



TOWNSHIP OF
Hampton

RESIDENTIAL BUILDING PERMIT APPLICATION

- Permit for NEW structures & additions -

Please submit the following items with your completed application:

- Two (2) sets of plans in detail. Plans **MUST** show front, rear, and section views with elevations
- Copy of official stamped survey. On the survey, please show the following:
 - The proposed location of the structure and the distances to the various property lines.
 - Location of the sump
 - Location of the septic system (if applicable)
 - Water run off and erosion controls (silt fence, straw bales), as applicable.
 - For a new home, an “as built” survey is required post-construction
- Application **MUST** include proof of compliance with energy requirements. One of the following three methods may be used:
 - The REScheck program. Available at: www.energycodes.gov
 - Pennsylvania’s Alternative Residential Energy Provisions
 - Requirements specified in the ICC (International Energy Conservation Code 2006).
- HVAC duct work and vents-size and length
- Gas lines-size and length
- All BTU’s of appliances
- Copy of workers compensation insurance certificate (s) – if applicable (see pg. 10)
- If the proposed structure is 400 sq. ft. or larger, storm water controls will be required. Please see page 6 and the attached packet for the Township sump specifications.
- Payment is due upon issuance of the permit. Please bring payment when you pick up the permit. The permit will not be released until payment has been received. We accept check or cash. All checks are made payable to: **“Township of Hampton”**

Please note: If you plan to have a dumpster on site, please submit a Temporary Use Permit application

BUILDING PERMIT FEES – PLEASE SUBMIT ONE CHECK FOR THE TOTAL

Payment is due upon issuance of the permit. Please bring payment when you pick up the permit. The permit will not be released until payment has been received.

New SFD/Addition Permit \$0.35 per square foot of GFA

GFA: Gross floor area based on TOTAL square footage of all floors within the perimeter of the outside walls, including basements. Attached covered walkways, patios, decks, garages, attics with a ceiling height of 6'6 or more shall also be included in the calculation of the GFA.

OR

Pre-fabricated dwelling \$0.25 per square foot of GFA

GFA for prefabricated dwellings: Including those areas that are not part of the pre-manufactured structure including but not limited to basements, decks, covered walkways and garages or additions to the structure that are not part of the manufacturers product.

+

Base Cost of Building Permit \$100.00 (for New SFD) OR \$75.00 (for additions)

+

PA State Administration Fee \$4.00

PLEASE BE AWARE: The following fees are not covered by the Building Permit fee:

Electrical inspection(s) and permit: When you are ready for an inspection, contact the electrical inspector directly and he will issue the permit and collect the fee on site.

Plumbing Inspection: The plumbing inspection is performed by Allegheny County Health Department. The associated fee for this inspection is collected by ACHD.

Mechanical inspection and permit: If a separate mechanical permit is required, a Code.sys inspector will perform the inspection and collect the fee on site.

Occupancy Permit: Once the UCC final inspection has been approved, you may submit the application for the Occupancy Permit to the Township. A \$50 fee will be assessed at that time. See page 17 for more information regarding obtaining an Occupancy Permit.

SEWER SERVICE CONNECTION – PLEASE SUBMIT TWO SEPARATE CHECKS

For New Single Family Dwellings:

Sewer Connection Fee \$145.50

+

Sewer Capacity & Collection Fee \$2,719.50 per each EDU



PROCEDURE FOR SCHEDULING INSPECTIONS

We require a minimum of 48 hours advance notice when scheduling any inspection

The Township of Hampton currently employs the third-party plan review agency Code.sys for all UCC plan review and inspections. The Township Building Inspector through Code.sys is Bruce Miller. Please contact him directly for all UCC Building Permit inspections.

Bruce Miller: 412-821-0337 x 58

For all **electrical** inspections please contact Gene Meaner with Code.sys.

Gene Meaner: 412-821-0337 x 39

For **sump or storm water control** inspections please contact the Hampton Permitting Office at:

(412) 486-0400 x 304

*For sump inspections, please schedule the inspection once the pit has been dug & the framework installed but **BEFORE** the hole has been filled in.*

Please have the following information ready before calling the Building Inspector:

- ✓ Permit Number
- ✓ Site Address
- ✓ Contractor's name and phone number
- ✓ Home/business owner's name and phone number
- ✓ Type of inspection needed
- ✓ Type of construction

If you do not have the above information ready, an inspection **CANNOT** be scheduled.

