

GUIDE FOR PLANS AND SPECIFICATIONS

APPLICATIONS:

Forms for all proposed work to be completed entirely, including but not limited exact mailing address of job site, number of each device or fixture proposed, etc.

PLANS:

Two complete sets of plans must be submitted. Homeowner may draw his own plans for his private residence provided they are legible and complete. Sewage, Zoning and/or Planning Board approvals are required at time of submittal.

TE DIAGRAM:

Show all existing and new construction and distances from all property lines.

FLOOR PLAN:

Room sizes and uses, direction of floor joists, ceiling joists and rafters, window and door locations, beam sizes and locations and locations of smoke alarms and CO detectors.

FOUNDATION:

Size and location of footings, foundation walls, girder sizes, double joists and header sizes and locations.

CROSS SECTION:

Full cross section of each type of constructions, listing all material sizes and spacing, insulation values and type, ceiling height and pitch of roof.

MISCELLANEOUS:

Window schedule, door schedule, stair detail and fireplace detail.

MECHANICAL:

Make, model, size and location of unit. Size, location of supply and return ducts and duct insulation.

PLUMBING:

Type and location of all fixtures, isometric drawing of DWV system.

ELECTRICAL:

Lighting, receptacles and service size and location, breaker sizes and types and circuit designation.

LAKE TOWNSHIP SUPERVISORS
LAKE ARIEL, PENNSYLVANIA, 18436
WORKSHEET ONLY
LAND USE PERMIT APPLICATION

NAME OF LANDOWNER (S): _____
MAILING ADDRESS: _____
PHYSICAL ADDRESS: _____
TELEPHONE NUMBER: _____ ALTERNATE NUMBER _____
TAX MAP PARCEL NUMBER: _____
CERTIFIED PLOT PLAN (OR ACCEPTABLE DRAWING) ____ YES ____ NO
CONTRACTOR'S NAME: _____ PHONE _____
*HOMEOWNER CONSUMER PROTECTION ACT NUMBER _____
CONTRACTORS EMAIL ADDRESS: _____ PHONE _____
SEPTIC SYSTEM PERMIT NUMBER: _____ DATE ISSUED: _____
LOCAL OR STATE HIGHWAY OCCUPANCY PERMIT NUMBER: _____
DISTURBANCE OF ONE ACRE OR MORE: ____ YES ____ NO
WETLANDS DELINEATION OR DISCLAIMER: ____ YES ____ NO
BUILDING PERMIT PLAN SUBMITTED: ____ YES ____ NO
COST OF PROJECT: _____
DESCRIPTION OF WORK: _____

The undersigned represent that all of the foregoing information is true, and request that a land use permit be issued on the basis of such information.

Land Use Permits and Building Permits can be applied for on Tuesdays and Thursdays from 12:30 pm to 1:30 pm each week. (Holidays excluded)

LAND USE PERMIT FEE SCHEDULE: (U.C.C. INSPECTION FEES ARE ADDITIONAL)

- A new single family dwelling, whether stick built, modular, or mobile (new or used) - \$100.00 + inspection fees
- A new garage, carport, or pole building, etc. if less than 1000 square feet of floor space - \$50.00. This type of structure measuring 1000 square feet or larger - \$100.+ inspection costs
- A new deck, screened porch, etc. - \$50.00 + inspection fees
- An addition to an existing structure up to 400 square feet - \$50.00.+ inspection costs
- An addition to an existing structure over 400 square feet - \$100.00.+ inspection costs
- Razing an existing building - \$50.00 .+ inspection costs
-

REVISED: 04/30/24

PERMIT APPLICATION

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BUILDING PERMIT

ELECTRICAL PERMIT

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____

Rear Yard _____ Ft. (Rear of building to property line) _____

Side Yard _____ Ft. Side Yard _____ FT. _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Total square feet: _____ Use Group _____ Type Construction _____

No. of Stories: _____ Height of Structure _____

Description of work: _____

Type of work:

Alterations/Additions of: _____ Square Ft. _____

() Roofing - Total square feet _____

() Fencing, supply height if it exceeds 6 foot _____

() Sign - Total Square feet _____

() Pool - Total Square feet _____

() Decks - Total Square feet _____

() Demolition - Total Square feet _____

() Accessibility _____

Other: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____

Owner () Contractor () Owner Representative ()

ELECTRICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.	Size	Items
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	HP _____	Motor-Fractional
_____	_____	Communication Devices
_____	_____	Alarm Devices/Systems
_____	_____	Emergency & Exit Lights
_____	_____	Pool Bonding
_____	_____	Service
_____	_____	Sub-Panels
_____	_____	Feeders
_____	_____	Baseboard Heater
_____	_____	Dryer Receptacle
_____	Range _____	Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____	_____	Signs
_____	_____	Survey Fee

Others: _____

Signature: _____

Owner () Contractor () Owner Representative ()

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Building Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

ELECTRICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Electrical Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

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PERMIT APPLICATION

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MECHANICAL PERMIT

PLUMBING PERMIT

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

MECHANICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or
signed exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.

Fixture/Equipment

_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

PLUMBING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____

(Certificate of Insurance for Workers Compensation needed or
signed exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.

Items

_____	Water Closet
_____	Urinal/Bidet
_____	Bath tub
_____	Lavatory
_____	Shower
_____	Floor drain
_____	Sink
_____	Dishwasher
_____	Drinking fountain
_____	Washing Machine
_____	Hose Bibb
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Water Service Connection

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

MECHANICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Mechanical Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

PLUMBING BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Plumbing Fee: _____

Plan Review Fee: _____

Scan Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

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