



DUBLIN BOROUGH

119 Maple Avenue
Dublin, PA 18917
www.dublinborough.org

BUILDING PERMIT PROCEDURES

BUILDING PERMIT PROCEDURE: Complete all applicable permit applications and submit one (1) copy and one (1) digital copy of building plans with specifications. All plans must be provided with an architect seal. The Borough reserves the right to waive this requirement.

NOTE: If Zoning Approval is required, that must be obtained prior to submitting a building permit application.

BUILDING PERMIT PLANS AND SPECIFICATIONS:

- **DIMENSIONS:** Show ALL dimensions of ALL proposed structures – height (ground level to highest point of roof), width and length. Give overall floor plan showing interior layout and dimensions.
- **FOUNDATION & FOOTINGS:** Give ALL foundation information – depth of excavated footings to the finished grade and width of footings. Indicate depth of concrete in footings (minimum 8”). Show size and type of materials used for walls, (i.e. block) and foundation floor. Indicate thickness and PSI (pounds per square inch) of concrete and/or other sub-materials.
- **MAIN BEAMS:** Give size and description of materials of beam and column supports. Spans between columns must be indicated. **If using Manufactured Beams, structural plans must be sealed by Engineer or Architect.**
- **FLOORS:** Indicate joist direction, span, size, spacing, bridging, and anchorage to foundation. Show type and thickness of sub-floor. **If using Manufactured Floor Trusses, structural plans must be sealed by Engineer or Architect.**
- **WALL:** Indicate wall plates, stud size and spacing, type and placement of bracing, details of exterior materials, and door and window headers. Indicate the use of wall insulation, its thickness and R factor. Indicate span of cantilever. Show railings and or guards with height and spacing of all balusters where needed.
- **CEILING & ROOF FRAMING:** Indicate size, spacing, direction, and span of joists. Roof rafters must show pitch, size, span, and spacing. Indicate spacing of collar ties. Show type, thickness, and R factor of ceiling insulation. Roof sheathing and type of roof materials to cover it should be shown. Indicate attic ventilation. **If using Manufactured Roof Trusses, structural plan must be sealed by Engineer or Architect.**
- **ATTACHING TO EXISTING STRUCTURE:** Indicate method of attachment of items B through F above of the proposed structure to the existing structure, if applicable.
- **INTERIOR:** Indicate type and thickness of materials to be used on interior walls and ceilings.

NOTE FOR POOLS: Temporary fencing (such as snow fencing) must be provided around excavation during construction. Details of permanent pool fencing showing compliance with Borough Codes must be shown on plot plan. **Permanent fencing must be in place before pool is filled.**

PERMIT GRANTED: **Work may not start until a permit has been approved and granted.** The permit card(s) are to be displayed so as to be visible from the street.

INSURANCE REQUIREMENTS: ALL CONTRACTORS MUST provide a Certificate of Insurance verifying valid Worker’s Compensations coverage. In addition, each contractor must show proof that you are registered as a home improvement contractor with the State of Pennsylvania.



DUBLIN BOROUGH
 119 Maple Avenue, Dublin PA 18917
 Telephone: 215-249-3310 · Fax: 215-249-9875
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Permit # _____

CONSTRUCTION WORK APPLICATION	Is Owner Applicant? <input type="radio"/> Yes <input type="radio"/> No
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PERMIT TYPE: Building Electrical/Alarm Plumbing HVAC/Mechanical/Sprinkler Other

Description: _____

PROPERTY INFORMATION (Site address where work is to be performed)

Street Address	City/State/Zip
Tenant / Business Name (Non-Residential Only)	

PROPERTY OWNER INFORMATION

Name	Daytime Phone #
Email Address	Cell Phone #
Street Address	City/State/Zip

CONTRACTOR INFORMATION (ALL CONTRACTORS MUST BE PROPERLY REGISTERED BEFORE PERMIT IS ISSUED)

CONTRACTOR	TWP REG NUMBER	NAME	ADDRESS	DAYTIME PHONE #	Estimated VALUE \$
GENERAL					
ELECTRICAL					
ALARM					
PLUMBING					
HVAC/MECH					
SPRINKLER					
ROOFING					
FOUNDATION					
CARPENTERS					
OTHER					

COMPLETE FOR NEW CONSTRUCTION ONLY

	NO.	SQ. FT. OF
Stories		Basement Area
Bedrooms		1 st Floor
Full Baths		2 nd Floor
Partial Baths		3 rd Floor
Garage (bays)		Garage Area
Height Above Grade		Attic
Fireplaces (Custom)		Deck/Patio
Fireplace (Factory)		Rear Porch/Sunroom/Breakfast Nook
TOTAL CONTRACT VALUE \$		TOTAL SQ. FT.

