

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

(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
RESIDENTIAL USED MANUFACTURED HOME SUBMITTAL HANDOUT

Every item below must 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.

Please see the Habitability Booklet under the General Info section of this site, for more information on the form that needs completed below.

- Permit Application
- Two (2) full sets of plans
- Manufacturers Installation Manual to be located at project site
- Completed Habitability Form – for all manufactured homes built after July 1976
- Provide a copy of the certified installers certificate

****The following items are required to be included on the building plan drawings****

- Site plan showing all exterior setbacks
- Floor plan layout of home interior
- Footer Specifications
- When basement is provided - Foundation Specification
- Approved tie down anchoring system
- Support pier specifications and installation method
- Energy Code Requirements
- Onsite Mechanical System – equipment, materials and layout
- Onsite Plumbing system – equipment, materials and layout
- Onsite electrical system must conform to the UCC adopted version of the NEC.
- Deck and porch plans- must have minimum 3' X 3' landing and be self-supporting.
- If full basement – indicate type of provided means of egress.
- Provide complete drawings of any structural work (such as a garage) to be performed in the field and was not factory inspected.

If the Manufacturer's Installation Instruction Manual is not available, then the A225.1-1994 Existing Manufactured Home Standard must be followed.

(Continued)

INSTALLATION REQUIREMENTS AND METHODS

FOOTER OPTIONS: (Check one)

- Concrete Pier Footings Round** – Provide 36” deep minimum frost protection when skirting is installed – 48” without skirting. For piers spaced no more than 8' apart, holes should be 28" diameter, unless soil bearing capacity is greater than 1,500 lbs. per square foot.
- Concrete Pier Footings, Runners** – Provide 36” deep minimum frost protection when skirting is installed – 48” without skirting. For piers spaced no more than 8' apart, footings must be 24' wide, unless soil bearing capacity is greater than 1,500 lbs. per square foot.

FOUNDATION OPTIONS: (Check one)

- Main Support Piers** – Generally within 2' from each end, and spaced 8' apart. A single stack concrete block pier capacity is 8,000 lbs., up to 36". Piers higher than 36' require double blocks, interlocked. No mortar required for piers less than 80" high. Cap blocks must be full size (16x16 pier requires 16x16 cap block).
- Full Foundation** – Plan and specifications required. Cross section submittals are available for your drawings. Verify that all imposed structural loads are properly supported.

