

HELLAM TOWNSHIP PERMIT REQUIREMENTS

A **Zoning Permit** is required prior to a change in use of land or structure; the erection, construction, improvement or alteration of any structure or portion thereof; the alteration or development of any improved or unimproved real estate; the erection or alteration of certain permanent and/or temporary signs. A **Building Permit** is required to ensure that all newly proposed structures and proposed structural alterations are performed in compliance with the Pennsylvania Uniform Construction Code.

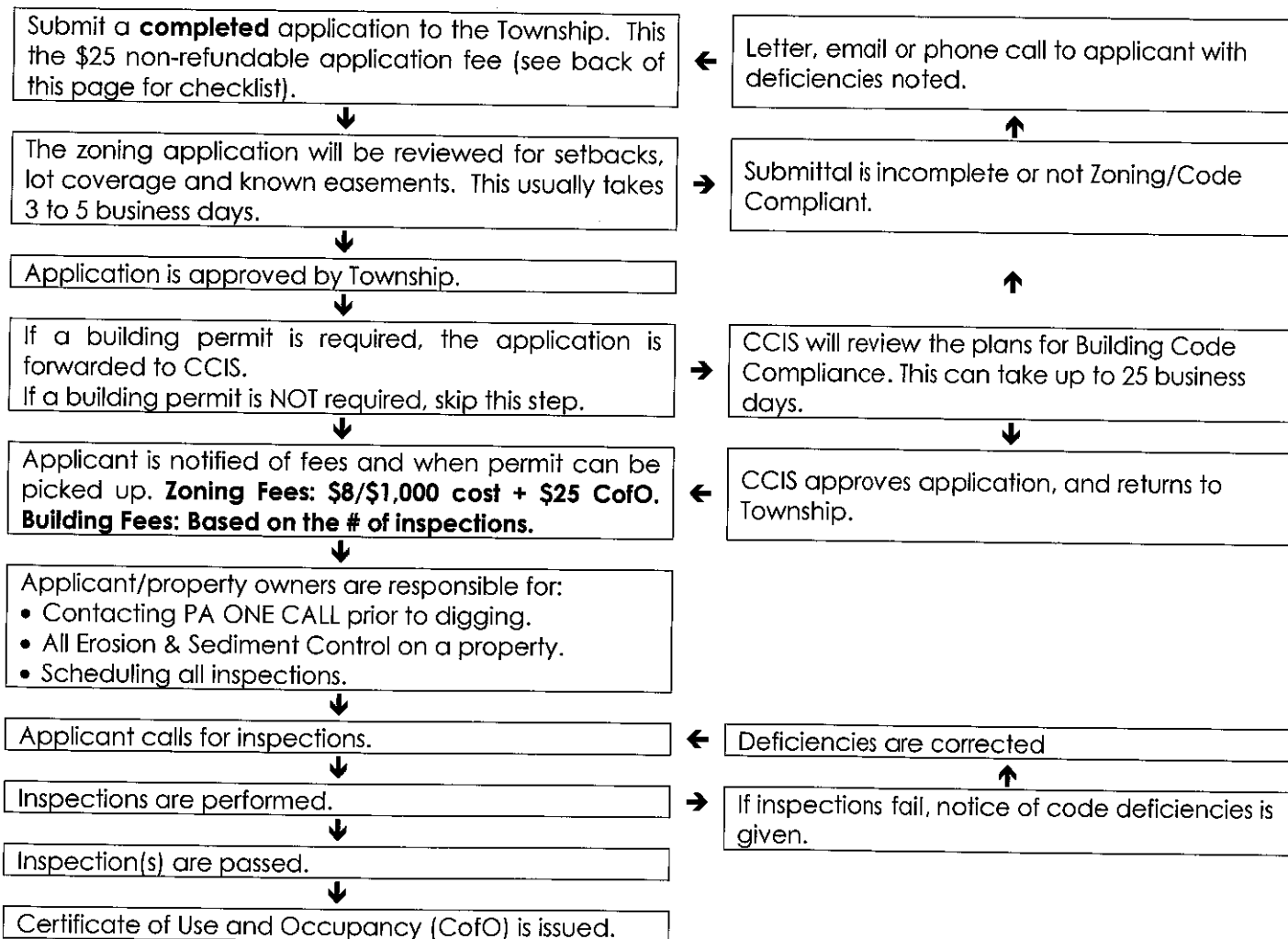
Zoning Permits

- Patios & Sidewalks
- Accessory Structures including sheds & greenhouses (under 1,000 s.f.)
- New uses or change of use of a property
- Retaining walls (under 4' high)
- Fences (under 6' high)
- Timber Harvesting
- Grading or placing of fill
- Well/Water Quality
- Ponds
- Any work in a floodplain
- Driveways (separate permit application)

