

# 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

## Deck and Roof Cross Section Submittal

Roof Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_

Roof Type: Gable: \_\_\_\_\_ Hip: \_\_\_\_\_ Shed: \_\_\_\_\_

Roof Pitch: \_\_\_\_\_

(check one) Trusses: \_\_\_\_\_ Rafters: \_\_\_\_\_

Spacing of Trusses or Rafters: \_\_\_\_\_

Rafter Size and Span: \_\_\_\_\_

Ridge Beam: Size: \_\_\_\_\_ Span: \_\_\_\_\_

Roof Sheathing: \_\_\_\_\_

Roof Covering: \_\_\_\_\_

Roof Header Beam: Size: \_\_\_\_\_ Span: \_\_\_\_\_

Deck Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_

Footer Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_

Carrier Beam: Size: \_\_\_\_\_ Span: \_\_\_\_\_

Type of Floor Joist: \_\_\_\_\_

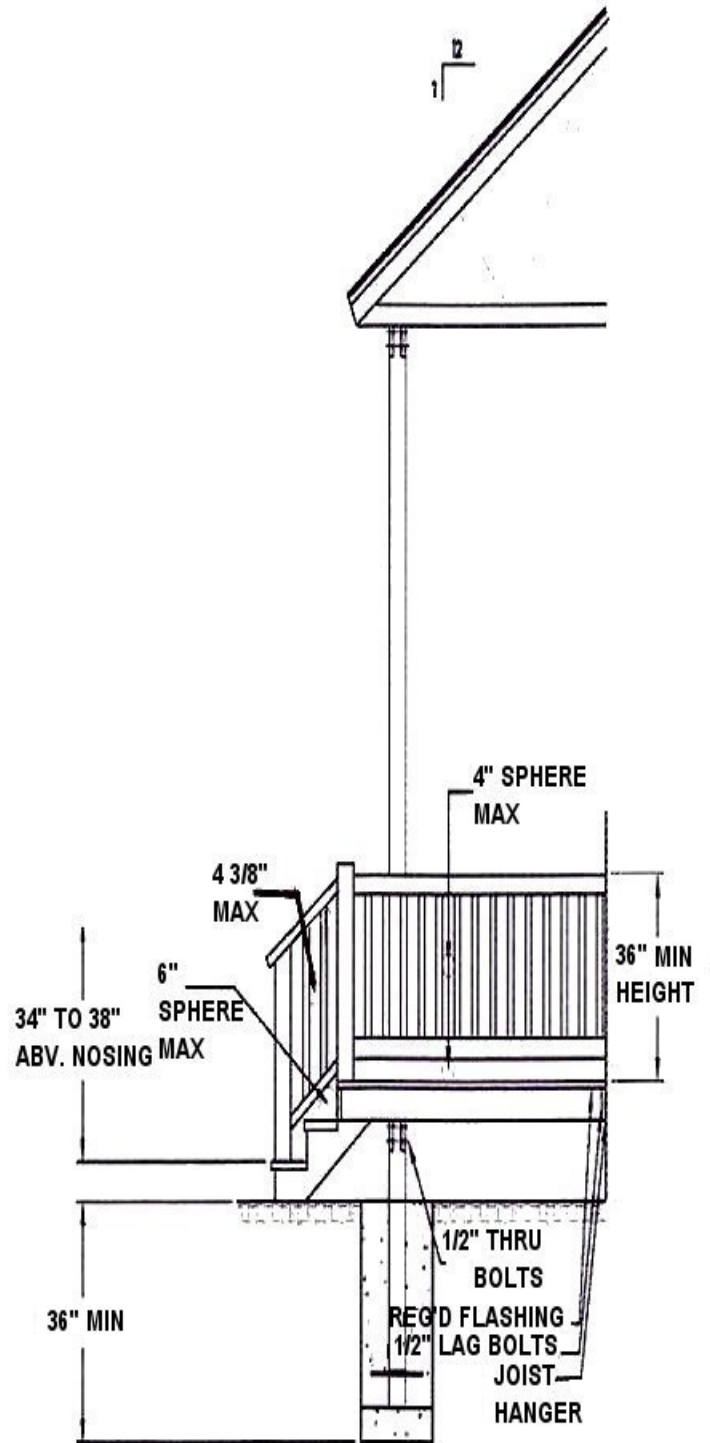
Floor Joist: Size: \_\_\_\_\_ Span: \_\_\_\_\_

Decking Material: \_\_\_\_\_

Number of Steps: \_\_\_\_\_

Riser Height: \_\_\_\_\_

Tread Depth: \_\_\_\_\_



**PENNSAFE BUILDING INSPECTION SERVICES LLC**  
**RESIDENTIAL DECK AND PORCH ROOF PROJECT SUBMITTAL HANDOUT**

Every item below should be checked as completed (if applicable), or marked n/a (if not applicable), for your project. This form must be completed in its entirety then returned with attached drawings.

- Application
- Municipal Prior Approval Form
- Site Plan showing setbacks
- Two sets of plans (All dimensions must be indicated, be in ink and drawn to scale)

**\*\*The following items are required to be included on the Building Plan Drawings:\*\***

- Floorplan drawing looking down at deck/porch.
- Provide locations of all posts and beam locations and indicate spans.
- Top, front and side views of deck.
- Complete cross section (provided)
- Size, thickness and depth (below grade) of footings.
- Size, type and spacing of support columns.
- Type of wood to be used. (Specify species and grade)
- Size of floor joist, span and distance between joists.
- Size, type and span of all girder beams.
- Height of wood joist, girder and floor above finish grade.
- Type and thickness of floor sheathing. (Decking)
- Stair riser height and depth/width of tread.
- Handrail height and ballister spacing.
- Guardrail height and ballister spacing.
- Ledger fastening method, i.e. - bolt spacing.
- Deck flashing method
- Roof construction details (see cross section)

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