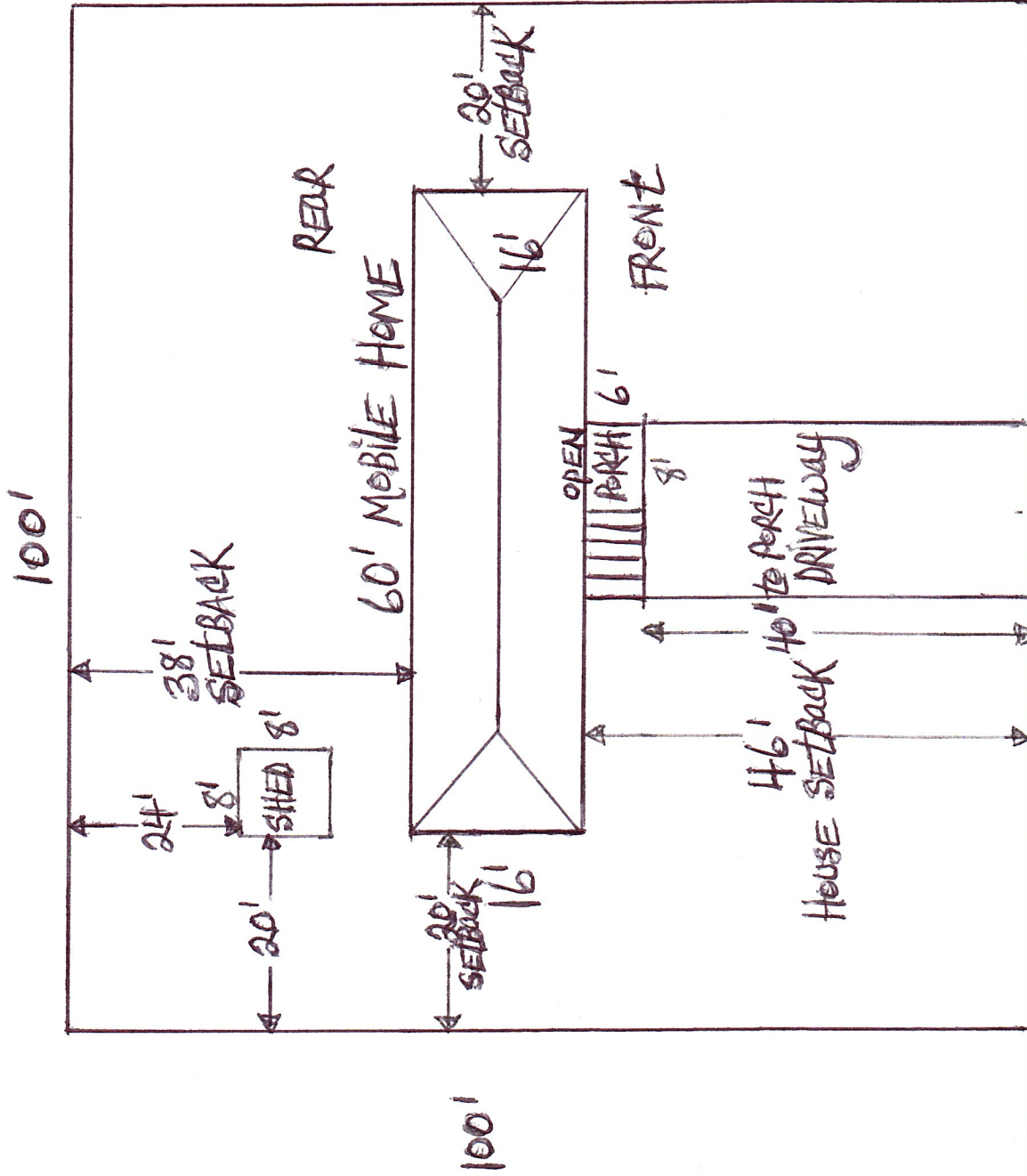
ANCHORING METHODS (Check one)

- Auger and Strap Type:** Installed within 2' of the end of the home, then generally 11' spaced apart. Install below frost line. Closely follow manufacturer's installation instructions.
- Alternative systems** - Vector systems, OTI system. Any stamped engineered or alternative system approved by the manufacturer. Must be approved by Manufacturer and their DAPIA.

INSPECTION SCHEDULE – Always provide a minimum of 24 hours notice.

1. Foundation (before placing footings)
2. Concrete slab or under floor (prior to pouring concrete floor)
3. Anchorage (after home is set in place, installed and anchored)
4. Service Equipment – Electrical, Plumbing, Mechanical work performed in field.
5. Frame (call before covering any work performed in field)
6. Means of egress (Decks & Porches)
7. Final (prior to occupancy)

