



Lehman Township Board Of Supervisors

193 Municipal Dr. • Bushkill, Pike County, PA 18324 • (570) 588-9365 • Fax (570) 588-1864

Thank you for your recent inquiry regarding Building Permit procedures. The following is a step-by-step list of our procedures, fees, and other notes that may assist you in understanding the regulations involved.

1. Applications may be obtained at the Township Office Monday through Friday, 8:00 a.m. – 4:00 p.m., or by mail. Checks are payable to Lehman Township. Inspector is available Monday-Friday 8:00 a.m.-3:30 p.m.
2. The Township requires a completed Building Permit application (signed and dated) copy of deed, copy of survey, copy of site plan, 3 sets of Building Plans, signed Trespass Waiver, Agent authorization (if applicable), Workers Compensation Insurance form and check payable to Lehman Township (see Building Fees). ****REMINDER: 2009 IRC Requires: all braced wall lines, shall be identified on the construction documents and all pertinent information including, but not limited to, bracing methods, location and length of braced wall panels, foundation requirements of braced wall panels at top and bottom shall be provided.**
3. A Building Permit is **NOT** needed for One-story detached accessory structures, provided the floor area does not exceed 1000 square feet.

RESIDENTIAL BUILDING FEES

The fee will be determined by Building Inspection Underwriters (BIU) after review of your plans.

4. Once the Building Inspector has approved your application, you will be responsible for inspection requests. Some of the various inspections involved include: footers, foundation, concrete slab, rough plumbing, framing & masonry, special and final inspections.
- ** PLEASE NOTE** that after the foundation is in, all work **MUST** cease and no foundation inspections will be made until a Certified Foundation Survey Plan has been submitted, reviewed and approved by the Building and Zoning Officers. Inspection requests may be telephoned in during regular business hours, and will be placed in the Inspection Log Book for the following business day. However, a request for **FINAL INSPECTION MUST BE IN WRITING ON PROVIDED FORM.** To save time and re-inspection fee costs, make arrangements in advance so that the Building Inspector has access to the areas he will need to inspect. All temporary/permanent stairs must be installed.
5. In order to obtain a Certificate of Occupancy, an Electrical Certificate, if applicable, must be submitted to the Building Inspector prior to the Final Inspection. **Final Inspection to be submitted on provided form.**
The Township also requires, prior to the issuance of the Certificate of Occupancy, an inspection certificate, provided by a qualified individual, for all buildings using a gas appliance and any energy connection, other than electric, to verify that the installation is safe and in accordance with the manufacturers or trade specifications.
 6. Occupancy of any structure prior to the Certificate of Occupancy's issuance is unlawful, and will not be permitted. Avoid problems. If your builder has informed you of job completion, consult the Township Office to verify that your Certificate of Occupancy has been issued.



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TO: CONTRACTORS
FROM: BUILDING INSPECTOR
RE: REQUIRED INSPECTIONS

In Lehman Township, all construction is regulated by the current International Residential Code.

The Township makes the following inspections on all new construction to determine that it adheres to the code:

1. Before the footer and/or foundation is poured; with steel re-bars hung in place (if applicable).
2. * **STOP** – an as-built survey of the foundation must be submitted before the foundation can be backfilled; with perimeter drain in place, foundation parged and tarred.
3. Before the basement or garage slab is poured.
4. Sheathing: before house wrap has been installed and taped
5. House wrap: after windows and doors have been installed. All seams and seams around doors and windows must be done.
6. Frame: After rough plumbing, mechanical and electrical, fire blocking and air barrier have been completed.
7. Insulation.
8. Drywall: before taping and spackling.
9. Final: Upon completion of all construction and grading.

There is a \$65.00 Re-Inspection fee upon each failed inspection and a re-inspection will not be performed until paid to Lehman Township.

Prior to issuance of the Certificate of Occupancy, the Township requires an electrical certificate, to verify that an electrical inspection (rough and final) was performed by a licensed electrical inspector.

The Township also requires, prior to the issuance of the Certificate of Occupancy, an inspection certificate, provided by a qualified individual, for all buildings using a gas appliance and any energy connection, other than electric, to verify that the installation is safe and in accordance with the manufacturers or trade specifications.

