

## **FINISHED BASEMENT PLAN REQUIREMENTS**

Submit two sets of plans drawn to scale showing the following information:

1. FLOOR PLAN :
  - a. Room names (proposed use).
  - b. Room dimensions.
  - c. Door and window sizes and locations.
  - d. Lighting fixtures and switch locations.
  - e. Electrical receptacle locations.
  - f. Smoke detector locations.
  - g. Plumbing fixture locations if applicable.
  - h. Size, type and locations of required heating facilities.
  - i. Size, type and spacing of framing members.
  - j. Insulation R value where applicable.
  - k. Type of wall and floor coverings.
  - l. Type of ceiling. (Gypsum wallboard, drop ceiling, etc.).
  - m. Ceiling height overall and below beams, girders, etc.
  
2. PLUMBING PLANS : (if applicable)
  - a. Size and type of all existing and new drain, waste and vent piping to be connected to or installed.
  - b. Size and type of water distribution piping to be installed.
    - In newer construction it is common for the builder to provide under floor plumbing for future bathrooms. This plumbing is typically inspected throughout the course of construction. If you are installing plumbing fixtures to pre-approved plumbing, you need only supply the information for your portion of the plumbing.

## **GENERAL BUILDING CODE REQUIREMENTS**

The partial listing of code requirements noted below has been provided to you to assist you in the design and construction of your project. Please refer to the 2006 International Residential Code for additional requirements.

- Basements having habitable space shall have at least one openable egress door or window directly to the outside. The egress opening may be a door directly to the outside, a door with a bulkhead enclosure (bilco door) or an egress window with a code compliant window well having a ladder or steps.
- Where basements contain bedrooms, egress openings shall be provided in each bedroom directly to the outside, but shall not be required in adjoining areas of the basement.

Continued on reverse side

- Enclosed accessible space under stairs (closets) shall be protected with ½” gypsum on the interior of the walls, under stair surface and soffits.
- All habitable rooms shall be provided with an aggregate glazing area of not less than 8% of the floor area of such rooms, half of which must be openable. The glazed area need not be provided when artificial lighting is provided capable of producing an average illumination of 6 footcandles over the room area at a height of 30 inches above the floor level and the room(s) is provided with a mechanical ventilation system capable of producing an air exchange every 20 minutes.
- The minimum ceiling height is 7’-0”. Beams and girders may project not more than 6 inches below the required ceiling height.
- Heating facilities must be provided capable of maintaining 68 degrees F. 3 feet above the floor level.
- Hardwired battery backup smoke detectors are required in each bedroom and immediately outside of each bedroom and on each floor level and in separate unfinished areas or mechanical rooms. The smoke detectors must be interconnected with the existing smoke detectors throughout the dwelling.
- Electrical wiring shall comply with the National Electrical Code. Generally, electrical receptacles are required within 6 feet of door openings and spaced a maximum of 12 feet.
- Provide a minimum of one switch controlled light fixture in each habitable room.
- **ALL** bathroom receptacles shall be g.f.c.i. protected.
- Bathrooms not having windows shall have mechanical ventilation to the outside.
- Exterior walls shall be insulated in accordance with Chapter 11 of the International Residential Code or other approved energy compliance alternative.
- All penetrations in top plates of walls and partitions must be fire stopped with approved fire stopping materials.
- Fire blocking shall be provided at the ceiling level of walls and partitions spaced away from the foundation and at intervals of 10 feet horizontally and at the interconnections between concealed vertical and horizontal spaces such as soffits and drop ceilings.
- Plumbing pipes and electrical wiring installed through bored holes or notches in studs or joists and the soles and top plates of walls which are located within 1.5 inches of the edge of the framing members shall be protected with shield plates. The shield plates shall cover the pipe or wiring passing through the notch or hole and shall extend minimum 2 inches above or below soles and plates of all walls or partitions.

**ALL CONTRACTORS AND SUBCONTRACTORS WORKING WITHIN NEW GARDEN TOWNSHIP ARE REQUIRED TO BE REGISTERED WITH THE TOWNSHIP.**

If you have any questions you may contact the Codes Department at 610-268-2915 extension 103.

