

DUBLIN BOROUGH

119 Maple Avenue
Dublin, PA 18917
www.dublinborough.org

BUILDING PERMIT PROCEDURES

BUILDING PERMIT PROCEDURE: Complete all applicable permit applications and submit two (2) copies of building plans with specifications. All plans must be provided with an architect seal. The Borough reserves the right to wave this requirement.

NOTE: If Zoning Approval is required, that must be obtained prior to submitting a building permit application.

BUILDING PERMIT PLANS AND SPECIFICATIONS:

- **DIMENSIONS:** Show ALL dimensions of ALL proposed structures – height (ground level to highest point of roof), width and length. Give overall floor plan showing interior layout and dimensions.
- **FOUNDATION & FOOTINGS:** Give ALL foundation information – depth of excavated footings to the finished grade and width of footings. Indicate depth of concrete in footings (minimum 8”). Show size and type of materials used for walls, (i.e. block) and foundation floor. Indicate thickness and PSI (pounds per square inch) of concrete and/or other sub-materials.
- **MAIN BEAMS:** Give size and description of materials of beam and column supports. Spans between columns must be indicated. **If using Manufactured Beams, structural plans must be sealed by Engineer or Architect.**
- **FLOORS:** Indicate joist direction, span, size, spacing, bridging, and anchorage to foundation. Show type and thickness of sub-floor. **If using Manufactured Floor Trusses, structural plans must be sealed by Engineer or Architect.**
- **WALL:** Indicate wall plates, stud size and spacing, type and placement of bracing, details of exterior materials, and door and window headers. Indicate the use of wall insulation, its thickness and R factor. Indicate span of cantilever. Show railings and or guards with height and spacing of all balusters where needed.
- **CEILING & ROOF FRAMING:** Indicate size, spacing, direction, and span of joists. Roof rafters must show pitch, size, span, and spacing. Indicate spacing of collar ties. Show type, thickness, and R factor of ceiling insulation. Roof sheathing and type of roof materials to cover it should be shown. Indicate attic ventilation. **If using Manufactured Roof Trusses, structural plan must be sealed by Engineer or Architect.**
- **ATTACHING TO EXISTING STRUCTURE:** Indicate method of attachment of items B through F above of the proposed structure to the existing structure, if applicable.
- **INTERIOR:** Indicate type and thickness of materials to be used on interior walls and ceilings.

NOTE FOR POOLS: Temporary fencing (such as snow fencing) must be provided around excavation during construction. Details of permanent pool fencing showing compliance with Borough Codes must be shown on plot plan. **Permanent fencing must be in place before pool is filled.**

PERMIT GRANTED: Work may not start until a permit has been approved and granted. The permit card(s) are to be displayed so as to be visible from the street.

INSURANCE REQUIREMENTS: ALL CONTRACTORS MUST provide a Certificate of Insurance verifying valid Worker’s Compensations coverage. In addition, each contractor must show proof that you are registered as a home improvement contractor with the State of Pennsylvania.

INSPECTION POLICY: Call Boucher & James at 215-345-9400 at least 72 hours in advance to schedule each inspection. Responsibility for notification for inspections at the various stages of construction lies with the applicant and/or contractor. **If required inspections are not requested, final approval will not be granted.**

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ELECTRICAL POLICY: Dublin Borough does not provide in-house electrical permitting or electrical inspection services. These services must be obtained by the applicant from one of the authorized electrical inspection agencies of the list below. An approval letter from an electrical inspection agency must be received **prior to the building permit being issued**. Rough and final electrical inspections must be obtained by the applicant and proof thereof provided in the manner described. The applicant is responsible to pay the selected agency for the electrical inspections provided.

If Electrical work is needed, then the applicant must:

- Contact an approved electrical inspection agency below to arrange for an electrical permit approval.
- Contact the electrical inspection agency to schedule a rough electrical inspection prior to scheduling the building rough inspection
- Contact the inspection agency to schedule a final electrical inspection prior to scheduling the building final inspection.

NOTE: At each of these inspections, the electrical inspection agency must provide an electrical inspection sticker on or near the main distribution panel. The electrical inspection 'cut card' for the inspections should be mailed to Dublin Borough prior to scheduling building inspection.