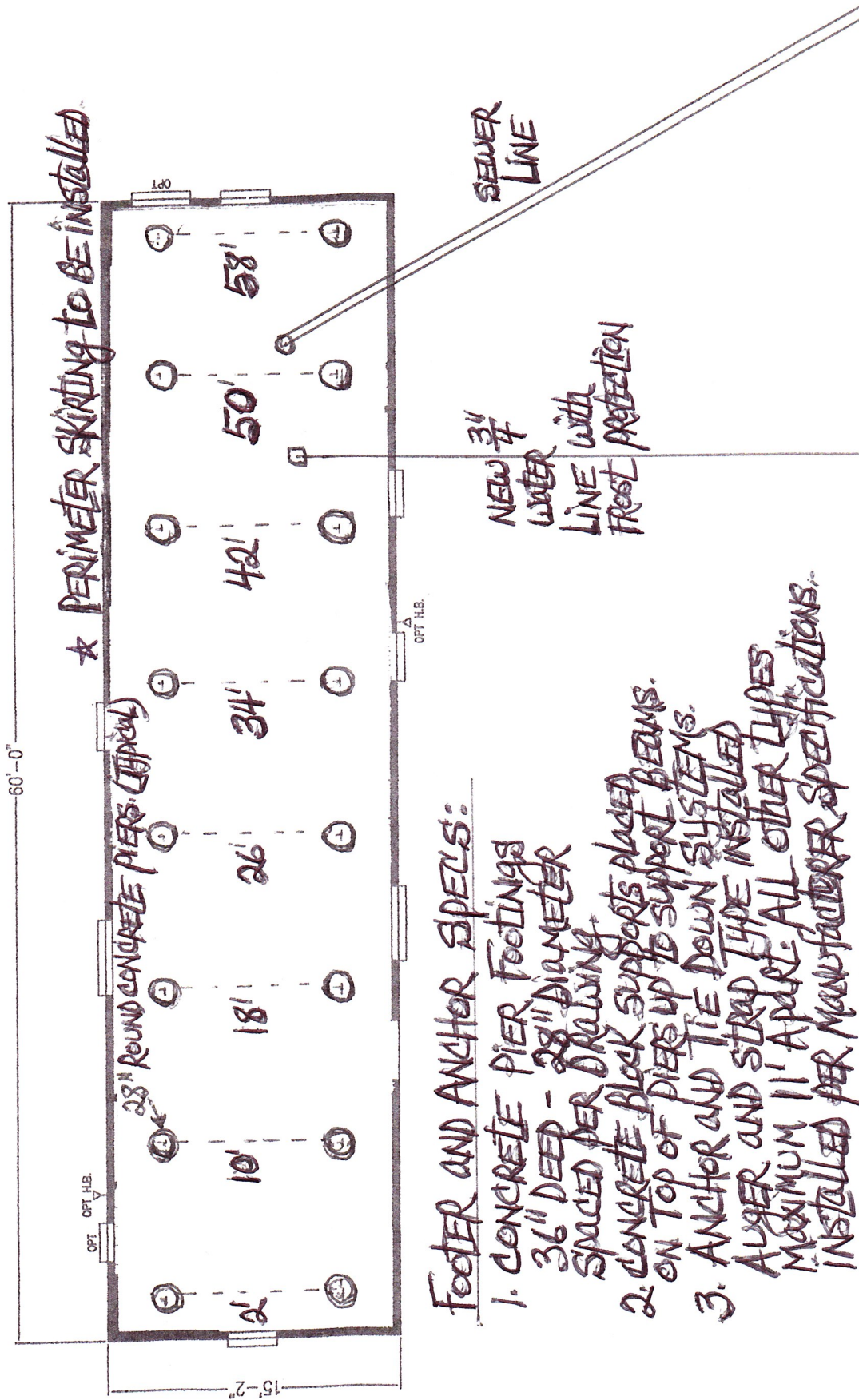
****THIS COMPLETED FORM MUST BE SUBMITTED WITH THE PROJECT PLANS AND DRAWINGS****



WAYNE ROAD - SANDY TOWNSHIP
 SAMPLE SITE PLAN

PENNSAFA SAMPLE PIER PLAN - MOBILE HOME

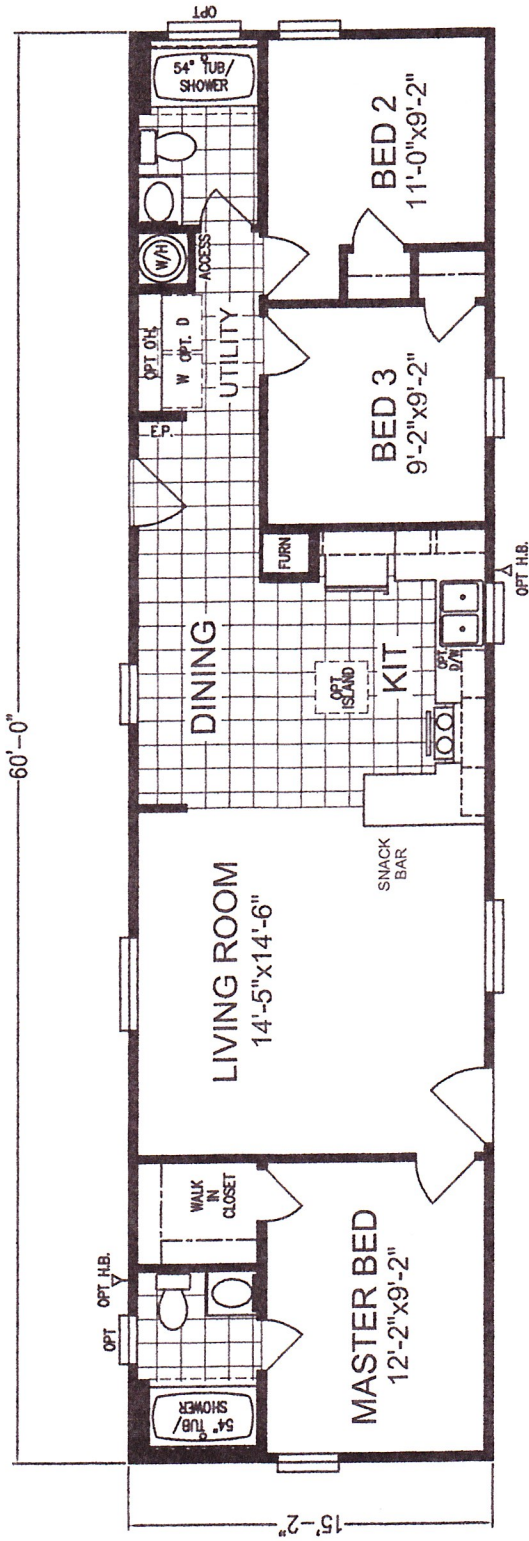
My Actual Home Size is WIDE X DEEP. 100 AMP POLE SERVICE



