

LOYALSOCK TOWNSHIP
 2501 E. Third St.
 Williamsport, PA 17701
 Phone 570-323-6151

CONSTRUCTION APPLICATION

NO.

Application Date _____	Permit Type <input type="checkbox"/> Building <input type="checkbox"/> Sign <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Demolition <input type="checkbox"/> Occupancy (Use page 2 for Elec., Plumb, & Mech. Permits)
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LOCATION OF BUILDING CONSTRUCTION OR IMPROVEMENT _____	ADDRESS _____
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TYPE OF IMPROVEMENT	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Moving <input type="checkbox"/> Garage <input type="checkbox"/> Foundation Only <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other _____
PROPOSED USE	Residential <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family (enter number _____) <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Other (specify) _____ _____
	Nonresidential Use Group _____ Specific Use _____ Occupant Load _____ Construction Type _____
FOR COMMERCIAL PERMITS, REVIEW PAGE FOUR OF THIS APPLICATION	
Describe in detail proposed use of structure, building or work being done _____ _____	

STREET

Estimated Cost of Construction/Improvement (Total)	\$ _____
Principal Type Of Frame	<input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other _____
Principal Type Of Heating	<input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____
Water Supply	<input type="checkbox"/> Public <input type="checkbox"/> Well Sewage <input type="checkbox"/> Public <input type="checkbox"/> Private
Will there be Central Air Conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No Elevator <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Stories _____	Square Foot of Construction or Improvement _____
Residential Only—Number of Bedrooms _____	Number of Bathrooms <input type="checkbox"/> Full <input type="checkbox"/> Partial
Is the Constitution or Improvement in a Flood Plain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Construction or Improvement in a Historic Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No

USE THIS PAGE FOR SEPARATE PLUMBING, MECHANICAL AND ELECTRICAL PERMITS

PLUMBING PERMIT APPLICATION

Enter the number of fixtures being installed, replaced or repaired:

Tubs/Showers ____	Drinking Fountains ____	Back Flow Preventers ____
Shower Stalls ____	Floor Drains ____	Water Heaters ____
Lavatories ____	Water Softener's ____	Roof Drains ____
Toilets ____	Sewage Ejectors ____	Grease Interceptors ____
Urinals ____	Oil Separators ____	Hose Outlets ____
Laundry Trays ____	Bidets ____	Lawn Sprinklers ____
Garbage Disposals ____	Fire Sprinklers (number of heads) ____	
Water Service Size ____ (in.)	Fire Sprinkler Service Size ____ (in.)	
Estimated Cost of Improvements \$ _____		

MECHANICAL PERMIT APPLICATION

Enter number of new or replacement units: (Propane system do not require a permit)

Forced Air Furnace-- Gas ____	Forced Air Furnace-- Oil ____	Incinerator ____
Unit Heater-- Gas ____	Unit Heater-- Oil ____	Heat Pump (Air to Air) ____
Heat Pump (GeoThermal) ____	Gas/Oil Conversion ____	Split System A/C ____
Ductless Mini-Split ____	Solid Fuel Appliance ____	Electric Furnace/Boiler ____
Kitchen Exhaust Hood/Duct System ____	Hazardous Exhaust System ____	
Estimated Cost of Improvements \$ _____		

ELECTRICAL PERMIT APPLICATION

Total Service ____ (Amps)	Number of Circuits ____	Number of Outlets ____ (120v) ____ (220v)
Switches ____	Receptacles ____	Smoke/Carbon Monoxide Alarms ____
		Lights ____
		Panels ____
Dish Washer ____	Dryer ____	Washer ____
	Spa/Hot Tub ____	A/C ____
		Heater ____
		Water Heater ____
PV System _____ (# of panels)	Back-Up Generator _____ (kV)	
Other _____	Other _____	Other _____
Estimated Cost of Improvements \$ _____		

Owner	Name _____
Or	Address _____
Lessee	Phone No. (Home) _____ (Cell) _____
	Email (optional) _____
Contractor	Name _____
	Address _____
	Phone No. (Office) _____ (Cell) _____
	Contractor Reg. No. _____
Architect	Name _____
	Address _____
	Phone _____
Is The Applicant the Owner? ___YES ___NO	

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of the jurisdiction

Signature of Applicant _____
Date Signed

DEMOLITION INFORMATION

1. The property in its entirety must be inspected by the Building Official prior to demolition
2. Any well , septic or sewer lines must be capped and inspected by the Building Official
3. Any material considered HAZARDOUS must be handle and disposed of properly in accordance to state, federal & local laws, disposal manifests must be submitted to the code office
4. Copies of closure reports & disposal manifests on tanks must be submitted to the Building Official
5. All proper agencies/utilities must be notified to obtain service disconnections
6. The entire work area must be secured during demolition, protecting public & private property
7. The project must have minimal impact on the surrounding environment. Public right-of-ways will be kept clean of debris at all times

Applicant Agrees

LOYALSOCK TOWNSHIP UTILIZES CODE INSPECTIONS, INC. FOR COMMERCIAL ELECTRIC PLANS EXAMINATION AND COMMERCIAL ELECTRIC INSPECTIONS. ALL OTHER PLANS EXAMINATIONS AND INSPECTIONS ARE DONE BY THE LOYALSOCK TOWNSHIP BUILDING CODE OFFICIAL.

*****COMMERCIAL MECHANICAL AND SIGN PERMITS ARE INSPECTED BY THE BUILDING CODE OFFICIAL FOR ELECTRICAL COMPLIANCE**

1. Provide (2) two sets (hard copies) of complete construction documents for review. If pdf's are available for the electrical sheets only, please provide them to dave@loyalsocktownship.org
2. All commercial plans must be prepared by a licensed architect or engineer. There are some exceptions to this requirement per the state UCC. If you feel you qualify for the exceptions, please contact the building code official.
3. Expect two to three weeks for plan review results.