## <u>City of DuBois – PERMIT APPLICATION</u>

P. O. Box 408, 16 West Scribner Ave - DuBois, PA. 15801
Phone: 814-371-2000 Fax: 814-375-2307

| Permit No   |   |
|---|---|
| LOCATION OF PROPOSED WORK OR IMPROV   | /EMENT  |
| Municipality:   |   |
| Tax Parcel #  |   |
| Site Address:   |   |
| Lot#Subdivision/Land Development:_  | Phase:Section:                                |
| Owner:  | Phone#Fax#                                    |
| Mailing Address:  | Email:  |
| Principal   |   |
| ·   | Phone#Fax#                                    |
| Mailing Address:  |   |
| Architect:  | Phone#  |
| Mailing Address:  | Email:  |
| TYPE OF WORK OR IMPROVEMENT (Circle all<br>New Building Addition Alteration F<br>Change of Use Plumbing Electrica |   |
| Describe the Proposed work:   |   |
|   | nable fair market value)                      |
| DESCRIPTION OF BUILDING USE (Check one t  | :hen complete applicable info)                |
| _RESIDENTIAL  | NON-RESIDENTIAL (Commercial)                  |
| Single Family Dwelling  | Specific Use                                  |
| Duplex  | Use Group:Construction Type:                  |
| Townhouse   | Change of Use (indicate former and proposed): |
| Total Sq. ft. of finished living space  |   |
|   | Maximum Occupant Load:                        |
|   | Maxim1um Live Load:                           |

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| Sprinkler system to be installed: (Check   | cone) Yes  | No  |  |
|--|--|---|--|
| BUILDING DIMENSIONS  |  |   |  |
| Existing Building Area:  | sg. ft.  | Number of Stories:  |  |
| Proposed Building Area:  |  |   |  |
| Total Building Area:   |  |   |  |
| FLOODPLAIN INFORMATION   | sq. ft. Height Above Grade:sq. ft.  sq. ft. Area of Largest Floor:sq. ft.  entified flood plan area? (Check one) YesNo ent shall be in accordance with the requirements of the National the Pennsylvania Flood Plain Management Act.  torical District? (Check one) YesNo proper Historical District certification per the UCC Law.  ation on this application is correct and the work will be completed in struction documents and PA Act 45 – Uniform Construction Code code requirements adopted by the Municipality. The property ponsibility of locating all property lines, setback lines, easements, are of a permit and approval of construction documents shall not be cell or set aside any provisions of the codes or ordinances of the body. The applicant hereby certifies he/she understands all ulations.  e by the owner or lessee of the building or structure, or authorized registered Design Professional employed in  or the Code Administrator's authorized representative shall have by such permit at any reasonable hour to enforce the provisions it.  Print Name of Owner or Authorized Agent |   |  |
| Is the site located within an iden   | itified flood plan   | area? (Check one) Yes   | No   |
|  |  | -   | s of the National  |
| Flood Insurance Program and th   | e Pennsylvania F   | lood Plain Management Act.  |  |
| HISTORIC DISTRICT INFORMATION  |  |   |  |
|  | •  | <u> </u>  | ICC Law.   |
| accordance with the "approved" construed any additional approved building consumer and applicant assumes the responsibility of ways, flood areas, etc. Issuance construed as authority to violate, cance Municipality or any other governing body applicable codes, ordinances and regular Application for a permit shall be made. | uction document<br>ode requirement<br>onsibility of locati<br>e of a permit and<br>el or set aside any<br>dy. The applicant<br>ations.   | es and PA Act 45 – Uniform C<br>s adopted by the Municipaliting all property lines, setback<br>approval of construction doc<br>provisions of the codes or o<br>thereby certifies he/she und | onstruction Code y. The property lines, easements, cuments shall not be rdinances of the erstands all ucture, or |
|  | y such permit at   |   |  |
| Signature of Owner or Authorized Agent   | Pri  | nt Name of Owner or Authorized A  | gent   |
| Address:   |  | Date:   |  |
| Directions to Worksite:  |  |   |  |
| OFFICE USE ONLY below  |  |   |  |
| Permit Fee: \$   |  | Submittal Checklist Attached<br>Review Approval Date:   |  |