It is the builder's obligation to schedule inspections. The request for **FINAL INSPECTION MUST BE IN WRITING.**

All houses with a Certificate of Occupancy under the International Residential Code standards have completed the above review process.



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CERTIFICATION FOR FACTORY BUILT STRUCTURES

OWNER: _____

LOCATION: _____

PURPOSE: The building industry now produces an abundance of factory or pre-built structures that are delivered to the construction site for installation and/or connection only. Interior and exterior walls are completed and much of the usual inspection work performed by Township inspectors is, therefore, impossible. This certificate is designed to replace the normal inspection work concerning these items.

_____ hereby certifies to Lehman Township that:

Name of Builder

1. He/She is the builder or supplier (or an officer of a corporate builder or supplier) of a factory built structure delivered to the site described above and,
2. The construction of the structure described herein is built in accordance with PA Rules and Regulations and,
3. He/She is familiar with the Lehman Township Building Code, and the International Residential Code.

Signature: _____ Date: _____

Mailing Address: _____

NO PERMIT FOR ANY FACTORY BUILT STRUCTURE WILL BE ISSUED UNLESS THIS CERTIFICATION HAS BEEN PROPERLY EXECUTED AND FILED. FALSE, MISLEADING OR OTHERWISE INACCURATE STATEMENTS IN THIS CERTIFICATION WILL RESULT IN THE REVOCATION OF ANY BUILDING PERMIT OR CERTIFICATE OF OCCUPANCY ISSUED IN RELIANCE THEREON.

Construction Codes Summary

The following is a summary of the requirements for the submission of various construction codes applications to Lehman Township, Pike County, Pennsylvania. Submit the required documents in the number shown for each permit.

	Sewage Permit	Well Permit	Driveway Permit	Zoning Permit	Building Permit
Application Form	1	1	1	1	1
Site Plan	4	3	-	3	1
Original Sealed Survey Plan	1	-	-	2	1
Building Plans	-	-	-	-	3
Property Deed	1	-	-	1	1
Trespass Waiver	1	-	-	1	1
Wetlands Certification	-	-	-	1	-
Agent Authorization	-	-	-	-	1
Workers Compensation Insurance Form	-	-	-	1	1
On-Site Sewage Permit	-	-	-	1*	1*
Well Permit	-	-	-	1*	1*
Central Sewer and/or Water Certification	-	-	-	1*	1*
Copy of signed contract if over \$500.00	-	-	-	1	1
Driveway Permit	-	-	-	1	1
Zoning Permit	-	-	-	-	1
Required Fee	1	1	1	1	1
Port-a-Potty Permit	-	-	-	1	1

*. Submit the appropriate document for the type of sewer disposal or water supply being provided.

Applicants should coordinate all permits with the appropriate Lehman Township Codes Official to insure that submissions are both accurate and complete.

All fees should be made payable to Lehman Township. Checks must be in the appropriate amount, in accordance with the current Lehman Township Fee Schedule. Separate checks shall be provided for each separate type of permit, with each check appropriately annotated.

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 _____
_____	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: _____

PERMIT APPLICATION

MECHANICAL PERMIT

PLUMBING PERMIT

Municipality _____ County _____ Lot# _____ Block _____ 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	Technical Site Data No.	Items
_____	Water Closet	_____	Interceptor/Separator
_____	Urinal/Bidet	_____	Backflow preventer
_____	Bath tub	_____	Grease trap
_____	Lavatory	_____	Sewer Connection
_____	Shower	_____	Sewer Pump
_____	Floor drain	_____	Stacks
_____	Sink	_____	Solar
_____	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: _____

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: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

FIRE PROTECTION PERMIT

Municipality _____ County _____ Lot# _____ Block _____ 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 _____

FIRE PROTECTION 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 sign exemption form)

Estimate of total costs for all work _____

Technical Site Data:

Water Supply Source _____

Method of Alarm/Supr. Sys Supervised _____

Storage Tanks:

