

Finished basement requirements

1. A building permit application must be submitted with complete construction details (**complete highlighted areas only**) including but not limited to: egress (if needed), framing, fire stopping, plumbing and heating/ac details.
2. The application must be approved and permit issued prior to the start of work. Please allow several days to process and approve your application. We will telephone you as soon as the permit is ready.
3. Framing:
Include type (wood with pressure treated sole plate), metal, and layout.
Where basements contain one or more sleeping rooms, emergency egress/rescue openings shall be required in each sleeping room (min height 24"x 20" min wide), but not required for family, hobby, office, or general use spaces.
4. Fire stopping:
Perimeter walls-1/2 gyp board or 1 ½ nominal lumber.
Non-combustible caulk through holes in top plate.
Thermo fiber around pipes and beams.
Enclosed accessible closet space under stairs must be fire stopped on the inside framing with ½" gyp board.
5. R-10 insulation continuous or R-13 min in the wall cavity.
Provide a vapor barrier on perimeter walls (faced insulation and/or 6 mil poly vapor)
6. Electrical:
All electrical work must be inspected and approved (rough & final) by 3rd party electrical inspectors.
Very important: electrical sticker must be there at the time of final building inspections.
7. Plumbing:
All underground and rough plumbing shall be inspected prior to covering.
8. HVAC:
Enclosed mechanical rooms shall meet min combustion air requirements.

Inspections required for basements

1. Framing/plumbing.
To include fire stop, rough plumbing, HVAC, & emergency egress (if required).
2. Insulation:
3. Final- must have Keystone Electric final electric done before setting up for final.

Date _____

Permit No. _____

APPLICATION FOR BUILDING AND/OR ZONING PERMIT
FORKS TOWNSHIP
 Northampton County, Pennsylvania
OFFICE OF ZONING AND BUILDING ADMINISTRATION
 Phone: 610-250-2247 Fax: 610-252-0693

PROPOSED USE:

- | | |
|------------------------------|---------------------------|
| New Building – Single Family | Razing or Moving Building |
| Detached Dwelling | Accessory Building |
| Attached Dwelling | Sign |
| Addition to Building | Commercial |
| Exterior Alteration | Manufacturing |
| Roof Addition | Garage |
| Interior Renovation | Deck |
| | Enclosed Porch |

ALL PERMIT APPLICATIONS MUST BE COMPLETE BEFORE REVIEW (ALL PLANS & SPECIFICATIONS MUST BE INCLUDED WITH THE APPLICATION, CONTRACTOR'S WORKMEN'S COMPENSATION COVERAGE INFORMATION SUBMITTED, AND PLOT PLAN INCLUDED. (Two Plot Plans and 2 sets of building plans must accompany this application. Three (3) sets of building plans must accompany Commercial applications.)

This permit application is for the following address: _____

Tax Map No. _____ Zoning Classification _____

Property Owner's Name _____

Address _____ Tel. No. _____

Applicant's Name _____

Address _____ Tel. No. _____

General Contractor's Name _____ Tel. No. _____

Designer/Engineer/Architect _____ Tel. No. _____

Plumber's Name _____ Tel. No. _____

Electrician's Name _____ Tel. No. _____

Subdivision _____

Section _____ Lot No. _____

Width of Lot (at point of 25 ft setback) _____ Square footage of plot _____

Type of Home Ranch 1 Story 1 1/2 Story 2 Story Split Bi-Level

Number of Finished Rooms _____ No. of Bedrooms _____ No. of Baths _____

Heating Gas Oil Electric

Water Supply _____ Sewage System Type _____

Estimated Cost or Value of Construction (Exclude cost of land) \$ _____

Estimated Starting Date _____ Estimated Finish Date _____

Any statements made in this application that are false or fraudulent shall void this application and make the signer subject to prosecution under the law.

Stated uses and improvements shall conform to any and all other governmental regulations and permissions necessary and applicable.

Signature of Property Owner or Agent _____ Date _____

Telephone No. _____ Work Tel. No. _____

TOWNSHIP USE ONLY:	
Square Feet of Living _____	Size of Structure _____
Permit Fee: Zone \$ _____	Bldg. \$ _____ C.O. \$ _____

FORKS TOWNSHIP

ELECTRICAL PERMIT APPLICATION

Applicant Print Name: _____
Applicant Signature: _____ Phone: _____
Address: _____ City: _____, PA. Zip _____

PERMIT #- _____

PROPERTY LOCATION:

ADDRESS _____

OCCUPANT _____

USE _____

POWER CO. JOB # _____

AMPERE SERVICE _____

SUB PANELS _____

DESCRIPTION OF INSPECTION _____

If a reinspection is required, an additional fee will be charged and must be paid to the inspector at the scheduled inspection.

Indicate Number of each

Receptacles		
Switches		
Lights		
Ex. Fans		
GFI		
Paddle Fans		
Smoke Det.		
Range		
Disposal		
Hood		
Dishwasher		
Water Htr.		
Well Pump		
IG Pool		
Spa		
TOTALS		

FEE : _____

David I. Shields
 Keycodes Inspection Agency
 PO Box 391
 Bethlehem, PA 18016

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 E-mail: www.keycodes.net