BUILDING PERMIT

PROPOSED GENERAL CONSTRUCTION WORK

<input type="checkbox"/> ADDITION	<input type="checkbox"/> GENERATOR	<input type="checkbox"/> ROOF OVER FRONT PORCH
<input type="checkbox"/> BASEMENT RENOVATION (Bedroom requires 2 nd means of egress)		<input type="checkbox"/> SHED
<input type="checkbox"/> BATHROOM RENOVATION	<input type="checkbox"/> INTERIOR ALTERATION	<input type="checkbox"/> SOLAR
<input type="checkbox"/> DECK	<input type="checkbox"/> KITCHEN RENOVATION	<input type="checkbox"/> SUNROOM / ENCLOSED REAR PORCH
<input type="checkbox"/> DECK WITH ROOF	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TENANT FIT-OUT
<input type="checkbox"/> FENCE	<input type="checkbox"/> PATIO	<input type="checkbox"/> WALKWAY
<input type="checkbox"/> FENCE CROSSING EASEMENT	<input type="checkbox"/> PATIO WITH ROOF	<input type="checkbox"/> OTHER

NOTE: Manual J Heat Load Calculations - required for all new construction or new living space if using existing heat system

FRAMING: _____ Steel _____ Masonry _____ Concrete _____ Wood _____ Other _____

DETAILED DESCRIPTION OF WORK:

Construction Type: <input type="checkbox"/> NonResidential <input type="checkbox"/> Residential	CONTRACT VALUE FOR GENERAL CONSTRUCTION (EXCLUDING: ELEC, PLUMB, HVAC/SPR) \$	Sq. Ft. of Total Project
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ELECTRICAL - Provide a digital copy and (1 PLAN SET) and/or FIRE / SPRINKLER ALARM (1 PLAN SET)

Total Service _____ Amps	No. of Circuits ___ 2-Wire ___ 3-Wire ___ 4-Wire	No. of Services Outlets _____ 110V _____ 220V
New Service _____ Amps	Upgrade Service _____ Amps	

DESCRIPTION OF WORK:

TOTAL ELECTRIC CONTRACT VALUE \$

TOTAL ALARM CONTRACT VALUE \$

HVAC / MECHANICAL WORK - Digital copy and (1-PLAN SET) and/or SPRINKLER (1-PLAN SET)

Residential System (check one): <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Removal	Commercial System(check one): <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Removal
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PROPOSED WORK

<input type="checkbox"/> Above ground Tank _____ gallons	<input type="checkbox"/> Coil Unit	<input type="checkbox"/> Sprinkler System – Alteration
<input type="checkbox"/> AC Compressor	<input type="checkbox"/> Electric Furnace	<input type="checkbox"/> Sprinkler System – New
<input type="checkbox"/> Air Cleaner	<input type="checkbox"/> Exhaust Hood	<input type="checkbox"/> Stand Pipe
<input type="checkbox"/> Air Handling	<input type="checkbox"/> Extension of existing supply/return ducts only	<input type="checkbox"/> Stove – Wood/Coal/Pellet
<input type="checkbox"/> Alarm System – Alteration	<input type="checkbox"/> Indoor/Outdoor Fireplace or insert	<input type="checkbox"/> Underground Tank _____ gallons
<input type="checkbox"/> Alarm System – New	<input type="checkbox"/> Forced Air Unit	<input type="checkbox"/> Underground Tank Removal _____ gal
<input type="checkbox"/> Ansul System	<input type="checkbox"/> Gas/Oil Conversion Unit	<input type="checkbox"/> Emergency Generators
<input type="checkbox"/> Boiler	<input type="checkbox"/> Roof Top Unit	<input type="checkbox"/>

DESCRIPTION OF WORK:

TOTAL HVAC / MECHANICAL CONTRACT VALUE \$

TOTAL SPRINKLER CONTRACT VALUE \$

#SPRINKLER HEADS:

PLUMBING WORK

ENTER THE NUMBER OF FIXTURES BEING INSTALLED OR REPLACED

PROVIDE RISER DIAGRAM ON BACK OR SEPARATE SHEET

FIXTURES:	QUANTITIES:				
	Bsmt	1 st flr	2 nd flr	3 rd flr	4 th OR ABOVE
Bath / Tubs / Showers					
Dishwashers					
Drinking fountains					
Ejector pumps					
Floor drains / Floor sinks					
Garbage Disposal / Grease trap / Interceptors					
Irrigation System					
Water heaters (expansion tank required)					
Washing Machine/ Hose Bib					
Sinks / Mop Sinks					
Urinals / Water Closets					
Water Service Line - Interior Water-Sewer Line					
Water Softener					
Other:					
TOTAL PLUMBING CONTRACT VALUE \$	TOTAL # FIXTURES:				

NOTE: PERMIT SUBMISSION DOES NOT GRANT "APPROVAL" TO START WORK.

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit. I understand that the issuance of the permit creates no legal liability, express or implied, on Dublin Borough; and certify that all the above information is accurate. A permit issued is subject to Section 105.4 of the IRC and the IBC, as amended. Permit expires if work is not started in 6 months, not completed in 12 months, or if work is discontinued for 6 months in the judgment of the Borough. The Building Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK order. The Borough reserves the right to request a copy of all contracts for work performed.

Owner/Authorized Agent Signature

Date

***BUILDING PERMIT REMINDER:** Complete all applicable permit applications and submit two (2) copies and one (1) digital copy of building plans with specifications. All plans must be provided with an architect seal. The Borough reserves the right to waive this requirement.

TO BE COMPLETED BY BOROUGH STAFF

Building Code Official: _____ Date: _____

Approved

Denied

BUILDING PERMIT

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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 section B and C below as appropriate.

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 _____

C. Exemption

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 Borough.**

Religious exemption under the Workers' Compensation Law. **(MUST BE NOTARIZED)**

Signature of Applicant

Date