Type - Flammable Liquid Combustible Liquid
 LPG LNG Capacity _____ Fuel _____

Alarm Systems 110V Interconnected
 System

No.	ITEM
_____	Alarm devices (smoke, heat, pulls, waterflow)
_____	Supervisory devices (tamper, low/high air)
_____	Signaling devices (horns/strobes, bells)
_____	Fire pump GPM Type
_____	Dry pipe/Alarm valves
_____	Sprinkler heads (dry & wet)
_____	Standpipes
_____	Wet chemical or Dry chemical

Circle one: CO2 suppression-Foam suppression-Halon suppression
Others: _____

Estimate of total costs for all work _____

Signature: _____
Owner Contractor Owner Representative

CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Fire Protection Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

Building Inspection Underwriters (BIU): (570) 344-9681

REQUIREMENTS FOR SUBMITTED PLANS

RESIDENTIAL:

THREE SETS OF PLANS

DESCRIPTION OF PROJECT AND LIST OF MATERIAL. BE AS DESCRIPTIVE AS POSSIBLE, INCLUDE DIMENSIONS AT ALL SPANS AND GIVE LUMBER SIZES, FOUNDATION, FOOTERS AND INSULATION.

INCLUDE:

- a: ELECTRICAL
- b: PLUMBING
- c: MECHANICAL
- d: SPRINKLERS (OPTION), SIGN FIRE APPLICATION AS OPTING *NOT* TO INSTALL SPRINKLER OPTION.

COMMERCIAL:

THREE COPIES OF PLANS SIGNED AND STAMPED BY A DESIGN PROFESSIONAL REGISTERED IN THE STATE OF PENNSYLVANIA

A COVER PAGE LISTING THE CONSTRUCTION TYPE, THE USE GROUP AND THE CODES USED.

A SITE PLAN DETAILING ACCESSIBLE PARKING SPACES, ACCESS ISLES, ROUTE AND SIGNAGE.
(UCC 403.42A(h) (5&6))

COMPLETE DRAWINGS FOR ALL DISCIPLINES THAT APPLY TO THE PROJECT:

- a: BUILDING
- b: ACCESSIBILITY
- c: ELECTRICAL
- d: PLUMBING
- e: MECHANICAL
- f: FIRE ALARM / DETECTION SYSTEM
- g: EXTINGUISHING SYSTEM
- h: SPRINKLER / STANDPIPE SYSTEM
- i: COMMERCIAL COOKING SYSTEM

BUILDING DEPARTMENT PLAN REVIEW REQUIREMENTS

RESIDENTIAL PLAN REVIEW

- 1) Plan(s) showing to scale the size and location of all new construction and existing structures on the site. Distances from lot line, established street grades and the proposed finished grades. Site plan shall be drawn in accordance with an accurate boundary line survey.
- 2) Two (2) sets of plans and specifications with the following information included for the building permit application.

Building Plan Review Requirements

- Front, rear and side elevations
- Footing/foundation diagram and details
- Floor plan
- Cross-Section
- Garage/living area separation wall(s)
- Window and door schedule including sizes and U-values
- Design loads and design calculations
- Location of all smoke detectors, heat detectors, carbon monoxide alarms
- "R" value of all insulation

Plumbing Plan Review Requirements

- Isometric diagram of potable water supply system with fixtures, locations and WSFU values.
- Isometric diagram of DWV system with fixtures, location, and DFU values.
- Sprinkler plans if applicable per attached requirements

Mechanical Plan Review Requirements

- Location and size of equipment
- Air distribution and return air system
- Ventilation and exhaust schedule(s)
- Combustion air requirements for all new appliances
- Gas piping diagram

Electrical Plan Review Requirements

- Location of electrical devices: lighting, receptacles, switches, equipment, appliances, transformers, panel and subpanels
- Size and type of conductors
- Panel and subpanel schedule

***Homeowners are permitted to draw their own plans. All plans must be to scale.**

Building Inspection Underwriters of PA, Inc.
570-344-9681 Fax 570-969-9700

REQUEST FOR INSPECTION

Date Received: _____ Time Received: _____

Township: _____ County: _____

Permit Number: _____ (MUST have to schedule an appointment)

