

Mount Pleasant Township

1035 Beck Road
Gettysburg, PA 17325

Phone: (717) 624-8049
Fax: (717) 624-7110

Application for Permit

Permit Procedure Sheet # 8

LOCATION OF PROPERTY

Address
Intended Use
Parcel Type: Residential Commercial Industrial Other
Lot Area Coverage Percentage

OWNER INFORMATION

Name of Owner/s
Address of Owner
Phone Number E-mail address

CONTRACTOR INFORMATION

Name or Business Name Registration #
Mailing Address
Phone Number E-mail address

PROJECT INFORMATION

New Building Addition Alteration Repair / Replacement Swimming Pool Other
Brief Description of Project
Value of Construction Square Footage
Structure Width Depth Height

SELECTED CHARACTERISTICS OF BUILDING

Sewage Disposal: Public or Private Company Private on Lot System
Water Supply: Public or Private Company Private on Lot
Residential Buildings: Any Change in Number of Bedrooms? Existing Number of Bedrooms Number of Bedrooms-New Construction
Dimensions: Overall Exterior dimensions Total Square Footage Based on Exterior Dimensions After Proposed Improvement

OTHER PERMIT INFORMATION

Highway Occupancy Permit # Date Issued Twp DOT
Public Sewer Permit # Date Issued
On-site Sewage Permit # Date Issued
Other Permit # (NPDES, etc...)

SIGNATURE REQUIRED

Signature of Applicant Date

Tim Topper
Zoning Officer
1035 Beck Road
Gettysburg, PA 17325
Phone: (717) 624-8049
Fax: (717) 624-7110

Mount Pleasant Township

Application for Zoning Permit

App No.: _____

Permit Procedure Sheet # 5

Name of Applicant: _____ Zoning District: _____

ZONING PERMIT APPLICATION INFORMATION

Describe proposed work to be completed

Number of Stories: _____

Has the Zoning Hearing Board issued a decision on this application? Yes ____ N/A ____

If yes, what is the case number? _____

STORMWATER MANAGEMENT APPLICATION INFORMATION

Permit Procedure Sheet # 1

Type of proposed improvement, i.e. (personal storage, residence, addition, agricultural building, driveway, etc.) _____

Total existing covered surfaces on property in square feet, i.e. (home, driveway, pool, other buildings, etc.)

Total Acreage of lot _____ Size of proposed improvement (square feet) _____

Additional comments or further description of project, if necessary, to assure Stormwater Management compliance.

Please submit an Aerial View Map as described on separate guidance sheet along with any other information Applicant may feel is necessary.

ATTACH DRAWING OF PROPERTY

Please detail the following (dimensions and placement on lot): house, sidewalks, garage, shed, driveway (indicate stone or paved), private well area, private septic area, other outbuildings, decking, porches, patios, pools, and proposed building. Show the distance the proposed building will be placed from property lines, easements, right-of-way. Please include your home address on drawing. Also, include your neighbors' addresses and the street names of the road/s bordering your property.

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DESCRIPTION OF MATERIALS

**Permit Procedure Sheet # 9a
(SMALL PROJECTS – decks, patios, etc)**

Name of Applicant _____

Name of Owner _____ Contact Number _____

Builder/Contractor Information _____

FOUNDATIONS:

Piers: Material and reinforcing _____
Size of Footers _____
Depth of footers below grade _____

FLOORING FRAMING:

Joist Size: _____ Span _____ Spacing _____
Concrete Slab _____ Reinforcement _____

WALLS:

Wood frame: Grade and species _____ Size _____ Span _____ Spacing _____
Siding _____ Masonry Veneer _____
Window Headers _____ Door Headers _____

ROOF FRAMING:

Rafters: _____ Roof trusses: _____
Size _____ Spacing _____ Span _____ Roof Slope _____

ROOFING:

Sheathing: Grade and species _____ Size _____ Type _____
Type of Roofing Material _____ Grade or weight _____

HEATING:

Electric Heating System: Type _____ Input _____ Watts @ _____ Volts; Output _____ Btus.

ELECTRIC WIRING:

Service: ___ Overhead ___ Underground Panel: ___ Circuit-breaker _____ Number circuits _____
Wiring: ___ Conduit ___ Armored cable ___ Nonmetallic cable ___ Other _____

PLUMBING:

House drain (inside): ___ PVC ___ Tile ___ Other _____ House sewer (outside): ___ PVC ___ Tile ___ Other _____
Water piping: ___ PVC ___ Copper tubing ___ Other _____
Domestic water heater: Type _____;

OTHER ONSITE IMPROVEMENTS or MISCELLANEOUS IMPROVEMENTS:

(Specify all exterior onsite improvements not described elsewhere, including items such as unusual grading, drainage structures, retaining walls, fence, railings, porches, walks, driveway, and garages.)

I understand that any deviation from the material as listed herein, or in the approved plans must be authorized by the approval of revised list of materials and /or plans.