# NOTICE

As of 4/8/04 The Pennsylvania State Wide Building Code will require a second means of egress when applying for building permits to finish a basement. The means may be a walkout exit door, a Bilco type door or an egress window having a minimum of 5.7 square feet of clear opening with an approved window exit well.

# Energy Code Compliance Statement

Address of Project : \_\_\_\_\_

Contractor : \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

- Detached one- or two- family dwelling     
  Townhouse     
  Commercial  
 Heat Loss Calculations (Include with Energy Efficiency Worksheet)

## Compliance Path (Check One)

1. The International Energy Conservation Code
  - A. REScheck or COMcheck or other approved software – Submit REScheck or COMcheck calculations for this path
  - B. (IECC) – TABLE \_\_\_\_\_
2. International Residential Code, Ch. 11 – Climate Zone 4
3. Pennsylvania Alternate Residential Energy Provisions – Zone S

<u>IRC Chapter 11 Requirements</u> <u>Table N1102.1</u>	
Insulation and Fenestration Requirements by Component	
Fenestration U-Factor	0.40
Skylight U-Factor	0.60
Glazed Fenestration SHGC	NR
Ceiling R-Value	38
Wood Frame Wall R-Value	13
Mass Wall R-Value	5
Floor R-Value	19
Basement Wall R- Value	10/13
Slab R-Value & Depth	10, 2 ft.
Crawl Space Wall R-Value	10/13

<u>PA Alternate Provision Requirements</u> <u>Table PA401.1</u>	
Insulation and Fenestration Requirements by Component	
Fenestration U-Factor	0.40
Skylight U-Factor	0.60
Ceiling R-Value	38
Wood Frame Wall R-Value	13
Mass Wall R-Value	5
Floor R-Value	19
Basement Wall R- Value	10/13
Slab R-Value & Depth	10, 2 ft.
Crawl Space Wall R-Value	10/13

Provide the following information for the proposed dwelling:

- Air Conditioning Efficiency (SEER) : \_\_\_\_\_  
 Water Heating Equipment Performance (Input & Efficiency) : \_\_\_\_\_  
 Recessed Light Fixture Type:  
     \_\_\_\_\_ Air Tight IC Fixture    \_\_\_\_\_ IC or non IC Fixture in Sealed Box    \_\_\_\_\_ ASTM E283 IC Fixture

Phone: (610) 268-2915

Fax: (610) 268-0458



Email: [office@newgarden.org](mailto:office@newgarden.org)

Website: [www.newgarden.org](http://www.newgarden.org)

## *New Garden Township*

BOARD OF SUPERVISORS

299 STARR ROAD

LANDENBERG, PENNSYLVANIA 19350

### **FINISHED BASEMENT INSPECTIONS**

The issuance of this building permit requires you to comply with all provisions set forth in the New Garden Township Building Code and Zoning Ordinance. Listed below are the stages of construction when the New Garden Township Building Official must be notified. Inspections must be scheduled a minimum of twenty-four (24) hours in advance by calling **1-800-732-2551**. Please leave your name, phone number, permit number and the type of inspection requested.

**UNDER SLAB PLUMBING-** Inspection will be made upon completion of under slab plumbing prior to covering and connection to existing plumbing. 5-7 p.s.i. air test required with no leakage for 15 minutes.

**ROUGH FRAMING-** Prior to covering framing. Electrical wiring must be inspected and approved by an approved third party inspection agency at this time. Approval must be posted on the job site. Rough plumbing is to be installed and air tests in place at time of inspection. Concealed h.v.a.c. equipment / ducts to be installed at this time. All fire stopping is to be completed at this time.

**WALLBOARD INSPECTION** – This inspection shall be made upon completion of the wallboard prior to taping and spackling.

**FINAL INSPECTION** – Inspection will be made upon completion of the building or structure prior to using or occupying the building or structure. A Final electrical inspection is required at this time by third party agency posted on site. The Energy Conservation Certificate of Compliance Signed by the contractor shall be on the electric service panel at the time of the Final inspection.