Job Name: _____

Lot: _____ Section: _____ Street: _____

Town: _____

Development: _____

TYPE OF INSPECTION

- Footings (before pour) Slab (before pour)
- Basement/Foundation Walls, Damproofing, Permitter Drains
- Electric Service (Service request # _____)
- Rough Electric, Rough Plumbing, Rough Mechanical, Rough Framing
- Final Framing (All mechanicals)
- Insulation/Energy Dry Wall
- Accessibility
- Final (Need minimum of 48 hours notice)

Ready When: _____ (Date & Time)

Requested by: _____ Phone number: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

(Inspections will be completed within 24-48 hours of notification of COMPLETION of work not including weekends and holidays. Request for times cannot be guaranteed.)



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To All Contractors and Private Individuals:

Effective August 31, 1993, the following is needed before a Building Permit will be issued:

- 1) All contractors with employees must submit a completed Workers' Compensation Information Form and a current Workers' Compensation Insurance Certificate with the following information on it:
 - a) A notation to the effect that the insurer must notify the Township of the expiration or cancellation of any such policy of insurance within three (3) working days.
 - b) The certificate must list Lehman Township as a "certificate holder".
- 2) If the applicant is a private individual, that person does not need proof of insurance.

NOTE: Any violation of the above shall result in the issuing of a "stop work order" until compliance has been obtained.

Stanley Whittaker, Lehman Township Zoning Officer

Workers' Compensation Insurance Coverage Information

(attach to building permit application)

Please Print Clearly:

Company Name: _____ Your Name: _____

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 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 Township.**

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____, 20____

(Signature of Notary Public)

My commission expires: _____

(Seal)

Signature of applicant _____

Address _____

County of _____

Municipality of _____

WATER SUPPLY / SEWAGE DISPOSAL CERTIFICATION

LEHMAN TOWNSHIP BOARD OF SUPERVISORS

Name of Property Owner _____ Phone _____

Address _____ Zip _____

Property Location (Development, Lot # Section #, etc.) _____

Street _____

Name of Utility Company _____

Owner of Utility Company _____

Address _____

Water Supply _____ Sewage Disposal _____

Comments

The undersigned does hereby certify that he/she represents the above named utility company, that said Utility company can service the subject property and that said utility will, upon request by the owner of the above property or his agent, cause the same to be connected to the utility lines that are actually in place and capable of providing services to the subject property, which utility lines have been designed and permitted to serve said property. This certification is conditioned upon the applicant complying with the requirements of the utility company and payment by the applicant of any connection fees.

Date _____

(Signature of Agent or Officer)

(BELOW THIS LINE FOR TOWNSHIP USE ONLY)

Zoning and Building Permit Number _____ Date of Issue _____

Comments _____

NO BUILDING SHALL BE USED OR OCCUPIED UNTIL SEWAGE CONNECTION IS MADE AND IN OPERATION.



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Authorization of Agent

OWNER: _____

LOCATION: _____

PROPERTY SECTION / LOT: _____

I hereby agree to the proposed work submitted herewith and authorize _____

to make application and act as my agent with the Township concerning the same.

Owner

Owner

Commonwealth of Pennsylvania)

County of _____)

ss.

_____, being duly sworn according to law, deposes and says that he/she/it is the person or corporation named in the foregoing authorization of agent and that the facts set forth in the authorization of agent are true and correct to the best of his/her/its knowledge, information and belief and that if a corporation, the person is authorized to execute this document on behalf of the corporation.

Sworn and subscribed before me this _____ day of _____ 20__.

(seal)
Notary Public

My Commission expires _____.



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LEHMAN TOWNSHIP TRESPASS WAIVER

The undersigned is/are the owner(s) of land in Lehman Township, Pike County, Pennsylvania, at the following location:

SUBDIVISION: _____

LOT NO.: _____ SECTION: _____

The undersigned authorize(s) and allow(s) any agents, employees, officials, or representatives of Lehman Township to enter upon the above land for the purpose of performing any inspection or testing necessary to verify information or determine the suitability of an application to Lehman Township pertaining to Codes Enforcement; i.e. Zoning, building, sewage, etc.

