



TOWNSHIP OF FINDLAY
APPLICATION FOR **RESIDENTIAL** BUILDING PERMIT

Permit # _____
Date Issued _____

Please Print or Type. Make sure information transfers to all four copies. Incomplete information may cause a delay in the processing of this application.

Permit is for: (Check One)

NEW DWELLING: SINGLE FAMILY _____ DUPLEX _____ TOWNHOUSE _____ MANUFACTURED HOME _____
Addition _____ Alteration _____ Deck _____ In-Ground pool _____ Above Ground Pool _____ Utility/Misc. Use Structure _____
Demolition _____ Plumbing _____ Mechanical _____ Electrical _____ Other _____

BUILDING LOCATION: Plan Name _____ Lot # _____
Address: _____
County Tax ID # _____
Name of Owner: _____ Phone: _____ E-Mail _____
Owner's Address: _____
Name of Contractor: _____ Jobsite contact name: _____
Phone # _____ Cell Ph. # _____ Fax # _____ E-Mail _____
Contractor's Address: _____
Architect/Engineer: (if applicable) _____ Phone # _____

DESCRIPTION OF PROPOSED CONSTRUCTION:

ESTIMATED COST OF CONST. \$ _____ SQUARE FOOTAGE OF PROPOSED CONST. _____
NUMBER OF STORIES _____ MAXIMUM HEIGHT ABOVE GRADE _____
BUILDING DIMENSIONS: Front _____ Rear _____ Depth _____
CRAWLSPACE? _____ BASEMENT? Full _____ Partial _____ Finished _____ Unfinished _____

FOOTER:

1. CONCRETE: _____ Dimensions: (width) _____ x (thickness) _____
Rebar? (Rod size & placement) _____
2. CRUSHED STONE (For pre-cast concrete panels) Dimensions: (width) _____ x (thickness) _____
3. OTHER: _____

FOUNDATION WALLS:

1. CONCRETE BLOCK: Size- _____ Total Wall Height (top of footer to sill plate) _____
Rebar? (Rod size & placement) _____
2. POURED-IN-PLACE CONCRETE: _____ Total Wall Height (top of footer to sill plate) _____
Wall Thickness _____
Rebar? (Rod size & placement) _____
3. PRECAST CONCRETE PANELS: (Manufacturer) _____ Total Wall Height (top of footer to sill plate) _____
Wall Thickness _____
4. OTHER: _____

PRINCIPLE FRAMING SYSTEM:

1. WOOD: Conventional Stick Frame _____ Timber Frame _____ Panelized _____ Modular _____
2. COLD-FORMED STEEL FRAME _____
3. REINFORCED CONCRETE _____ (or) UNIT MASONRY _____
4. OTHER _____

ROOF FRAMING:

1. Conventional Stick Frame _____ 2. Truss System _____ 3. Other _____
Type of Roof _____ Roofing Material _____

UTILITIES:

1. HEAT: Natural Gas _____ Propane _____ Oil _____ Electric _____ Air Conditioning?(yes/no) _____
2. WATER: Public Water Supply _____ Well _____ Cistern _____
3. SEWAGE: Public Sewage System _____ On-lot private system _____

NOTE: CONTACT ALLEGHENY COUNTY HEALTH DEP'T., ON-LOT SEWAGE DISPOSAL PROGRAM @ 412-578-8040 FOR ON-LOT PRIVATE SEWAGE SYSTEM PERMIT. THE PERMIT MUST BE SECURED FROM ALLEGHENY COUNTY PRIOR TO THE ISSUANCE OF A BUILDING PERMIT BY FINDLAY TWP.

METHOD OF DISPOSAL FOR CONSTRUCTION DEBRIS: _____

FOR DEMOLITION ONLY:

Number & Description of Bldg's to be demolished: _____

All Building Permits shall commence within six (6) months from the date of issuance. A separate Plumbing Permit is also required. Please contact the Plumbing Inspector at (724)-695-0500 prior to performing any plumbing work. A Highway Occupancy Permit from the PA Department of Transportation is required when applicable.

The applicant hereby agrees to comply with the provisions of all laws and ordinances regulating building construction in the Township of Findlay.

Signature of Applicant _____ Date _____ Printed Name of Applicant _____

OFFICIAL USE ONLY:

ZONING APPROVED YES _____ NO _____
PLOT PLAN SUBMITTED: YES _____ NO _____
OCCUPANCY APPLICATION FILED YES _____ NO _____
SEWAGE FEE PAID \$ _____ CH. # _____
WATER FEES PAID \$ _____ CH. # _____

PAID FEES: BUILDING PERMIT

ZONING _____
OCCUPANCY _____
UCC FEE \$4.50
TOTAL: \$ _____

Check # _____ Date: _____

TOWNSHIP APPROVAL _____