Please note: There will be an additional charge for re-inspections that exceed two or more of the allotted number of inspections that are listed on the building permit. No Certificate of Occupancy will be issued until such time as the additional inspection fees are paid in full



For Township Use Only:

Permit #: _____
Approved Yes ___ No ___
Date _____

RESIDENTIAL
BUILDING PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Complete Site Address: _____

Tax Parcel#: _____ Lot# _____ Zoning: _____

Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone# _____

Mailing Address: _____

E-Mail: _____

Contractor: _____ Phone# _____ Fax# _____

Mailing Address: _____

E-Mail: _____ PA# _____

Architect: _____ Phone# _____ Fax# _____

Mailing Address: _____

TYPE OF WORK OR IMPROVEMENT (*Check one*)

- New single-family dwelling New multi-family dwelling: _____
 New pre-fabricated dwelling Addition Other: _____

BUILDING DIMENSIONS AND SETBACKS

This section **MUST** be filled in completely or the application will not be accepted

Proposed footprint: _____ sq. ft.

For additions only:

Existing footprint: _____ sq. ft.

Total footprint: _____ sq. ft.

Set back from street right-of-way _____ ft.

Distance from structure to rear property line _____ ft.

Right side of structure to property line _____ ft.

Left side of structure to property line _____ ft.

Height of structure above grade: _____ ft.

Number of stories: _____

Is this a corner lot? Yes No

Gross Floor Area (GFA):

Basement _____ Sq. Ft.

1st Floor _____ Sq. Ft.

2nd Floor _____ Sq. Ft.

Attic _____ Sq. Ft.

Other inside _____ Sq. Ft.

Other outside _____ Sq. Ft.

Total GFA: _____ Sq. Ft.

STORM WATER

Total impervious area: _____ sq. ft.

(Impervious area includes: all buildings, sidewalks, driveways, patios, decks, pools, sheds, etc.)

Is there a watercourse or wetlands on the property? _____ (If so, please show on survey)

(Limited disturbance allowed, please refer to Ordinance No. 780, Section 4.5 for specifics)

PLEASE BE AWARE: Structures 400 sq. ft. and larger require the installation of storm water controls. If you will be using a sump to satisfy this requirement please fill out page 16 of this application and mark location the sump on your survey. If you will be using another type of storm water control (tying into existing system, french drains, etc.) please submit a written description of what you will be using.

ESTIMATED COST OF CONSTRUCTION: \$ _____

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and **PA ACT 45 (UNIFORM CONSTRUCTION CODE)** and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, right of way, flood areas. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the *registered design professional* employed in connection with the proposed work.

Signature of Owner or Authorized Agent

New SFD/Addition (\$0.35 per sq. ft GFA)

.35 x _____ (GFA) = \$ _____ (Rounded up to the nearest \$1.00)

OR

Prefabricated SFD (\$0.25 per sq. ft GFA)

.25 x _____ (GFA) = \$ _____ (Rounded up to the nearest \$1.00)

+

Base Cost of Building Permit: \$ _____

(New SFD \$100 or Additions \$75)

+

PA State Administration fee: \$ 4.00

Total Amount Due: \$ _____

<i>Township Use Only:</i>	
Received By:	_____
Date:	_____
Check#:	_____
Cash:	_____
Amount Paid:	_____

I/We being the owner and/or contractor and/or agent of the owner and/or agent of the contractor by the execution of this “Application for Residential Building” do represent that I/we the undersigned SHALL BE PERSONALLY RESPONSIBLE AND DO HEREBY PERSONALLY ASSURE that the Building Inspector of the Township of Hampton or his designee shall be permitted access onto the premises under construction at all reasonable times as set forth in the Building Code of the Township of Hampton. I/We do further understand, acknowledge and intend that such foregoing representations are intended to induce the Township of Hampton to issue said residential building permit.

OWNER

OWNER

TOWNSHIP OF HAMPTON

CONTRACTOR

AGENT FOR OWNER

AGENT FOR CONTRACTOR



3101 McCully Road, Allison Park, Pennsylvania 15101 ♦ Area Code 412-486-0400
412-443-7585
Fax: 412-486-5019

TOWNSHIP OF HAMPTON
RELEASE FORM

This page must be signed and dated by the property owners.

I / We, _____,

being the owner or owners of the property listed below, located at _____
_____, agree to *HOLD HARMLESS* the Township

of Hampton of any and all legal responsibilities in the removal of fence, hedge, post, mailbox, sign, wall, tree or shrub which has been placed over the road right-of-way easement for utilities, as per Ordinance 627. Article 11, Section 11.600. Subsection 11.640 at the above location, should it ever become necessary to remove same for maintenance purposes. In addition, I/We recognize that the installation of any structure within an easement or right-of-way (ROW) is restricted by section 11.600 of the Township’s Zoning Ordinance. If any easements and/or right-of-ways exist that were not included on the submitted survey/plan, I/We assume all responsibilities for compliance with Township Zoning Ordinance restrictions regarding placement of any structure in these areas.