IN WITNESS WHEREOF, the undersigned has/have signed this Waiver

This _____ day of _____, 20 ____, intending thereby to be legally bound.

Owner

Owner

Deck Plan Submittal

MUST INCLUDE OVERHEAD VIEW ALSO

Deck Size (overall dimensions) : _____ X _____

note: All Fasteners Must Be Exterior grade

Railing : _____

- req'd if floor is 30" or more off the ground
- constructed so no opening will allow a 4" sphere to pass through.

Flooring : _____

- Material: _____
- Size (nominal): _____ X _____

Floor Joists: _____

- Material: _____
- Size (nominal): _____ X _____
- Spacing Cen to Cen : _____
- Clear span distance: _____

Carrier Beam : _____

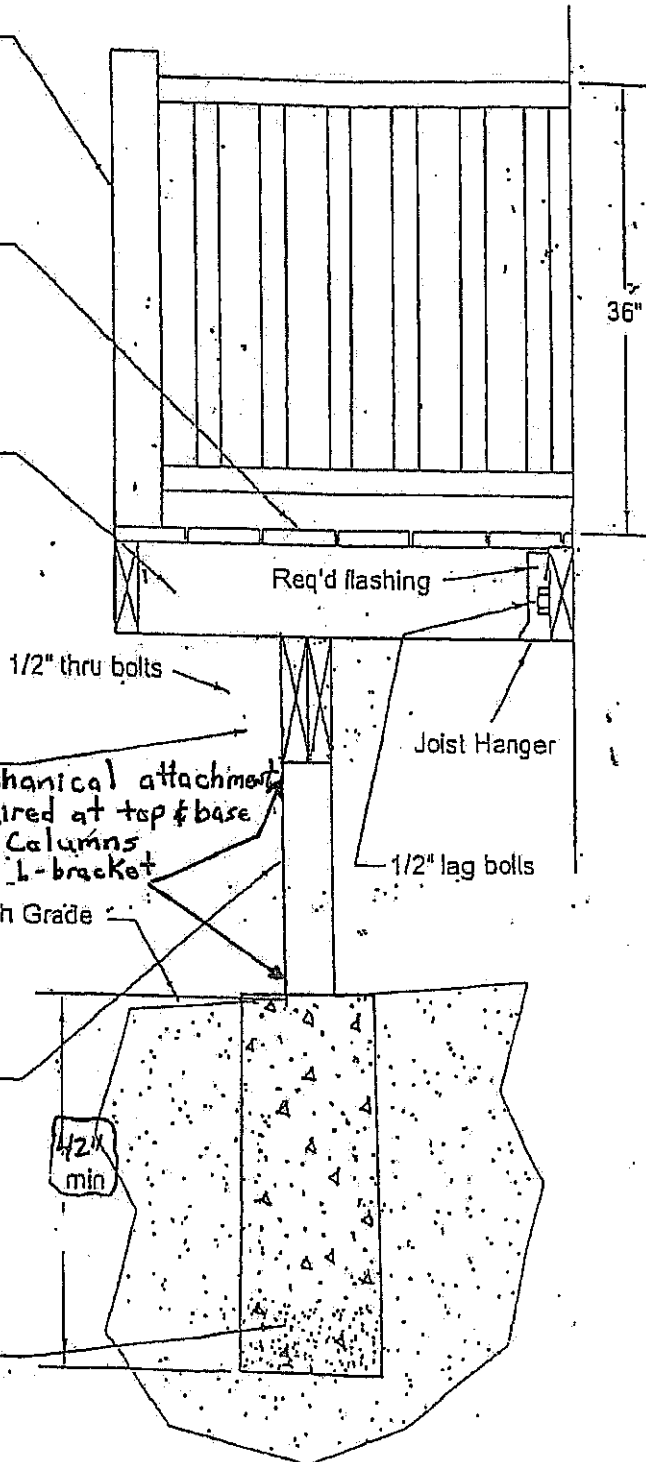
- Material: _____
- Size (nominal): _____ X _____
- Spacing Cen to Cen : _____
- Clear span distance: _____