## PENNSAFE BUILDING INSPECTION SERVICES LLC

PLAN SUBMITTAL HANDOUT for FIRE ALARM SYSTEMS

The Project Submittal package is required to include all information on this handout. Check each applicable item. If not applicable, then mark item n/a. This form must be submitted with attached project drawings.

|  | Permit Application  Municipal Prior Approval  Two full sets of Plans (minimum 24"x 30") drawn to scale  Existing Certificate of Occupancy (if available)                                |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | licant shall be responsible to ensure that design specifications and plans are complete and in appliance with the requirements of the International Fire Code and applicable standards. |  |  |  |  |  |
| **The following items are required to be included on the Plans** |   |  |  |  |  |  |
|  | (Check every item that will be included in the project or mark n/a as not applicable)   |  |  |  |  |  |
| Proposed   | Work:   |  |  |  |  |  |
| _  | Design Code Used:; Use Group:; Construction Type:   |  |  |  |  |  |
|  | Provide code compliance path (ie: IBC, NFPA).   |  |  |  |  |  |
|  | New alarm system within a new building.   |  |  |  |  |  |
|  | New alarm system within an existing building.   |  |  |  |  |  |
|  | Replacement of existing system. (Include reason for replacement in explanatory comments).   |  |  |  |  |  |
|  | Modification of existing alarm system.  |  |  |  |  |  |
|  | Two-way communication.  |  |  |  |  |  |
| Alarm Sys  | stem Coverage:  |  |  |  |  |  |
|  | Required manual fire alarm system.  |  |  |  |  |  |
|  | Required automatic detection.   |  |  |  |  |  |
|  | Non-required automatic detection.   |  |  |  |  |  |
|  | Audible/Visual annunciation.  |  |  |  |  |  |
|  | Sprinkler monitoring.   |  |  |  |  |  |
|  | HVAC smoke detector monitoring.   |  |  |  |  |  |
|  | Smoke damper detectors.   |  |  |  |  |  |
|  | Smoke-rated fire doors.   |  |  |  |  |  |
|  | High rise building.   |  |  |  |  |  |
|  | Elevators.  |  |  |  |  |  |
|  | Type 1 cooking hood extinguishing system monitoring.  |  |  |  |  |  |
|  | Special extinguishing system releasing panel.   |  |  |  |  |  |
|  | Offsite alarm supervision; Type:  |  |  |  |  |  |
|  | Alternative materials/methods/design of construction or equipment, approved and signed by   |  |  |  |  |  |
|  | the Building Official, and where applicable, the Fire Marshal, or Assistant Fire Marshal  |  |  |  |  |  |