Further, this **RELEASE FORM** is to be made a part of, and recorded with the building permit issued on the above property.

Owner

Owner

Attest

Date

Section 11.640: Any fence, hedge, post, mailbox, sign, wall, tree or shrub located in a public right-of-way or other recorded easement is placed at the owner’s risk and may be ordered removed by the Township or other public utility or authority for expansion or maintenance of public services.



TOWNSHIP OF
Hampton

Addendum to Building Permit

PA Act 44 requires all contractors with employees to provide proof of current Workers Compensation Insurance. If you are a contractor with employees, please check the appropriate box in Section I, fill out the information in Section II and attach a copy of your Certificate of Insurance. If you are claiming an exemption to this law, please check the “Affidavit of Exemption” box in Section I, check the appropriate box in Section III, and have the form notarized in the box on page 10 of this application.

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____
Or Self-Insurer

Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Coverage Period Ends _____

Name of Contractor / Policy Holder _____

Address _____

City _____ State _____ Zip Code _____

Contractor / Policyholder’s federal or state employer identification number (EIN) _____

1. This policy provides coverage for the requirements of the Workers’ Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers’ Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers’ compensation coverage.
4. The contractor / policyholder will notify the municipality of any change in status, cancellation or expiration of workers’ compensation coverage.
5. Violation of the Workers’ Compensation Act or the terms of this permit will subject the contractor / policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor / Applicant is a sole proprietorship without employees
- Contractor / Applicant is a corporation, and the only employees working on the project have and are qualified as “Executive Employees” under Section 104 of the Workers’ Compensation Act. Please explain:

- All of the contractor / applicant’s employees on the project are exempt on religious grounds under Section 304.2 of the Workers’ Compensation Act. Please explain:

- Other. Please explain:

Name of Applicant _____
 Address _____
 City _____ State _____ Zip Code _____
 Applicant’s federal or state employer identification number (EIN) _____

Any subcontractors used on this project will be required to carry their own workers’ compensation coverage. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. Violation of the Worker’s Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Subscribed and sworn before me this day of _____20____.
_____ <i>(Signature of Notary Public)</i>
Commission expires: _____ <div style="text-align: center;">(Seal)</div>

 Signature

 Name (Please Print)

 Title

 Name of Company



GUTTERS AND DOWNSPOTS:

Gutters: Material _____

Downspouts: Material _____

Downspouts connected to: Storm sewer _____ Dry-well _____

FOUNDATIONS:

Footings: Concrete mix _____ Reinforcing _____

Foundation wall: Material _____ Size _____ No. Of courses high _____

Columns: Material and size _____ Piers: Material and reinforcing _____

Girders: Material and size _____

Basement entrance areaway _____ Window areaways _____

FRAMING LUMBER:

Type of frame lumber: _____ Specific grade _____

Type of grade of wall sheathing: _____

Type of siding: _____

Size framing (all 16" O.C.): 1st floor joists _____ 2nd floor joists _____

Studs: _____

Roof trusses: Yes _____ No _____ Size _____ Pitch to roof _____

Sub-flooring: 1st floor _____ 2nd floor _____

Overhang sizes: Roof _____ Front _____ Back _____ Materials _____

Soffit: Front _____ Back _____ Size _____ Material _____ Gable trim _____

Facia board _____

Exterior trim material _____

ROOFING:

Sheathing: Grade _____ Size _____ Type _____

Roofing: _____ Grade _____ Weight of thickness _____ Underlay _____

Flashing: Material _____

ELECTRIC WIRING:

Service: Overhead _____ Underground _____ Size of Service _____

PATIOS/DECKS: _____

Owners initial

BCO initial

Pennsylvania Residential Energy Provisions Worksheet

PROJECT Address _____
 Contractor _____
 Permit # _____
 Date _____ Date of Plan _____

Type of Dwelling: One or two family dwelling Townhouse

Compliance Path

If using IECC, How are you documenting compliance?

