

Date: _____

Permit No: _____ R

Township of Robinson**APPLICATION FOR RESIDENTIAL BUILDING PERMIT**

Application Type Type: _____	Alteration or renovation New Building Repair	Addition Unapproved existing building Plan revision or partial occupancy request
Use/Occupancy classification: Check box to the left of all that apply	Single family Duplex Townhouse Apartments * * Number or units _____	Garage/Shed/Greenhouse (over 200 sq. ft.) Carport Other (specify) _____
Site information	Site or Owner Information Name _____ Address _____ County _____ Phone _____ Email _____ Subdivision _____ Lot _____ Block _____	
Property is	Owner occupied Owner occupied with rental units Rental only	
Type of work to be done (check all that apply)	General construction Plumbing (by ACHD) Electrical Heating/air conditioning Construction Cost \$ _____	
Complete description of work	_____ _____ _____ _____	
Documentation required (minor repairs do not require site plans or construction documents)	Site plan showing the proposed work (including electrical, plumbing or mechanical systems) survey plan required. Stamped architectural or engineered drawings are required for additions, alterations and changes to egress or structural elements, building in a flood hazard area, or change in occupancy use. Owner 's drawings <u>may</u> be accepted by the code official, however, these drawings <u>must</u> show sufficient information to convey all required dimensions, size and type of materials, and details of materials used, and clearances. Insurance certificates of contractors must be filed with this application Pre-fabricated truss shop drawings (stamped and certified) Approved Zoning Application A current copy of homeowners insurance must be submitted with application.	
Construction details	General construction total square feet of addition, alteration, or renovation _____ Electrical Size of service _____ num. of receptacles _____ num of light fixtures _____ Plumbing Water tank _____ water piping _____ sewer piping _____ Mechanical Furnace _____ boiler _____ air conditioner _____ exhaust _____ ventilation _____ gas piping _____	

Plan review	A plan review and inspection fee of: New construction - \$650.00 Additions and complete renovations - \$450.00 Swimming Pools in ground - \$290.00 Decks & above ground Pools - \$150.00 Minor repairs and minor renovations, demolition, re-roofing - \$120.00 Tents - \$225.00 <u>Fee must be submitted with the application</u>
Contractor Information	Company name _____ Address _____ _____ Contact Person _____ Email _____ Phone _____ Fax _____
Contractor Insurance Information	Insurer _____ Police type _____ Coverage _____ per Occur. _____ Agg. _____
Signature	PRINT NAME _____ SIGNATURE _____ DATE _____

The above fee schedule includes:

- Plan review of project
- Footing inspection
- Foundation inspection
- Framing inspection
- Wallboard inspection
- Energy inspection
- Final inspection

The following inspections **are not** included in the above fee schedule and at the applicants request can be performed by Plans-Examiners for a fee of \$80.00/trip or a third party agency designated by Plans-Examiners Inc.

- Mechanical rough-in
- Mechanical final
- Electrical rough-in
- Electrical final

All plumbing inspections and permitting is conducted by the Allegheny Count Health Department (plumbing division) and if applicable to your project, must be completed before final inspection can be approved.

Note: These fees are in addition to the Township Permit Fees and checks should be made payable to Plans Examiners Inc.

- OFFICIAL USE ONLY

Fee Schedule	_____
Residential	_____
Commercial	_____
Industrial	_____
Demolition	_____
Signs _____ x _____	_____
Other	_____
Other	_____
Total	_____

Permit Issued _____	Permit Refused _____
Reason Revised _____	
Z.H.B. Case # _____	
Z.H.B. Decision: _____	
x. _____ Building Code Official/Construction Code Official Certification No. _____	

REQUIRED RESIDENTIAL BUILDING INSPECTIONS

IT IS MANDATORY TO CALL PEI FOR BUILDING INSPECTION AT 412-787-1510 OR
VISIT: <http://plans-examiners.com/townshipofrobinson.html>. - 48-HOUR NOTICE REQUIRED

Project Name: _____

Contact: _____ Phone _____

For Department use only

Footer: To be done after forming and prior placing concrete.

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

Foundation/Conductors/French Drain: To be done after foundation is complete and prior to framing prior to backfilling.

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

Under Slab Energy: After perimeter insulation is installed and vapor barrier is installed.

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

Rough Plumbing: Call Allegheny County Health Department, Plumbing Inspections at 412-937-5630.

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

Rough Framing: To be completed after Rough Mechanical/ Electrical/ Plumbing inspections. Prior to Insulating

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

Rough Energy: To be completed prior to concealment with wallboard:

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

Wallboard: After installation of wallboard and prior to application of any finishes.

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

Final Plumbing: To be completed prior to final inspection. Call Allegheny County Health Department, Plumbing Inspections at 412-578-8036.

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

Final Energy: To be completed prior to final inspection after all MEP systems are installed and operational:

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

Final Building: After completion of all work and all prior inspections.

Required:	<input type="checkbox"/>	Date:	<input style="width: 90%;" type="text"/>	Inspector Cert. #	<input style="width: 95%;" type="text"/>
				Inspector Signature:	<input style="width: 95%;" type="text"/>

NOTE: THIS LIST DOES NOT INCLUDE MECHANICAL, ELECTRICAL SYSTEMS. CONTRACTORS ARE REQUIRED TO APPLY FOR SEPARATE PERMITS FOR THESE SYSTEMS.

INSPECTION PENALTY:

Inspections not cancelled by 4:00PM of the previous regular business day preceding the day of the scheduled inspection, and re-inspections of previously failed items that incur subsequent failures of the same punch list item shall be subject to a \$80.00 fee per incident.