FOOTER AND ANCHOR SPECS:

1. CONCRETE PIER FOOTINGS 36" DEEP - 28" DIAMETER SPACED PER DRAWING.
2. CONCRETE BLOCK SUPPORTS PLACED ON TOP OF PIERS UP TO SUPPORT BEAMS.
3. ANCHOR AND TIE DOWN SYSTEMS. AUGER AND STRAP TYPE INSTALLED MAXIMUM 11' APART. ALL OTHER TYPES INSTALLED PER MANUFACTURER SPECIFICATIONS.

MOBILE HOME FLOOR PLAN



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****

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: _____

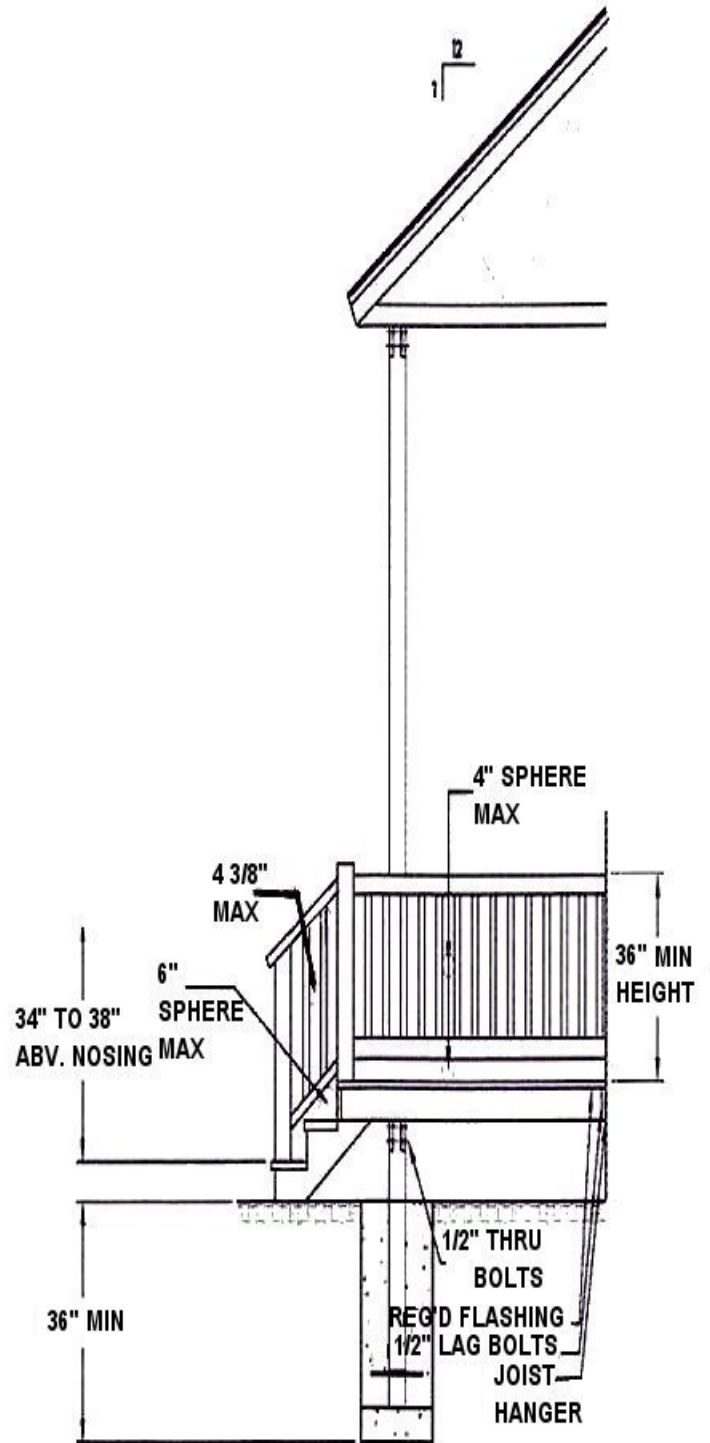
Floor Joist: Size: _____ Span: _____

Decking Material: _____

Number of Steps: _____

Riser Height: _____

Tread Depth: _____



Data Plate Information

The data plate is typically located inside a kitchen cabinet, in a bedroom closet or on the electrical panel-board cover area. If the data plate is not available, additional inspections may be required to determine if the home was constructed for the Pennsylvania climate.

TYPICAL DATA PLATE

1. Identify the date of manufacture.

2. Identify the serial number. (Cross reference to the front crossmember of the chassis.)

3. Identify Wind Zone (Pa. – WIND ZONE 1)

4. Identify Roof Snow Load Zone. (Pa. – SOUTH (20) ZONE)

Manufacturer Address		
Plant Number		
Date of Manufacture	HUD Label No (s)	
Manufacturer's Serial Number and Model Unit Designation		
Design Approval by (D.A.P.I.A.)		
This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture. (For additional information, consult owner's manual.)		
The factory installed equipment includes:		
Equipment	Manufacturer	Model Designation
For heating		
For air cooling		
For cooking		
Refrigerator		
Water Heater		
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace		
HOME CONSTRUCTED FOR <input type="checkbox"/> Zone I <input type="checkbox"/> Zone II <input type="checkbox"/> Zone III		
This home has not been designed for the higher wind pressure and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and anchoring and foundation system have been designed for the increased requirements outlined in ASHRAE 189-1, Section 7.4B.		
This home has not been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in manufacturer's printed instructions.		

COMFORT HEATING
This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within L10 value zone _____ (See map at bottom).
Heating equipment manufacturer and model (See list at left): _____
The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of _____ ° F.