Zoning & Building Permits

- Residential dwellings & additions or alterations
- Commercial buildings & additions or alterations
- Decks & sunrooms
- Swimming pools (including temporary), pool fences & hot tubs
- Retaining walls (over 4' in height)
- Accessory structures (over 1,000 s.f.)
- Signs
- Patio or Breezeway enclosures
- Alternative Energy (solar, geothermal, outdoor furnace, etc.)
- Interior renovations including basement finishing, electrical & plumbing
- Home Occupations

BASIC PROCEDURES FOR OBTAINING A ZONING/BUILDING PERMIT



NOTE: This office does not have authorization to permit proposed work should this application be denied or refused. The Zoning Hearing Board has authority to grant permission to vary from what the Zoning Ordinance allows. Please be informed that:

- If this application should be denied due to a violation regarding dimensional requirements of the zoning district, you may file for a variance. Application is made through this office and forwarded to the Zoning Hearing Board.
- If this application should be denied due to a discrepancy against the proposed use in the indicated district zone you may file for a Special Use Permit or a Use Variance, whichever applies. Please inquire for further information and/or procedures.
- If the application is denied due to deficiencies, an applicant can re-apply once all the deficiencies have been eliminated.

OTHER PERMITS WHICH MAY BE REQUIRED

Sewage/Septic	For new OLDS or repairs. If adding bedrooms the existing septic system will need to be evaluated. <i>(If the project is connected to a sewer system, contact appropriate agency)</i>	1. Obtain a sewage permit application from Township office. 2. Contact & forward the original application to the Township Sewage Enforcement Officer.
Erosion & Sedimentation (E&S) Controls	For projects covering 5,000 s.f. of ground cover, a written E&S plan is required. If 1 acre or more in area is disturbed, an NPDES permit is required.	Contact York County Conservation District (YCCD) for process and procedures at 717-840-7430.
Water of the Commonwealth	For stream/creek crossing for driveways, bridges; any work in the streambed or in the floodway.	Contact the Department of Environmental Protection at 717-705-4820.
Roadway openings	If utilities are to be installed under a Township or State road.	1. Obtain a roadway opening application from the Township. 2. Complete the application and return to the Township with the fee. Fees are per PSATS Schedule.
Stormwater Management (SWM)	For projects disturbing 1,000 s.f. or more and/or adding 1,000 s.f. or more of impervious area. This number is cumulative.	1. Obtain a SWM application from the Township Office 2. Complete per application. NOTE: building & zoning permits cannot be released until a SWM Plan/Permit has been approved.

CONTACTS

Rachel Vega -- Zoning Officer Hellam Township	717-434-1300 717-434-1301 (fax) zoning@hellamtownship.com	44 Walnut Springs Rd. York, PA 17406
Pete Schilling, ICC Certified MCP -- Building Official Commonwealth Code Inspection Services (CCIS)	717-846-2004 717-846-2294 (fax) www.codeservices.net	40 W. 11 th Ave. York, PA 17404
Chad Peters -- Township Engineer CS Davidson, Inc.	717-846-4805 717-846-5811 (fax) www.csdavidson.com	38 N. Duke Street York, PA 17401
Keith Hunnings -- Sewage Enforcement Officer South Penn Code Consultants LLC	717-887-9946 717-792-1436 (fax) khunnings@comcast.net	1479 Seven Valleys Rd York, PA 17408

GENERAL ZONING REQUIREMENTS

ZONE	BUILDING TYPE	MAX. LOT COVERAGE	YARD SETBACKS			MAX. HEIGHT	NOTE:
			FRONT	SIDE	REAR		
RA	Principal	15%	40'	30'	60'	35'	<ul style="list-style-type: none"> • These numbers may be increased by the purchase of development rights (depending on location of property). • Accessory structure setbacks shown are the minimum. Setbacks are 1:1 ratio of the height of the structures. • Contact the Zoning Department if you have additional questions.
RA	Accessory	15%	100'	20'	20'	20'	
R	Principal	30%	40'	15'	30'	35'	
R	Accessory	30%	100'	10'	10'	20'	
MU-1	Principal	25%	40'	15'	30'	35'	
MU-1	Accessory	25%	40'	10'	10'	20'	
MU-2	Principal	35%	30'	6'	20'	35'	
MU-2	Accessory	35%	30'	6'	10'	35'	
C-I	All uses	30%	40'	15'	30'	35'	

STOP

IS YOUR APPLICATION PACKAGE COMPLETE?

STOP

- Zoning Application (Completed in ink, cost of improvement is included; initialed, signed & dated)
- Supplemental applications attached (RDO, Building, SWM, alternative energy, etc.)
- Copies of deeds, easements, proof of insurance, and/or required permits from other agencies are included.
- Lot Coverage worksheet is completed & attached (page 4).
- Site plan is included (page 3). All information is shown (dimensions, structures, wells, OLDS, etc.)
- 3 sets of plans are included (folded).
- \$25 non-refundable application fee is included (payable to Hellam Township).