| Documen    | ts Provided:   |
|------------|--|
|            | Fire alarm permit application.   |
|            | Fire alarm plans (2 sets). Plans shall be drawn to minimum 1/8" scale on minimum 24"x30" sheets.     |
|            | Letter from designer or engineers approved stamp.  |
|            | For engine-driven generators, include verification of conformance with NFPA 72 including the         |
|            | fuel supply.   |
| Fire Alarn | n Plans:   |
|            | Site plan.   |
|            | All plan sheets to include title block, name and address of project, and north arrow.                |
|            | Drawings must include all portions of the building affected by the construction project.             |
|            | Floor plan clearly detailing all walls, doors, and identify use of all areas.                        |
|            | Exterior walls and doors are clearly distinguished from other construction features.                 |
|            | Details of ceiling heights and construction, when applicable to smoke detectors and ceiling strobes. |
|            | A scaled bar graph shall be shown on all sheets.   |
|            | Include source and location of emergency standby generators.   |
|            | Legend provided.   |
|            | Tenant improvement plans show all adjacent spaces and devices as necessary to show proper            |
|            | device coverage when system includes visual annunciation devices or area coverage smoke              |
|            | detection.   |
|            | Location of all initiating and annunciating devices in project area.                                 |
|            | Circuit zone numbers, and/or individual device addresses and approximate wiring                      |
|            | information for all devices in project area.   |
|            | Distinguish new from existing alarm equipment with "N" and "E" subscripts.                           |
|            | Strobe candela ratings.  |
|            | Location of all control panels, booster panels, and remote annunciators.                             |
|            | Location of all sprinkler risers, waterflow switches, control valve; fire pumps and controllers.     |
|            | Location of all cooking hood extinguishing systems and other special extinguishing systems.          |
|            | Smoke damper locations.  |
|            | Location of smoke doors on hold-open devices or door-closing devices.                                |
|            | Air handlers requiring duct detectors.   |
|            | Ancillary devices, fuel and power shut offs, release of exit door latching hardware, release of      |
|            | door hold-open devices, elevator shunt trip and recall and control voltage monitoring.               |
|            | Location of remote indicator devices.  |
|            | Typical device wiring connections.   |
|            | Battery and voltage drop calculations (all affected panels).   |
|            | Manufacturer's data sheets and model numbers for all equipment and devices. (Identify                |
|            | model used).   |
|            | Compatibility listings verifying component compatibility with the FACP.                              |
|            | Fire alarm riser diagram showing the affected circuits and address/zone numbers, FACP and            |
|            | NAC panel make and model numbers.  |
|            | Alarm response matrix (system specific).   |

| <b>Riser Diag</b> | ram:   |
|-------------------|--|
|                   | All control panels, proposed additions and modifications.  |
|                   | All new and existing initiating and annunciation circuits.   |
|                   | New and existing connected devices on all modified circuits.   |
|                   | An "E" or "N" subscript to distinguish existing from new equipment and devices.                                    |
|                   | An equipment legend for all devices, (including the model identification), if different from                       |
|                   | legend shown on floor plans.   |
|                   | All power supplies. Include AH rating batteries.   |
|                   | Offsite monitoring connections.  |
|                   | Interface of fire safety control functions.  |
|                   | Conductor types and sizes. Identify if wiring is enclosed in conduit, exposed, power-limited or non-power limited. |
|                   | Device addresses for addressable systems; or device locations by room number or name, for zoned systems.           |
|                   |  |

\*\*THIS COMPLETED FORM MUST BE SUBMITTED WITH PROJECT PLANS\*\*

| Name of Municipality   |                         | <del></del>                    |          |
|--|-------------------------|--------------------------------|----------|
| Name of Applicant  |                         |                                |          |
| Parcel#  | Lot#_                   |                                |          |
| This Section below to be comple  | ted by the Authorized N | Municipal Representative       |          |
| CHECKLIST ITEMS  |                         |                                |          |
| Is the project site located in a Flo                                   | od Area? (Check one)    | yes no                         |          |
| (Circle one)   | Residential Project     | or Commercial Project          |          |
| Description of Work:   |                         |                                |          |
| Zoning or Land Use Permit  | Approved                | Not applicable                 | -        |
| Stormwater Management  | Approved                | Not applicable                 | -        |
| Street cut/ Driveway   | Approved                | Not applicable                 | -        |
| Sewage/Onlot Permit  | Approved                | Not applicable                 | -        |
| Water Permit   | Approved                | Not applicable                 | -        |
| PennDot Highway Occupancy  | Approved                | Not applicable                 | -        |
| Floodplain Permit  | Approved                | Not applicable                 | -        |
| Other  | Approved                | Not applicable                 | -        |
| I certify that all required Municipathereby is granted to issue the re |                         | d Regulations have been met an | d approv |
| Authorized Municipal Representa  | tive signature:         |                                |          |
| Date:  |                         |                                |          |

MUNICIPAL PRIOR APPROVAL CHECKLIST

<sup>\*\*</sup>NOTE THAT THIS PERMIT APPLICATION PACKAGE MUST BE COMPLETED AND THEN SUBMITTED WITH THE PROJECT CONSTRUCTION PLANS AND THE CORRESPONDING SUBMITTAL CHECKLIST\*\*