To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 1/2%) is not higher than _____ degrees Fahrenheit.
The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

COMFORT COOLING
 Air conditioner provided at factory (Alternate I)
Air conditioner manufacturer and model (see list at left): _____
Certified capacity _____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.
The central air conditioning system provided in this home has been sized assuming an orientation of the front back wall of the home facing _____. On this basis, the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are _____ ° F dry bulb and _____ ° F wet bulb.
The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary depending upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shading is provided in Chapter 22 of the 1989 edition of the ASHRAE Handbook of Fundamentals.
Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home.
 Air conditioner not provided at factory (Alternate II)
The air distribution system of this home is suitable for the installation of central air conditioning.
The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to _____ B.T.U./hr rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air conditioning and refrigeration equipment are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.
Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with the manufactured home.
 Air conditioning not recommended (Alternate III)
The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.
To determine the required capacity of equipment to cool a home efficiently and economically a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals 1989 edition, once the location and orientation are known.

**INFORMATION PROVIDED BY THE MANUFACTURER
NECESSARY TO CALCULATE SENSIBLE HEAT GAIN**

Walls (without windows and doors) _____ °F
Ceiling and roofs of light color _____ °F
Ceiling and roofs of dark color _____ °F
Floors _____ °F
Air ducts in floor _____ °F
Air ducts in ceiling _____ °F
Air ducts installed outside the home _____ °F

The following are the duct areas in this home:

Air ducts in floor _____ sq ft
Air ducts in ceiling _____ sq ft
Air ducts outside the home _____ sq ft

L10 VALUE ZONE MAP

ZONES L10 VALUES
1 0.118
2 0.096
3 0.079

PLATE FORM 12-84 REV 10-91

NOTE- Pennsylvania design criteria:
Home manufactured after OCTOBER 1994 - CLIMATE ZONE 3.
Homes manufactured between June 1976 – October 1994 - CLIMATE ZONE 2.