Date _____ Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

Building Inspector's Notes:

Date of Approval _____ Signature _____
(Building Inspector)

Date of Approval _____ Signature _____
(Code Enforcement Officer)

Timothy J. Topper
 Building Code Official
 1035 Beck Road
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Mount Pleasant Township

Application for Plan Review/Inspections

App #: _____

Permit Procedure Sheet # 10

APPLICANT: PLEASE PRINT		Owner Name					
Street		City		State		Zip Code	
Authorized Agent				Phone #			
Applicant's Signature							
Contractor/Business				Phone #			
PLAN REVIEW							
Type of Construction:							
New Construction		(sq. ft)	Garage/Storage		Occupancy Class:		
Renovations/Alterations		(sq. ft)	Swimming Pool – In Ground		Other:		
Full House			Swimming Pool – Above Ground				
House Addition			Deck				
BUILDING INSPECTION							
CALL 72 HOURS PRIOR TO INSPECTION							
Type of Construction:							
New Construction		(sq. ft)	Roof		Chimney/Fireplace		
Renovations/Alterations		(sq. ft)	Swimming Pool – In Ground		Woodburning Stove		
House			Swimming Pool – Above Ground		Air Conditioning		
Addition			Garage/Storage		Other:		
PLUMBING INSPECTION							
CALL 72 HOURS PRIOR TO INSPECTION							
Fixtures:							
Sewer Lateral			Shower Stalls		Garbage Disposal		Number of Full Bathrooms
Water Lateral			Water Closet		Laundry Tray		Number of Half Bathrooms
Bathtub			Kitchen Sink		Clothes Washer		Other:
Lavatories			Dishwasher		Water Heater		
MECHANICAL INSPECTION							
CALL 72 HOURS PRIOR TO INSPECTION							
List All Equipment Below:							
Electric Furnace			Duct System		Fireplace – Masonry		Mechanical Ventilation
Natural Gas Furnace			Chimney & Vents		Fireplace – Factory Built		Other:
Oil Furnace			A/C		Exhaust		
Gas Thermal Heat			Solid Fuel Burning		Dryer Exhaust		
ELECTRICAL INSPECTION							
CALL 72 HOURS PRIOR TO INSPECTION							
Number of Rough Wiring Outlets:				List All Equipment Below:			
Switches		Amp. Service		Air Conditioner		Pump	
Lighting		Water Heater		Garbage Disposal		Wiring and Controls	
Receptacles		Oven		Dishwasher		Other:	
Total Number of Fixtures		Amp. Receptacles		Dryer			
		Surface Unit		Range			
ENERGY COMPLIANCE INSPECTION							
CALL 72 HOURS PRIOR TO INSPECTION							
RES Check		Type A-1 Construction		Flat Ceiling Insulation R-49		Walls at Basement Stairs R-15/19	
PA Alternative		Type A-2 Construction		Cathedral Ceiling Insulation R-30		Basement Walls R-19	
IRC Chapter 11		U-Factors Windows		Stud Wall Cavity R-21		Heating Efficiency AFUE value	
IECC		U-Factors Door		Floors Over Unconditioned Space R-30		A/C Efficiency SEER value	
Blower Door		Duct Testing					

Workers' Compensation Insurance Coverage Information

(attach to building permit application)

A. The applicant is

Permit Procedure Sheet # 12

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

Yes No

If the answer is "yes", complete Sections B and D below as appropriate

If the answer is "no", complete Sections C and D below as appropriate

B. Insurance information

Name of Applicant: _____

Federal or State Employer Identification Number: _____

Applicant is a qualified self-insurer for worker's compensation

Certificate attached

Name of Worker's Compensation Insurer: _____

Workers' Compensation Insurance Policy Number: _____

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 and 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:

- Property owner doing own work.** If the property owner does hire a contractor to perform any work pursuant to this building permit, contractor must provide proof of workers' compensation insurance to Mount Pleasant Township. Property owner assumes liability for contractor compliance with this requirement.
- 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 Mount Pleasant Township.
- Religious exemption under Workers' Compensation law.**

D. Signatures

Signature of Applicant _____

Address _____

County of _____

Municipality of _____

Swimming Pool, Household. (referred hereafter as "pool") –

- a. A swimming pool containing 24 inches or more of water depth shall include a fence, wall or similar enclosure surrounding the pool. Such enclosure shall extend not less than 4 feet above the ground. All gates shall be self-closing and self-latching, with latches placed at least 4 feet above the ground.
- b. A swimming pool shall not be located in a front yard. The water surface and any raised decking of a swimming pool shall be setback a minimum of 8 feet from side and rear lot lines.

(information taken from the Mount Pleasant Township Zoning Ordinance # 2-07 as amended, Section 403)

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Swimming Pool Inspection Requirements **(for pools over 24 in. deep)**

1. Required to have a minimum 4 ft. barrier or fence (if pool wall is 4 ft. or over, it can count as the barrier requirement).
2. Outdoor Barrier Requirements shall have no vertical openings > 2" between grade – level and bottom of fence barrier and a 4" sphere cannot pass through any opening in the barrier.
3. When pool structure or wall counts as a 4 ft. barrier with access by means of a ladder, the ladder must be capable of being locked, secured or removed to prevent access and if one of the three is not possible then the ladder needs to be surrounded by a barrier with same opening requirements as a fence barrier
4. Where a wall or multiple walls of a dwelling unit serves as part of the barrier, one of the following conditions shall be met: The pool shall be equipped with a power safety cover in compliance with ASTM F 1346 or Doors with direct access to pool must be equipped with specified alarms.

Electrical Requirements

1. Receptacle for sanitation and circulation must be within 10 ft. of the pool, but not less than 5 ft.
 2. Receptacle is required to the twist lock configuration grounding type and be GFIC protected.
 3. Other receptacles, locations on a permanently installed pool shall be located not less than 10 ft. and not more than 20 ft. from the pool and be GFIC protected.
 4. If the wire is buried, it must be buried in conduit and be 18 inches deep in the ground.
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