IECC

REScheck Software

REScheck Package Generator

Other

IRC

PA-Alternative Residential Energy Provisions

Thermal Enclosure

		Required	Actual		Required	Actual
Windows/Doors (U-value)						
Windows		U-	U-		U-	U-
Skylights		U-	U-		U-	U-
Other _____		U-	U-		U-	U-
Glazed Doors (> 50% glass)		U-	U-		U-	U-
Opaque Doors (≤ 50% glass)		U-	U-		U-	U-
Exterior Wall Insulation (R-Value)						
Cavity		R-	R-		R-	R-
Continuous (Insulated Sheathing)		R-	R-		R-	R-
Roof (R-value)						
Standard Truss or Rafter		R-	R-		R-	R-
Raised Heel/Energy Truss		R-	R-		R-	R-
Cathedral Ceiling		R-	R-		R-	R-
Floors (R-Value)						
Over Unconditioned Space (unconditioned basements, vented crawlspaces, garages, etc.)		R-	R-		R-	R-
Floors Exposed to Outside Air		R-	R-		R-	R-
Crawlspace Walls (Non-vented Crawlspace)						
Cavity		R-	R-		R-	R-
Continuous (Insulated Sheathing)		R-	R-		R-	R-
Basement Walls - % above ground						
Front _____ %		R-	R-		R-	R-
Rear _____ %		R-	R-		R-	R-
Left Side _____ %		R-	R-		R-	R-
Right Side _____ %		R-	R-		R-	R-
Slab Insulation (required if slab is < 12" below grade)						
		R- @ _____ ft	R- @ _____ ft		R- @ _____ ft	R- @ _____ ft
		<small>Add R-5 if heated slab</small>	<small>Add R-5 if heated slab</small>		<small>Add R-5 if heated slab</small>	<small>Add R-5 if heated slab</small>

Required for REScheck package generator + software:

Gross area of exterior walls	①	_____
Gross area of windows & glazed doors	②	_____
Window to Wall Area: $2 \div 1 = \underline{\hspace{1cm}} \div \underline{\hspace{1cm}} = \underline{\hspace{1cm}}$		

Recessed Light Fixtures Type: ASTM E-283
 Other (list) _____

Mechanical

Equipment Efficiency (For PA Alternative Trade-off; ResCheck Performance Alternative)

Furnace _____ AFUE
 Air Conditioner _____ SEER
 Heat Pump _____ HSPF

Duct Insulation

Location of Duct	Compliance Option			
	IECC		IRC	PA-Alt
	Supply	Return		
Outside of the Building	8	8	8	8
Within Insulated Outside Walls or Floors	8 ¹	8 ¹	8 ¹	8 ¹
Unconditioned Attics	8	8	8	8
Unconditioned Basements	8	8	8	6
Vented Crawlspace, and Garages	8	8	8	8

Note: ¹ R-6 allowed in Floor Trusses

Pipe Insulation: R-2 (minimum)

Applies to HVAC piping < 55°F or >105°F, and Circulating Hot Water Piping

PA- Alternative Residential Energy Provisions – Trade-offs Section PA 502

Tradeoff	Component	Reduced R-value	Minimum Equipment Efficiency ^{c,d}					
			South		Central		North	
			AFUE ^a	HSPF ^b	AFUE ^a	HSPF ^b	AFUE ^a	HSPF ^b
A	Walls between conditioned and unconditioned spaces ^e	R-13	NA	NA	83	8.3	84	9.0
	Floors over unconditioned basements	R-19						
B	Duct insulation Unconditioned Basement	R-4	83 ^g	8.6	84 ^g	9.1	85 ^g	10.6
	Attic & Exterior Walls ^f	R-6	81	8.6 ^g	83 ^g	9.0 ^g	83	10.0 ^g
C	Walls between conditioned and unconditioned spaces ^e	R-13						
	Floors over unconditioned basements	R-19						
	Duct insulation ^g Unconditioned Basement	R-4	NA	NA	89	9.8	91	12.2
	Attic & Exterior Walls ^f	R-6						

- a. Annual Fuel Utilization Efficiency (AFUE) applies to oil and gas furnaces and boilers.
- b. Heating Seasonal Performance Factor (HSPF) applies to heat pumps.
- c. Any Seasonal Energy Efficiency Ratio (SEER) may be used for air conditioning equipment.
- d. For buildings with multiple furnaces, boilers or heat pumps having different AFUE or HSPF values, use the capacity weighted average of the efficiency ratings of the installed equipment to determine whether the building complies with the minimum equipment performance requirement.
- e. Examples include, but are not limited to, walls between the house and garage, and basement stairway walls and ceiling when the floor above an unconditioned basement is insulated.
- f. Ducts in exterior walls with insulated sheathing of R-5 or more do not need to be insulated.
- g. If ducts are located in both the attic and unconditioned basement, R-6 can be used for the attic ducts and R-4 can be used for the unconditioned basement ducts.



