

# MVCOG

MOSHANNON VALLEY COUNCIL OF GOVERNMENTS  
501 E. MARKET STREET  
SUITE 7  
CLEARFIELD, PA 16830  
814-765-3080

1. **ITEMS TO SUBMIT:**
  - A. COMPLETED AND SIGNED APPLICATION
  - B. SIGNED PRIOR MUNICIPAL APPROVAL PAGE
  - C. TWO (2) SETS OF PLANS
  - D. ANY OTHER ITEM(S) LISTED ON THE SUBMITTAL HANDOUT CHECKLIST
  
2. **GET PRIOR APPROVAL FORM SIGNED BY THE MUNICIPALITY IN WHICH THE WORK WILL BE DONE.**
  
3. **PLEASE PROVIDE ACCURATE MAILING ADDRESS INFORMATION ON THE APPLICATION FOR THE MAILING OF YOUR CERTIFICATE OF OCCUPANCY.**
  
4. **WHEN ALL NECESSARY PAPERWORK HAS BEEN COMPLETED, RETURN IT TO THE MVCOG OFFICE OR TO YOUR MUNICIPAL OFFICE. AFTER YOUR APPLICATION HAS BEEN REVIEWED, YOU WILL BE CONTACTED WITH THE AMOUNT OF THE PERMIT FEE. PERMIT MUST BE PAID FOR IN FULL BEFORE ISSUANCE.**
  
5. **ONCE PERMIT IS ISSUED, IT IS YOUR RESPONSIBILITY TO SCHEDULE ALL NECESSARY INSPECTIONS.**

*\*FOR RESIDENTIAL PROJECTS, CALL JACK CARNS AT 814-591-0186.*

*\*FOR COMMERCIAL PROJECTS, CALL BRIAN WRUBLE AT 814-590-2933.*

**FAILURE TO CALL FOR A FINAL INSPECTION COULD RESULT IN ADDITIONAL FEES AND/OR PENALTIES.**

6. **IF ANY ASSISTANCE IS NEEDED, CONTACT THE MVCOG OFFICE.**
  - A. PHONE (814) 765-3080
  - B. FAX (814) 765-3082
  - C. [moshannonvalleycog@gmail.com](mailto:moshannonvalleycog@gmail.com)

(OFFICE HOURS ARE MONDAY AND THURSDAY FROM 9 AM TO 3 PM)

**PENNSAFE BUILDING INSPECTION SERVICES LLC – PERMIT APPLICATION**

175 Beaver Drive, P.O. Box 486 - DuBois, PA. 15801

Phone: 814-375-1111

Fax: 814-375-1117

Permit No. \_\_\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Municipality: \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Site Address: \_\_\_\_\_

Lot# \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Principal

Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF WORK OR IMPROVEMENT (Circle all that apply)**

New Building    Addition    Alteration    Repair    Demolition    Relocation  
Change of Use    Plumbing    Electrical    Mechanical    Other \_\_\_\_\_

Describe the Proposed work: \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION (Reasonable fair market value)** \_\_\_\_\_

**DESCRIPTION OF BUILDING USE (Check one then complete applicable info)**

RESIDENTIAL

Single Family Dwelling  
Duplex  
Townhouse  
Total Sq. ft. of finished living space \_\_\_\_\_

NON-RESIDENTIAL (Commercial)

Specific Use \_\_\_\_\_  
Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_  
Change of Use (indicate former and proposed): \_\_\_\_\_  
Maximum Occupant Load: \_\_\_\_\_  
Maximum Live Load: \_\_\_\_\_

**Sprinkler system to be installed:** (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft.      Number of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ sq. ft.      Height Above Grade: \_\_\_\_\_ ft.  
Total Building Area: \_\_\_\_\_ sq. ft.      Area of Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN INFORMATION**

Is the site located within an identified flood plan area? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Note: All proposed development shall be in accordance with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act.

**HISTORIC DISTRICT INFORMATION**

Is the site located within a Historical District? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Note: If yes, you must provide proper Historical District certification per the UCC Law.

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 PA Act 45 – Uniform Construction Code and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, right of ways, 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 the Municipality or any other governing body. The applicant hereby certifies he/she understands all applicable codes, ordinances and regulations.

Application for a permit shall be made by the **owner or lessee of the building or structure, or authorized agent of either, or by the authorized 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 authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the applicable codes to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions to Worksite:** \_\_\_\_\_

OFFICE USE ONLY below

Permit Fee: \$ \_\_\_\_\_

Plan Submittal Checklist Attached: yes \_\_\_\_\_ no \_\_\_\_\_

Plan Review Approval Date: \_\_\_\_\_

**MUNICIPAL PRIOR APPROVAL CHECKLIST**

Name of Municipality\_\_\_\_\_

Name of Applicant\_\_\_\_\_

Parcel#\_\_\_\_\_ Lot#\_\_\_\_\_

**This Section below to be completed by the Authorized Municipal Representative**

**CHECKLIST ITEMS**

Is the project site located in a Flood 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 Municipal Codes, Ordinances and Regulations have been met and approval thereby is granted to issue the requested Permit.

Authorized Municipal Representative signature:\_\_\_\_\_

Date:\_\_\_\_\_

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

# **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)

**The applicant shall be responsible to ensure that design specifications and plans are complete and in compliance 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 System 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.

**Documents 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 Alarm 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).

**Riser Diagram:**

- 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\*\***