LIST OF AUTHORIZED ELECTRICAL INSPECTION AGENCIES

Code Inspections, Inc

605 Horsham Road
Horsham, PA 19044
Phone: 215-672-9400

Gardner & Associates

4346 Perkiomen Creek Road
Collegeville, PA 19426
Phone: 610-489-7376

Middle Atlantic Electrical Inspections, Inc

302 E. Pennsylvania Avenue
Feasterville, PA 19053
Phone: 215-322-2626

Middle Dept. Inspection Agency

1542 Bristol Pike
Bensalem, PA 19020
Phone: 215-244-1927 or 1-800-992-6342

United Inspection Agency

180 South Main Street
Ambler, PA 19002
Phone: 215-542-9977 or 267-228-5186



DUBLIN BOROUGH
 119 Maple Avenue, Dublin PA 18917
 Telephone: 215-249-3310 · Fax: 215-249-9875
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Permit # _____

CONSTRUCTION WORK APPLICATION	Is Owner Applicant? Yes No
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PERMIT TYPE: Building Electrical/Alarm Plumbing HVAC/Mechanical/Sprinkler Other

Description:

PROPERTY INFORMATION (Site address where work is to be performed)

Street Address	City/State/Zip
Tenant / Business Name (Non-Residential Only)	

PROPERTY OWNER INFORMATION

Name	Daytime Phone #
Email Address	Cell Phone #
Street Address	City/State/Zip

CONTRACTOR INFORMATION (ALL CONTRACTORS MUST BE PROPERLY REGISTERED BEFORE PERMIT IS ISSUED)

CONTRACTOR	NAME	ADDRESS	DAYTIME PHONE #	Estimated VALUE \$
GENERAL				
ELECTRICAL				
ALARM				
PLUMBING				
HVAC/MECH				
SPRINKLER				
ROOFING				
FOUNDATION				
CARPENTERS				
OTHER				

COMPLETE FOR NEW CONSTRUCTION ONLY

	NO.	SQ. FT. OF
Stories		Basement Area
Bedrooms		1 st. Floor
Full Baths		2 nd. Floor
Partial Baths		3 rd. Floor
Garage (bays)		Garage Area
Height Above Grade		Attic
Fireplaces (Custom)		Deck/Patio
Fireplace (Factory)		Rear Porch/Sunroom/Breakfast Nook
TOTAL CONTRACT VALUE \$		TOTAL SQ. FT.

BUILDING PERMIT

PROPOSED GENERAL CONSTRUCTION WORK

<input type="checkbox"/> ADDITION	<input type="checkbox"/> GENERATOR	<input type="checkbox"/> ROOF OVER FRONT PORCH
<input type="checkbox"/> BASEMENT RENOVATION (Bedroom requires 2 nd means of egress)		<input type="checkbox"/> SHED
<input type="checkbox"/> BATHROOM RENOVATION	<input type="checkbox"/> INTERIOR ALTERATION	<input type="checkbox"/> SOLAR
<input type="checkbox"/> DECK	<input type="checkbox"/> KITCHEN RENOVATION	<input type="checkbox"/> SUNROOM / ENCLOSED REAR PORCH
<input type="checkbox"/> DECK WITH ROOF	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TENANT FIT-OUT
<input type="checkbox"/> FENCE	<input type="checkbox"/> PATIO	<input type="checkbox"/> WALKWAY
<input type="checkbox"/> FENCE CROSSING EASEMENT	<input type="checkbox"/> PATIO WITH ROOF	<input type="checkbox"/> OTHER
NOTE: Manual J Heat Load Calculations - required for all new construction or new living space if using existing heat system		
FRAMING: _____ Steel _____ Masonry _____ Concrete _____ Wood _____ Other _____		
DETAILED DESCRIPTION OF WORK:		
Construction Type: <input type="checkbox"/> NonResidential <input type="checkbox"/> Residential	CONTRACT VALUE FOR GENERAL CONSTRUCTION (EXCLUDING: ELEC, PLUMB, HVAC/SPR) \$	Sq. Ft. of Total Project

ELECTRICAL (2 PLAN SETS) and/or FIRE / SPRINKLER ALARM (3 PLAN SETS)