CONTINUED ON REVERSE SIDE OF FORM

Any changes or revisions to the structure must be approved by the Building Official prior to commencement of such changes or revisions.

- The energy conservation certificate of compliance signed by the contractor must be posted on the electric service panel at the time of

**A building or structure may not be used or occupied until a certificate of use and occupancy has been issued.**

**I hereby acknowledge receipt of this form.**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

Applicant to sign and return with permit application

# CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

**I. IDENTIFICATION**

1. Proposed Work Site at: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

2. Name of Owner in Fee: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
street municipally zip code

3. Ownership in Fee: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
street municipally zip code

4. Principal Contractor: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_

5. License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Federal Employee No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

6. Architect or Engineer: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_

7. Responsible Person in Charge of Work: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
 Tel: (\_\_\_\_) \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

1. Building	\$ _____	Update	Update
2. Electrical	\$ _____		
3. Plumbing	\$ _____		
4. Fire Protection	\$ _____		
5. Mechanical	\$ _____		
6. Subtotal	\$ _____		
7. Plan Review	\$ _____		
8. Administrative Fee	\$ _____		
9. L & I Training Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ _____		
12. Other	\$ _____		
13. TOTAL	\$ _____		

**VI. BUILDING/SITE CHARACTERISTICS**

1. Number of Stories \_\_\_\_\_ ft.

2. Height of Structure \_\_\_\_\_ sq. ft.

3. Area — Largest Floor \_\_\_\_\_ sq. ft.

4. New Building Area \_\_\_\_\_ cu. ft.

5. Volume of New Structure \_\_\_\_\_ sq. ft.

6. Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

8. Flood Hazard Zone \_\_\_\_\_ ft.

9. Base Flood Elevation \_\_\_\_\_ ft.

10. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_

11. Max. Live Load \_\_\_\_\_

12. Max. Occupancy Load \_\_\_\_\_

(office use only)

**II. PROPOSED WORK**

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. <input type="checkbox"/> Minor Work								
2. <input type="checkbox"/> New Building								
3. <input type="checkbox"/> Addition								
4. <input type="checkbox"/> Alteration								
5. <input type="checkbox"/> Fire Protection								
6. <input type="checkbox"/> Plumbing								
7. <input type="checkbox"/> Electrical								
8. <input type="checkbox"/> Elevator Devices								
9. <input type="checkbox"/> Asbestos Abat								
10. <input type="checkbox"/> Lead Hazard Abatement								
11. <input type="checkbox"/> Demolition								
TOTAL COSTS								

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL**

1.  Hotels (R-1)

2.  Multi-Family (R-2)

3.  1-2 Family/R-3

4.  Residential Care <17 (R4)

5.

6.

No. of dwelling units: \_\_\_\_\_

Before Construction \_\_\_\_\_

After Construction \_\_\_\_\_

Net Gain or Loss \_\_\_\_\_

**B. NON-RESIDENTIAL**

1. State Specific Use: \_\_\_\_\_

2. Use Group: \_\_\_\_\_

3. Change in Use Group, Indicate Former: \_\_\_\_\_

**III. DO YOU WANT:** (optional)

1.  Partial Releases

2.  Prototype Processing

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

1.  Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

2.  High Pressure Boilers

3.  Pressure Vessels

4.  Refrigeration Systems

5.  Cross-Connections/Backflow Preventers

6.  Hazardous Uses/Places of Assembly

7.  Sprinklers

8.  Smoke Control Systems in Open Wells

9.  Underground Storage Tanks

# BUILDING SUBCODE TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location: \_\_\_\_\_  
Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. No. or Bids. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval
<input type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____
<input type="checkbox"/> All	_____	_____	Foundation	_____	_____
<input type="checkbox"/> Footing	_____	_____	Slab	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Frame	_____	_____
<input type="checkbox"/> Frame	_____	_____	Barrier-Free	_____	_____
<input type="checkbox"/> Other	_____	_____	Insulation	_____	_____
Joint Plan Review Required:		_____	Finishes	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____	Energy	_____	_____
SUBCODE APPROVAL		_____	Mechanical	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	TCO	_____	_____
Date: _____	_____	_____	Other	_____	_____
Approved by: _____	_____	_____	Final	_____	_____
_____	_____	_____	Barrier-Free	_____	_____

