paper at minimum.
3. After locating all the structures on your property show distances in feet to the lot lines and between the structures.

Provide dimensions of the property getting the proposed improvement

- Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- Acreage (Refer to deed or survey drawing)
- Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- Parcel Number (Not mandatory – obtained from deed or property tax notice)

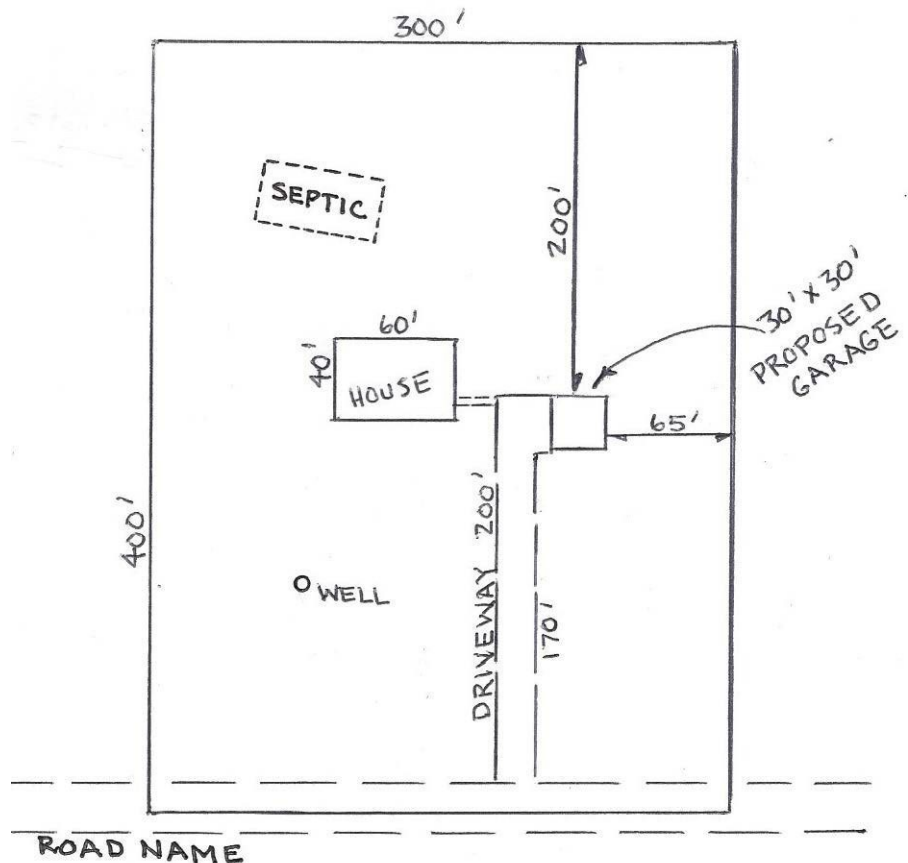
Existing Buildings / Structures with Corresponding Dimensions

- Houses
- Sheds
- Barns
- Swimming Pools
- Deck / Patios
- Other buildings or structures on the property
- Location of on lot well and septic IF applicable

Proposed Improvement(s)

- Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- Location of Proposed Driveway and Sidewalk

SAMPLE SITE PLAN ►





IMPORTANT DCED NOTICE: EFFECTIVE OCTOBER 1, 2020
NOTICE: Beginning 10-1-20, the Pennsylvania manufactured housing program will be requiring a **HUD Licensed Installer** (Housing & Urban Development) for all manufactured dwellings

► NEW MANUFACTURED DWELLING ◀

Why is this notice important?

- Installation is perhaps the single most important consideration to assure safety, durability and long term satisfaction from your home. Listed below are key elements of installation that can have an impact on the performance of your home. Also, some key requirements for installation are discussed in the Manufactured Home Installation brochure. (see DCED website: <https://dced.pa.gov/download/installation-guide-for-relocated-manufactured-homes-2017/>)
 - **Site Preparation** – Proper grading of the site around your home to provide groundwater runoff is critical. Make sure the ground under your home is free from depressions or areas where water can collect and has a properly installed ground vapor barrier.
 - **Support** – Your installer must ensure that the ground where your home is sited has the proper soil conditions and bearing capacity to properly support your home. The Pier footings must be protected from the effects of frost heave, which generally requires the pier footings to extend below grade to the maximum frost penetration in your area. Improper support of your home may lead to bowed floors and walls, cracked walls or ceilings, doors and windows that do not operate properly, and other structural defects that can lead to permanent damage to your home.
 - **Assembly** – Most Manufactured homes, especially multi-section designs, require assembly to be completed onsite. Until a home is assembled properly, it cannot perform as designed. The ability of the home to resist wind, rain, and snow and the functioning of the plumbing, electrical, heating/cooling systems, among other issues, are only assured by proper assembly onsite.
 - **Stabilization/Anchoring** – To ensure that your home can withstand the forces of windstorms, which can cause sliding and overturning of the home, it is imperative that your home is properly anchored with suitable anchoring devices that are properly installed