Habitability Checklist for Relocated Manufactured Homes

Complete and sign this checklist to certify compliance with the Habitability Guide for Relocated Manufactured Homes. All items must be correct. A completed checklist must be submitted to the local building code official as part of the building permit process.	
1. HOME SERIAL NUMBER:	2. YEAR OF MANUFACTURE
3. ADDRESS OF INSTALLATION:	
4. PERMIT APPLICANT OR AGENT NAME:	5. PERMIT APPLICANT OR AGENT SIGNATURE:

Data Plate, Serial Number & Certification Label

- Locate the serial number from the front chassis crossmember and the certification labels from the exterior siding. Cross reference to the data plate in the home. *See page 2.*
- Verify the home was certified as a manufactured home and that it was designed and constructed for the Pennsylvania climate zone.

Floors

- Floor is structurally sound. Floor coverings are secure and do not present tripping hazards.
- Floor insulation is properly installed in floor cavity, especially at access areas.
- Bottom Board is patched and secure. *See page 6.*

Walls

- Walls are structurally sound, without holes, breaks or protrusions.
- Doors and windows are operational with proper glazing. *See page 3.*
- Doors are equipped with proper hardware. *See page 3.*
- Safety glazing is provided where required. *See page 3.*

Exterior Coverings

- Roofing material free from obvious defects, holes, etc.
- Roof caps, vents, flashing, etc. are properly installed. Fireplace chimneys are the proper height (3' above the roof where it passes and 2' higher than any part of the building with 10' of the chimney).
- Siding material is free from obvious defects, holes, etc. and is properly channeled or sealed around penetrations.

Sanitary Facilities

- Plumbing system is in good working order and free from defects, leaks and obstructions. *See page 4.*
- Drain piping under the floor is properly sloped and supported every 4'. *See page 4.*
- Water supply line crossover insulation and covers are properly installed.
- Hot water appliance is properly installed and in good working order.
- Water temperature limiting device must be set properly, for home constructed after June 9, 2014, *see page 4.*

Ventilation

- Clothes dryer exhaust ducts terminate outside of the skirting crawl space enclosure. *See page 5.*
- Kitchen, bath and toilet compartment fans are operational. *For homes built after Oct 25, 1993, see page 5.*

Heating

- Heating facilities are in working order.
- Registers and grills are in place at all outlets and intakes for the heating system.

Fuel Burning Appliances

- All vents, flu pipes, chimneys, etc. are properly installed, and are free from rust, damage or any condition that could result in a leak of combustion gases into the home. *See page 5.*
- Fire-blocking is adequately installed where vents, flu pipes, chimneys or other penetrations are present in the ceiling or walls inside furnace and water heater compartments. *See page 5.*
- Fuel supply piping is properly installed and supported.
- Fuel supply piping has been tested for leaks by qualified personnel.
- Cooking range anti-tip bracket is properly installed. *See page 5.*

Electrical Systems

- All electric receptacles, switches, junction boxes, fixtures, etc. are properly installed with appropriate cover plates. *See page 6.*
- All electrical crossovers are properly assembled and secured. *See page 6.*
- Operational test assured that all electrical devices operate properly.
- Ground Fault Circuit Interrupters (GFCI) where required, test and reset properly. *See page 6.*
- All exposed metal parts likely to be energized have been bonded.
- Proper smoke detectors/alarms placement and operation. *See page 4.*
- Proper carbon monoxide alarm placement and operation, if applicable. *See page 4.*

PENNSAFE BUILDING INSPECTION SERVICES LLC

175 Beaver Drive, PO Box 486 – DuBois, PA. 15801

Phone: 814-375-1111

Fax: 814-375-1117

Toll free: 1-855-PENNSAF

I certify that all items on this checklist have been inspected and are in compliance with PA Habitability Guidelines per the Manufactured Housing Improvement Act (35 P.S. 1658.5) as amended by May 9, 2012.

Signed

Date