



**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 # \_\_\_\_\_

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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 ◀◀**

## Required Documents for Solar Photovoltaic Systems Permitting

Completed Building Permit Application and two (2) copies of the following documents:

1. Location, floor, and site plans. Site plan must show septic system location and all buried utilities.
2. Detailed System Diagram of all the system components, highlighting system grounding and bonding.
3. Basic Line Drawing that shows all the devices on the system including the solar module, DC disconnect, inverter, sub-panels, AC disconnect, main service meter, and wire sizes and connections. Specify manufacturer, model numbers, and ratings.
4. Show specific locations and labels used for compliance with NEC 690 and UL 969.
5. PV Module Label and Listing Specs.
6. Inverter Label and Listing Specs.
7. Rack Label and Listing Specs.
8. Rack Mounting Details and Calcs (Ground Mounted Systems).
9. Battery Storage Location and Venting (if applicable).

### **Worksheet Information**

Any proposed supply-side connection will not be approved if it is considered a violation of the UL listing of the equipment. Provide complete information of method of supply-side connection, if proposed.

#### **Point of Connection EXAMPLE**

1. Service Panel Rating in Amperes \_\_\_\_\_ (125A)
2. Service Busbar Rating in Amperes \_\_\_\_\_ (125A)
3. 120% of Busbar Rating \_\_\_\_\_ (125A x 1.2 = 150A)
4. Main Panel Breaker Rating \_\_\_\_\_ (100A)
5. Maximum Allowed PV Breaker \_\_\_\_\_ (150A – 100A = 50A)
6. Backfed PV Breaker in Amperes \_\_\_\_\_ (25A, 25A < 50A)

### **Roof Design**

1. Approximate Age of Roof \_\_\_\_\_
2. Roofing Type:  Comp       Shingle       Tile       Shake       Metal
3. Rafter Size: \_\_\_\_\_ X \_\_\_\_\_ Inches
4. Rafter Spacing:  16" o.c.    24" o.c.    Other \_\_\_\_\_
5. Rafter Span: \_\_\_\_\_ Array Weight: \_\_\_\_\_ lbs.

Truss/Rafters that are over-spanned or if the array is over 5 lbs psf, design by a licensed professional may be required.

## **PV System Components**

### **Per Module Manufacturer & Model**

1. Photovoltaic Panel \_\_\_\_\_
2. Rated Power (PMax) \_\_\_\_\_ Watts
3. Open Circuit Voltage (Voc) \_\_\_\_\_ VDC
4. Short Circuit (Isc) \_\_\_\_\_ Amps DC
5. Maximum Voltage (Vpmax) \_\_\_\_\_ VDC
6. Maximum Current (Ipmx) \_\_\_\_\_ Amps DC
7. Inverter Model \_\_\_\_\_

## **Module Configuration**

1. No. of Modules in Series \_\_\_\_\_
2. No. of Strings in Parallel \_\_\_\_\_
3. Total Rated Power of System (@STC) \_\_\_\_\_
4. DC Grounding Electrode Conductor \_\_\_\_\_ AWG \_\_\_\_\_ NEC Sec 690.47 (c) (2)
5. AC Grounding Electrode Conductor \_\_\_\_\_ AWG \_\_\_\_\_ NEC Sec 690.47 (c) (2)
6. Attach PV module, inverter and mounting system cut sheets.

## **Checklist for PV System Plan Check**

- Yes  No - Is a basic site diagram provided showing location of structure and equipment?
- Yes  No - Is the array configuration shown?
- Yes  No - Is the array wiring identified?
- Yes  No - Is the combiner/junction box identified?
- Yes  No - Is the AC / DC disconnect box identified?
- Yes  No - Is the equipment grounding specified?
- Yes  No - Is the conduit size from the array to the power source identified?
- Yes  No - Are cut sheets provided for the PV modules?
- Yes  No - Are cut sheets provided for the mounting hardware?
- Yes  No - Are cut sheets provided for the Inverter?
- Yes  No - Is the system user's manual available to property owner?
- Yes  No - Does the roof appear to be in good condition?

Special Signage is required for Solar PV Systems. Permanently affixed labels shall have a red background with white lettering. Printed material shall be resistant to fading per UL 969, and NEC Article 690

## 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: \_\_\_\_\_

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**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.

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

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**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.

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Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

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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



### When applying for a Building Permit you need the following:

- Fill out the appropriate application answering all questions applicable to your job. Application must be legible and signed. (2 copies)
    - If a portion of the application is not applicable to your project put a N/A on the line.
  - A copy of the signed Land Use Permit from the Municipality (Borough or Township) (2 copies)
  - A Site Plan showing the location of the existing improvements/structures on your property and approx. distances to all property lines, well, septic system, driveway, etc. Also show the location of the proposed construction. (2 copies)
  - Drawings showing details of the construction you want to do. (2 copies)
  - 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*].
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### After Building Permit Application is submitted:

- After submitting all required documents your application and drawings will be reviewed.
  - PMCA will contact you with an approval or denial.
  - If approved, your permit will be issued. The inspection & administrative fees are due when you pick up the permit. You will also obtain a copy of your original application and stamped set of plans.
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### After Building Permit is issued:

- The Building Permit placard and Municipal Placard are to be visible on site at all times during the construction process.
- 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.
- The copy of your application and approved 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.



**✓ 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         | ○ Deck / Patios                                    |
| ○ Sheds          | ○ Other buildings or structures on the property    |
| ○ Barns          | ○ Location of on lot well and septic IF applicable |
| ○ Swimming Pools |  |

**Proposed Improvement(s)**

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

**SAMPLE SITE PLAN ►**