How do I find a HUD Licensed Installer?

- A Complete list is available at **WWW.MANUFACTUREDHOUSINGINSTALLATION.COM**
 - To search the list for a HUD Licensed installer in your area, search for '**PA**' or '**MD**'
 - This list is updated frequently.

What documents are required for a New Manufactured Dwelling?

- The **HUD Manufactured Home Installation Certificate Report (Form HUD-309)**. This document certifies that your New Manufactured Dwelling was installed by a HUD Certified installer AND was installed in accordance with the regulations.

When does the HUD Manufactured Home Installation Certificate Report need to be completed?

- The HUD Manufactured Home Installation Certificate Report must be completed and submitted to PMCA by the HUD Licensed Installer **BEFORE** your final inspection can be completed by the Building Inspector.

BE ADVISED: Failure to submit the HUD Manufactured Home Installation Certificate Report may result in a failed Final Inspection.

**HUD Manufactured Home
Installation Certification
And Verification Report**

**U.S. Department of Housing and Urban Development
Office of Manufactured Housing Programs**

OMB Approval No. 2502-0578
Expires 07/31/2022

The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Sections 111 and 411 require the licensed installer certify that the manufactured home has been installed and inspected in accordance with the regulations. The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Subpart F requires a qualified inspector verify that the manufactured home has been installed in accordance with the requirements of Part 3286 and Part 3285. The information collected here will ensure that the licensed installers and qualified inspectors inspect the minimum elements for compliance. The public record burden for the collection of information is estimated to average 3.5 hours per response including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collected information. Response to this information is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

Certification Label Number(s) (include all zeros and agency prefix)	Manufacturer's Serial Number(s) (include all letters and numbers)		
		(Installer Name)	(HUD License No.)
(Homeowner Name) (State)		(Inspector Name)	(State)
(Street Address) (City) (Zip)		(Street Address)	(Phone)

1. Initial Inspection

Inspection Item	Inspector Verification			Installer Certification		
Site location with respect to home design and construction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Consideration of site specific conditions	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart C - Site preparation and grading for drainage	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart D - Foundation construction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart E - Anchorage	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart F - Optional features (Skirting, etc.)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart G - Completion of ductwork, plumbing, and fuel supply systems	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart H - Completion of electrical systems	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart I - Exterior and interior close-up	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Completion of operational checks and adjustments	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A

2. Reinspection of Home (To be completed and initialed by the inspector)

If the inspector discovers that any item during the Initial Inspection fails to comply with the manufacturer's installation instructions or with an installation design and instructions that have been certified by a professional engineer or registered architect, the installation must be reinspected after the installation is corrected.

Briefly describe the work that did not pass the initial inspection. Upon reinspection, inspector must initial item(s) that are in compliance. Attach additional sheet(s) if necessary.

3. Inspector Verification

I have performed a visual inspection in accordance with 24 CFR § 3286.507, of the manufactured home installation identified above. I have inspected the minimum elements noted above, as required by 24 CFR § 3286.505 and the items above have been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements in any matter within the jurisdiction of the United States such as the verification statement on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Inspector Signature

(Date)

4. Installer Certification

I hereby certify, in accordance with 24 CFR §§ 3286.111 and 3286.411, that the manufactured home identified above has been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements and/or certifications in any matter within the jurisdiction of the United States such as the certification on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Installer Signature

(Date)

Privacy Statement: HUD is committed to protecting the privacy of individuals information stored electronically or in paper form in accordance with federal privacy laws, guidance and best practices. HUD expects its third-party business-partners who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable laws.

Distribution: Installer, Retailer, Purchaser