TOWNSHIP OF
Hampton

SANITARY SEWER SERVICE CONNECTION PERMIT
APPLICATION

Please complete the information below:

Check One RESIDENTIAL _____ NON-RESIDENTIAL _____

APPLICANT NAME _____

COMPANY NAME (if applicable) _____

ADDRESS (location of new sewer tap) _____

The fees are as follows for each EDU (Equivalent Dwelling Unit):
The "Sewer Capacity and Collection Fee" is **\$2719.50** + the "Sewer Connection Fee" is **\$145.50**
For a total of **\$2,865.00**

This \$2,865.00 fee is due at the time of application of a building permit. Two separate checks are needed for the above-mentioned amounts. Checks are to be made payable to the "Township of Hampton"

The undersigned hereby makes application for a permit to construct a sewer lateral to and connect the herein designated property with the Sanitary Sewer System of the Township of Hampton.

In consideration of the granting of this application, the undersigned agrees:

1. To accept and abide by all provisions of Ordinance No. 70 of the Township of Hampton, as amended, as well as the provisions of the Plumbing Code of Allegheny County and the Rules and Regulations of Hampton Township applicable to service connections with the Sanitary Sewer System.
2. To maintain the sewer lateral situate on the applicant's property at no expense to the Township.
3. To notify the Township when the sewer lateral is ready for inspection and final connection to the public sewer. Such notification is to be made FORTY-EIGHT (48) HOURS before any portion of the work is covered or the connection is made.

APPLICANT SIGNATURE

Permit Number: _____
Date issued: _____
Total Paid: _____
Initials: _____

<p>NOTE: The proposed sewer tap location MUST be shown on the survey that is submitted with this application.</p>



TOWNSHIP OF
Hampton

SUMP APPLICATION:

***If the scope of work requires our engineer to inspect the sump, you will be billed the actual cost of the invoice.**

To assist the Township of Hampton in performing a site inspection for your sump, please provide the following information.

Impervious Area of Construction: _____ square feet

Required Sump Volume (See Table 1): _____ cubic feet

Dimensions of Sump Pit:

The length of the sump should be 3x the width of the sump to achieve the necessary shape. When you multiply the length x width x depth, the total should equal the required sump volume.

_____ ft. x _____ ft. x _____ ft.
Depth Length Width

Pipe Information:

Diameter of perforated upright pipe: 18" 24" 30"

Total length of perforated collection pipes (internal to sump): _____ feet

Diameter of Outflow Orifice (see Table 1): _____ inches

Location of Sump Pit:

Please attach a copy of an official stamped survey with this application. On the survey, please mark where the sump pit will be located along with the direction of the outflow. Please mark the approximate distances of the sump pit and the outflow to the various property lines.

Signature

Date



TOWNSHIP OF
Hampton

PROCEDURE FOR OBTAINING AN OCCUPANCY PERMIT

The Occupancy Permit will be issued only once all UCC required inspections and zoning requirements have been completed and approved. Please note, final UCC approval will not be granted until the inspector has received proof of approved electrical, plumbing, and mechanical inspections. Occupancy will not be issued until the storm water control system has been inspected and approved. Once you have obtained your UCC final inspection approval please verify that any and all “Conditions of Approval” issued with your permit have been completed. An Occupancy Permit will not be issued if there are outstanding Conditions of Approval.

Once you are ready, please bring your proof of an approved UCC final inspection to the Township permitting office at:

**3101 McCully Road
Allison Park, PA 15101
(412) 486-0400 x 304**

You will then complete the Occupancy Permit application and submit the associated \$50 fee. If you would like to mail in the form and payment, the Residential Occupancy Permit application can be found on the Hampton Township website at www.hampton-pa.org. The Township will process the request and notify you once the Occupancy Permit is ready to pick up.

PLEASE BE AWARE:

The Township Building Inspector is in the office on Mondays, Wednesdays, and Fridays. If, for example, your UCC final inspection occurs on a Monday afternoon, the Permitting Office will not receive the accompanying paperwork until Wednesday morning. For this reason it may not be possible to issue an Occupancy Permit on the spot. Please allow for this when scheduling your move-in date.

**OCCUPANCY PERMITS WILL ONLY BE ISSUED TO THE PROPERTY OWNER.
OCCUPANCY PERMITS WILL NOT BE ISSUED TO THE CONTRACTOR.**

Any questions or concerns regarding this process can be directed to the Permitting Office of Hampton Township at (412) 486-0400.