Non-Residential Plans must be approved by one of our approved Third-Party Inspection Companies (listed below) prior to issuance of permit.		
Total Service _____ Amps	No. of Circuits ___ 2-Wire ___ 3-Wire ___ 4-Wire	No. of Services Outlets _____ 110V _____ 220V
New Service _____ Amps	Upgrade Service _____ Amps	
DESCRIPTION OF WORK:		
ELECTRIC NOTE: APPLICANT IS RESPONSIBLE TO CONTRACT WITH A THIRD-PARTY INSPECTOR: APPROVED THIRD PARTY ELECTRICAL INSPECTION CO. TO BE USED FOR PROJECT: (check one)		
<input type="checkbox"/> Code Inspections Inc. - (215) 672-9400	<input type="checkbox"/> Middle Atlantic Electrical Inspections - (215) 322-2626	<input type="checkbox"/> Middle Department Inspection Agency - (610) 696-3900
<input type="checkbox"/> Municipal Inspection Corp - (215) 673-4434		<input type="checkbox"/> United Inspection Agency - (215) 542-9977
TOTAL ELECTRIC CONTRACT VALUE \$		
TOTAL ALARM CONTRACT VALUE \$		

HVAC / MECHANICAL WORK (2-PLAN SETS) and/or SPRINKLER (3-PLAN SETS)

Residential System (check one) : <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Removal	Commercial System (check one) : <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Removal
PROPOSED WORK	
<input type="checkbox"/> Above ground Tank _____ gallons	<input type="checkbox"/> Coil Unit
<input type="checkbox"/> AC Compressor	<input type="checkbox"/> Electric Furnace
<input type="checkbox"/> Air Cleaner	<input type="checkbox"/> Exhaust Hood
<input type="checkbox"/> Air Handling	<input type="checkbox"/> Extension of existing supply/return ducts only
<input type="checkbox"/> Alarm System - Alteration	<input type="checkbox"/> Indoor/Outdoor Fireplace or insert
<input type="checkbox"/> Alarm System - New	<input type="checkbox"/> Forced Air Unit
<input type="checkbox"/> Ansul System	<input type="checkbox"/> Gas/Oil Conversion Unit
<input type="checkbox"/> Boiler	<input type="checkbox"/> Roof Top Unit
<input type="checkbox"/> Sprinkler System - Alteration	<input type="checkbox"/> Sprinkler System - New
<input type="checkbox"/> Stand Pipe	<input type="checkbox"/> Stove - Wood/Coal/Pellet
<input type="checkbox"/> Underground Tank _____ gallons	<input type="checkbox"/> Underground Tank Removal _____ gal
<input type="checkbox"/> Emergency Generators	<input type="checkbox"/>
DESCRIPTION OF WORK:	
TOTAL HVAC / MECHANICAL CONTRACT VALUE \$	
TOTAL SPRINKLER CONTRACT VALUE \$	#SPRINKLER HEADS:

BUILDING PERMIT

PLUMBING WORK

ENTER THE NUMBER OF FIXTURES BEING INSTALLED OR REPLACED
PROVIDE RISER DIAGRAM ON BACK OR SEPARATE SHEET

FIXTURES:	QUANTITIES:				
	Bsmt	1 st flr	2 nd flr	3 rd flr	4 th OR ABOVE
Bath / Tubs / Showers					
Dishwashers					
Drinking fountains					
Ejector pumps					
Floor drains / Floor sinks					
Garbage Disposal / Grease trap / Interceptors					
Irrigation System					
Water heaters (expansion tank required)					
Washing Machine/ Hose Bib					
Sinks / Mop Sinks					
Urinals / Water Closets					
Water Service Line - Interior Water-Sewer Line					
Water Softener					
Other:					
TOTAL PLUMBING CONTRACT VALUE \$	TOTAL # FIXTURES:				

NOTE: PERMIT SUBMISSION DOES NOT GRANT "APPROVAL" TO START WORK.

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit. I understand that the issuance of the permit creates no legal liability, express or implied, on Dublin Borough; and certify that all the above information is accurate. A permit issued is subject to Section 105.4 of the IRC and the IBC, as amended. Permit expires if work is not started in 6 months, not completed in 12 months, or if work is discontinued for 6 months in the judgment of the Borough. The Building Inspector, or the Inspector's authorized agent, is authorized to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the proposed work. Failure to comply with the above will result in a STOP WORK order. The Borough reserves the right to request a copy of all contracts for work performed.

Owner/Authorized Agent Signature

Date

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WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is _____

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes

No

If the answer is "yes," complete section B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate Attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

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 or 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:

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 the Borough.**

Religious exemption under the Workers' Compensation Law. **(MUST BE NOTARIZED)**

Signature of Applicant

Date