

FLOODPLAIN

Is the site located within an identified flood hazard area? (Check One) YES NO
Will any portion of the flood hazard area be developed? (Check One) YES NO N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978) specifically Section 60.3

Lowest Floor Level: _____

HISTORIC DISTRICT

Is the site located within a Historic District? YES NO
If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.

❖ Certificate of Workers' Compensation or Affidavit of Exemption must be submitted with application if your work is being performed by a contractor.
❖ All roofing jobs must show receipt for the disposal of old roofing material.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and the PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and the applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of any Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either or by the registered design professional employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the opportunity to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Directions to site: _____

SPRINKLER ACCEPTANCE PROPOSAL AS PER ACT 1 OF 2011 FOR ONE OR TWO FAMILY DWELLINGS

Signature of Owner

YES

NO

**ADAMS TOWNSHIP
COUNTY OF CAMBRIA
STATE OF PENNSYLVANIA
COMPLIANCE BUILDING PERMIT REQUIRED**

IMPORTANT - Complete ALL items. Mark boxes where applicable.

NAME:

I. LOCATION OF BUILDING	Number and street	Subdivision	Lot	Block	Census tract
	N S	N S			
	E W side of _____ ; _____ (feet E W from intersection of _____ <i>(Other local geographic, political, or legal subdivision identification)</i>		Zone District _____		

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multitenant residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE -</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----></p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----></p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units -----></p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----></p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
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B. OWNERSHIP

8 Private (individual, corporation, nonprofit institution, etc.)

9 Public (Federal, State, or local government)

<p>C. COST</p> <p>10. Cost of improvement \$ _____ <i>To be installed but not included in the above cost</i></p> <p>a. Electrical \$ _____</p> <p>b. Plumbing \$ _____</p> <p>c. Heating, air conditioning \$ _____</p> <p>d. Other (elevator, etc.) \$ _____</p>	<p><i>(Omit cents)</i></p> <p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p>
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III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J; for all others skip to IV.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories _____</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions _____</p> <p>50. Total land area, sq. ft. _____</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed _____</p> <p>52. Outdoors _____</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms _____</p> <p>54. Number of bathrooms } Full _____ Partial _____</p>

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner				
2. Contractor				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of: *(name of permit jurisdiction)*

Signature of applicant _____ Address _____ Application date _____

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by _____	Permit fee \$ _____	Date permit issued _____	Permit number _____
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PLAT PLAN

Owner.....

Application No.....

COMPLIANCE PERMIT

ADDITIONAL COMMENTS:

- Set Back Requirements Established
- Land Development/Subdivision Ordinance
- Stormwater Management Ordinance
- Cambria County Conservation District (Erosion and Sedimentation)

Note: "Certificate of Occupancy" will be issued by the Adams Township Zoning/Compliance Permit Officer (for commercial and residential buildings) after receipt of "Certificate of Occupancy" from the Cambria County Building Code Enforcement Officer.

Adams Township Compliance Officer

Date of Approval

CAMBRIA COUNTY BUILDING CODE ENFORCEMENT AGENCY

Phone: (814) 471-0424 Fax: (814) 471-6801

Municipal Authorization

Name of Municipality _____

Property Owner Name _____ Phone _____

Property Address _____

Description of Proposed Construction/ Alteration _____

Description of Proposed Construction/Alteration is true, if any changes are made, I will notify CCBCEA and the governing Municipality.

Name _____ Date _____

Municipal Authorizations: (Please Mark Approved or N/A)

- _____ Set Back Requirements Are Met
- _____ Subdivision or Land Development Approval
- _____ Storm Water Management Ordinance
 - _____ Act 167 Plan
 - _____ MS4 Plan
- _____ Flood Plain Management Ordinance
- _____ Zoning Ordinance
- _____ Road Occupancy / Driveway Permit
- _____ Contractor's License/ Permit
- _____ Other Applicable Ordinances or conditions (specify):

The above applicable requirements have been reviewed & approved.

Municipal Officer

Date

Upon Approval Please Fax to CCBCEA at 814-471-6801

This is not a Building Permit!