**B. BUILDING CHARACTERISTICS**

Use Group	Present _____	Proposed _____
Constr. Class	Present _____	Proposed _____
No. of Stories	_____	_____
Height of Structure	_____ Ft.	_____ Ft.
Area — Largest Floor	_____ Sq. Ft.	_____ Sq. Ft.
New Bldg. Area/All Floors	_____ Sq. Ft.	_____ Sq. Ft.
Volume of New Structure	_____ Cu. Ft.	_____ Cu. Ft.
Total Land Area Disturbed	_____ Sq. Ft.	_____ Sq. Ft.

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_  
2. Alteration \$ \_\_\_\_\_  
3. Total (1+2) \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature \_\_\_\_\_

**TYPE OF WORK:**

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence \_\_\_\_\_
- Sign \_\_\_\_\_
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other \_\_\_\_\_
- Demolition

Height (exceeds 6')  
Sq. Ft.

**FEE (Office Use Only)**

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

1 White = Inspector Copy  
2 Canary = Office Copy  
3 Pink = Office Copy  
4 Gold = Applicant Copy

# PLUMBING SUBCODE TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE.**

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner In Fee \_\_\_\_\_  
Address \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_  
Contractor \_\_\_\_\_

Address \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**  
Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Est. Cost of Plumbing Work \$ \_\_\_\_\_

**D. TECHNICAL SITE DATA (List of all fixtures.)**  
NO. \_\_\_\_\_

FEE (Office Use Only) \$ \_\_\_\_\_

FIXTURE/EQUIPMENT	FEE (Office Use Only)
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	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Sewer Connection	_____
Water Service Connection	_____
Stacks	_____
Other _____	_____
Other _____	_____
Other _____	_____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW  
 No Plans Required  
 Joint Plan Review Required

INSPECTIONS  
 Type: \_\_\_\_\_ Failure \_\_\_\_\_ Dates (Month/Day) \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_  
 Slab \_\_\_\_\_  
 Building  Electric Rough \_\_\_\_\_  
 Fire  Elevator Water \_\_\_\_\_  
 Plumbing Plans Approved Sewer \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Fixtures \_\_\_\_\_  
 Gas Equipment \_\_\_\_\_  
 Gas Piping \_\_\_\_\_  
 Solar \_\_\_\_\_  
 TCO \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

SUBCODE APPROVAL  
 CO  CCO  CA  
 Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

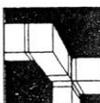
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature — Contractor's Seal \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant

1 White = Inspector Copy  
 2 Canary = Office Copy  
 3 Pink = Office Copy  
 4 Gold = Applicant Copy

# MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

### A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 Owner In Fee \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
 Lic. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

### B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4  
 Heating System  Conversion  Replacement  
 Fuel:  Gas  Oil  Electric  Solar  
 Other \_\_\_\_\_  
 Type:  Hydronic  Hot Air  
 Estimated Cost of Mechanical Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		DATES		
Type:		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	No Plans Required	Gas Piping	_____	_____	_____	_____
<input type="checkbox"/>	Joint Plan Review Required	Appliance	_____	_____	_____	_____
<input type="checkbox"/>	Bldg. <input type="checkbox"/> Plumb.	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/>	Elec. <input type="checkbox"/> Elevator	Oil Piping	_____	_____	_____	_____
<input type="checkbox"/>	Fire <input type="checkbox"/> Mech.	Oil Tank	_____	_____	_____	_____
PLANS APPROVED		LPG Tank	_____	_____	_____	_____
Date: _____		Hydronic Piping	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL		Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/>	CA <input type="checkbox"/> CCO	Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.

FIXTURE/EQUIPMENT

- Water Heater
- Fuel Oil Piping
- Gas Piping
- Steam Boiler
- Hot Water Boiler
- Hot Air Furnace
- Oil Tank
- LPG Tank
- Fireplace
- Other

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature \_\_\_\_\_