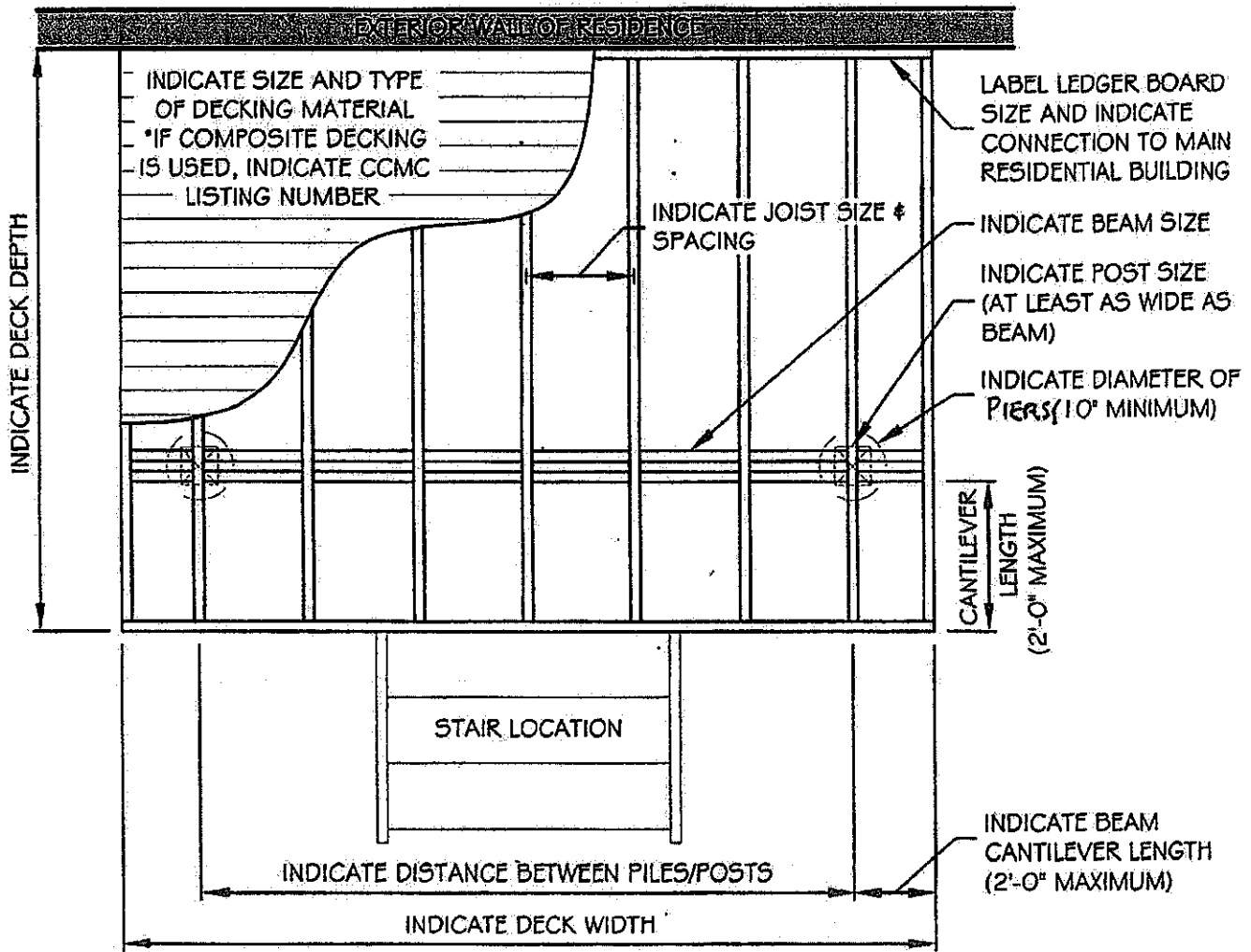
Support Post : _____


- Material: _____
- Size (nominal): _____ X _____
- Post Length : _____

Footer : _____

- Depth (below grade) : _____
- Size : _____ X _____
- Thickness : _____ (6" min.)





	SAMPLE CROSS SECTION	DATE: MARCH 3, 2016
	ADDRESS: 123 FOUR ST NW	SCALE: $\frac{3}{16}'' = 1'$