

## Required Inspections

To arrange inspection, please

Call 570 344-9681 Leave message after 4 pm

Fax 570 969-9700

Please provide 24 to 48 hour advance notice

1. Footings - Inspection of formwork and rebar before placement of concrete.  
Electrical ground to be attached to rebar.
2. Foundation - Inspection of foundation walls, damp-roofing, drain tile, and sill plate anchorage before framing is started.
3. Concrete slabs - Inspection of garage and/or basement floors prior to concrete placement for vapor barrier and reinforcement.  
Note: Plumbing installed under floors must be pressure tested before concrete placement.
4. Framing - Inspection of completed frame – Exterior windows and doors should be installed.
5. Rough Plumbing, Electrical, and Mechanical - Inspection of rough-ins before placement of insulation.  
Note: Plumbing water lines and drain and waste lines will be pressure tested.
6. Insulation - Inspection of insulation for workmanship and correct R values.
7. Wallboard - Inspection of wallboard including correct type for area and fastener placement.
8. Final Inspection – Inspect entire finished dwelling for conformance to all provisions of the Uniform Construction Code.

Note: Buildings may not be used or occupied without a  
Certificate of Occupancy

**FIRE PROTECTION PERMIT**

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ 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 \_\_\_\_\_

**FIRE PROTECTION 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  
 sign exemption form)  
 Estimate of total costs for all work \_\_\_\_\_

**Technical Site Data:**

Water Supply Source \_\_\_\_\_  
 Method of Alarm/Supr. Sys Supervised \_\_\_\_\_

**Storage Tanks:**

Type - ( ) Flammable Liquid ( ) Combustible Liquid  
 ( ) LPG ( ) LNG Capacity \_\_\_\_\_ Fuel \_\_\_\_\_  
 Alarm Systems ( ) 110V Interconnected  
 ( ) System

No.	ITEM
_____	Alarm devices (smoke, heat, pulls, waterflow)
_____	Supervisory devices (tamper, low/high air)
_____	Signaling devices (horns/strobes, bells)
_____	Fire pump GPM Type
_____	Dry pipe/Alarm valves
_____	Sprinkler heads (dry & wet)
_____	Standpipes
_____	Wet chemical or Dry chemical

Circle one: CO2 suppression-Foam suppression-Halon suppression  
 Others: \_\_\_\_\_

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

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

**CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Fire Protection Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

**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 _____ Garbage Disposal
_____	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 \_\_\_\_\_

<p><b>MECHANICAL PERMIT</b></p> <p>Contractor _____                  (if owner, put same name above)</p> <p>Address _____                  City _____ State _____ Zip _____                  Phone _____ Cell _____                  Fed Employee No. _____                  (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><b>Technical Site Data No.</b></td> <td style="width:80%;"><b>Fixture/Equipment</b></td> </tr> <tr><td>_____</td><td>Water Heater</td></tr> <tr><td>_____</td><td>Fuel Oil Piping</td></tr> <tr><td>_____</td><td>Gas Piping</td></tr> <tr><td>_____</td><td>Steam Boiler</td></tr> <tr><td>_____</td><td>Hot Water Boiler</td></tr> <tr><td>_____</td><td>Hot Air Furnace</td></tr> <tr><td>_____</td><td>Oil Tank</td></tr> <tr><td>_____</td><td>LPG Tank</td></tr> <tr><td>_____</td><td>Fireplace</td></tr> <tr><td>_____</td><td>Hydronic Piping</td></tr> <tr><td>_____</td><td>Appliances</td></tr> <tr><td>_____</td><td>Solar</td></tr> <tr><td>_____</td><td>Heat Pump</td></tr> <tr><td>_____</td><td>Fire Dampers</td></tr> <tr><td>_____</td><td>Exhaust Hood Sys.</td></tr> <tr><td>_____</td><td>HVAC</td></tr> </table> <p>Others: _____</p> <p>Signature: _____                  Owner ( ) Contractor ( ) Owner Representative ( )</p>	<b>Technical Site Data No.</b>	<b>Fixture/Equipment</b>	_____	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	<p><b>PLUMBING PERMIT</b></p> <p>Contractor _____                  (if owner, put same name above)</p> <p>Address _____                  City _____ State _____ Zip _____                  Phone _____ Cell _____                  Fed Employee No. _____                  (Certificate of Insurance for Workers Compensation needed or signed exemption form)</p> <p>Estimate of total costs for all work _____</p> <table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><b>Technical Site Data No.</b></td> <td style="width:40%;"><b>Items</b></td> <td style="width:40%;"><b>Technical Site Data No.</b></td> <td style="width:40%;"><b>Items</b></td> </tr> <tr><td>_____</td><td>Water Closet</td><td>_____</td><td>Interceptor/Separator</td></tr> <tr><td>_____</td><td>Urinal/Bidet</td><td>_____</td><td>Backflow preventer</td></tr> <tr><td>_____</td><td>Bath tub</td><td>_____</td><td>Grease trap</td></tr> <tr><td>_____</td><td>Lavatory</td><td>_____</td><td>Sewer Connection</td></tr> <tr><td>_____</td><td>Shower</td><td>_____</td><td>Sewer Pump</td></tr> <tr><td>_____</td><td>Floor drain</td><td>_____</td><td>Stacks</td></tr> <tr><td>_____</td><td>Sink</td><td>_____</td><td>Solar</td></tr> <tr><td>_____</td><td>Dishwasher</td><td></td><td></td></tr> <tr><td>_____</td><td>Drinking fountain</td><td></td><td></td></tr> <tr><td>_____</td><td>Washing Machine</td><td></td><td></td></tr> <tr><td>_____</td><td>Hose Bibb</td><td></td><td></td></tr> <tr><td>_____</td><td>Water Heater</td><td></td><td></td></tr> <tr><td>_____</td><td>Fuel Oil Piping</td><td></td><td></td></tr> <tr><td>_____</td><td>Gas Piping</td><td></td><td></td></tr> <tr><td>_____</td><td>Steam Boiler</td><td></td><td></td></tr> <tr><td>_____</td><td>Hot Water Boiler</td><td></td><td></td></tr> <tr><td>_____</td><td>Water Service Connection</td><td></td><td></td></tr> </table> <p>Others: _____</p> <p>Signature: _____                  Owner ( ) Contractor ( ) Owner Representative ( )</p>	<b>Technical Site Data No.</b>	<b>Items</b>	<b>Technical Site Data No.</b>	<b>Items</b>	_____	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		
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<p><b>MECHANICAL CODE OFFICIAL USE ONLY</b></p> <p>Plans Approved _____ Plans Approved with Comments _____                  UCC Mechanical Fee: _____                  Plan Review Fee: _____                  Admin. Fee: _____                  State Fee: _____                  Total Cost: _____                  Code Official: _____ State Cert.# _____                  Date Issued: _____</p>	<p><b>PLUMBING BUILDING CODE OFFICIAL USE ONLY</b></p> <p>Plans Approved _____ Plans Approved with Comments _____                  UCC Plumbing Fee: _____                  Plan Review Fee: _____                  Admin. Fee: _____                  State Fee: _____                  Total Cost: _____                  Code Official: _____ State Cert.# _____                  Date Issued: _____</p>
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