FEE DUE (office use)
 APPLICATION FEE: \$25
 DATE RECEIVED: _____

HELLAM TOWNSHIP ZONING PERMIT APPLICATION

ZONING (office use)
 DATE COMPLETE: _____
 PERMIT # _____
 SENT TO CCIS: _____

PRINT LEGIBLY - USING BLUE OR BLACK INK

An incomplete application will not be reviewed until all missing information is submitted. This includes all signatures. If information is not submitted the application can be deemed incomplete and can be denied. Mark N/A if a section is not applicable.

CONTACT INFORMATION

Check box to indicate main contact

	Name	Address	Phone(s)	E-mail
<input type="checkbox"/> Property Owner				
<input type="checkbox"/> Applicant				
<input type="checkbox"/> Contractor				

PA Act 132 Registration # _____
 Provide a list of sub-contractors if any are being used.

Indicate insurance and attach a copy:
 Self - provide copy of homeowners insurance
 Contractor's Workers Compensation or Waiver

EXISTING SITE INFORMATION

Site Address: _____ Tax Parcel ID #: 31-000-___-0___-___ Lot Area: _____ acres
 Zoning District: Rural-Ag. Res. Comm/Ind MU-1 MU-2 Interchange Quarry
 Overlay Zone: Floodplain Historic Restricted Dev. Village TDR

Utilities: Sewer Service: Public Private Water Service: Public Private

- Are there any easements or right-of-ways on the property? Yes No
- Are any utility poles on your property? Yes No
- Are there any underground utilities through the property? Yes No
- Are there any deed restrictions or homeowner's association for the property? Yes No
- What type of road does the site access? Township State Private

Attach a copy of documents (deed, restrictions, HOP permits, driveway permits, etc).

ENVIRONMENTAL FEATURES

If any of the questions below are checked yes, a completed RDO Supplemental Form must be attached.

- Has the property ever flooded or are you located within a flood zone? Yes No
- Does the property have steep slopes or contours? Yes No
- Does the property contain woodlands? Yes No
- Does the property contain any wetlands, streams, ponds, seeps or springs? Yes No

PROPOSED IMPROVEMENTS

<u>STRUCTURAL ACTIVITY</u>	<u>TYPE OF IMPROVEMENT</u>	<u>OTHER DEVELOPMENT ACTIVITIES</u>	<u>USE</u>
<input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Replacement <input type="checkbox"/> Other _____	<input type="checkbox"/> Accessory Structure <input type="checkbox"/> Alternative Energy <input type="checkbox"/> Deck <input type="checkbox"/> Fence/Wall <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Sidewalk/Patio/Pavers <input type="checkbox"/> Sign <input type="checkbox"/> Swimming Pool/Spa <input type="checkbox"/> Other _____	<input type="checkbox"/> Fill, Grading, Excavation <input type="checkbox"/> Pond <input type="checkbox"/> Watercourse Alteration Drainage Improvements <input type="checkbox"/> Well <input type="checkbox"/> Timber Harvesting <input type="checkbox"/> Other _____	<input type="checkbox"/> Change of Use <input type="checkbox"/> Home Occupation <input type="checkbox"/> Special Event <input type="checkbox"/> Temporary Use <input type="checkbox"/> Other _____

SIZE OF IMPROVEMENT

DISTANCE FROM PROPERTY LINES

DESCRIPTION OF WORK

Length: _____

Front: _____

Width: _____

Rear: _____

Height: _____

Right: _____

Total Area: _____

Left: _____

- Is a construction entrance being utilized for this project? No Yes - provide details of location and method
- Is the proposed land disturbance (construction entrance, grading, etc.) over 1,000 s.f. in area? No Yes - submit Stormwater Management Application
- Is a Knox Box for Emergency Access installed at the site? Yes No- submit necessary paperwork (required for all business in the Township)

"Total cost of construction" means the actual cost incurred by the owner, all contractors, subcontractors and other parties for labor, material, equipment, profit and incidental expenses for the entire project.

TOTAL COST OF CONSTRUCTION: \$ _____

STATEMENTS AND VERIFICATION BY APPLICANT

Initial next to each paragraph then sign and date below

Initials	I hereby understand and agree to the following:
	This application authorizes any municipal representative of Hellam Township to access the above property as stated within this application during normal business hours, without an administrative warrant; to inspect and verify that any proposed use and/or structure contained within this application complies with all Hellam Township Zoning Ordinance.
	The Township office is not responsible for any property dimensions shown on the site plan and establishment of property lines is the sole responsibility of the property owner and applicant.
	The failure to adhere to any and all provisions of the Hellam Township Ordinances shall constitute a violation as to any Permit issued per this Application, which shall cause any Permit to become Null and Void, and revocable by Hellam Township via its Zoning Officer or other designated agent.
	No construction, including moving of earth, can begin until the appropriate permits are acquired.

The application, together with the signed site plan and construction documents, is made part of this application by the undersigned. I/We hereby certify that as applicants, owners, or others that I/we completed and read the foregoing Application, that the information and statements provided on this application is true and correct to the best of their knowledge or belief. I/We do hereby certify under penalty of perjury.

Signature of Applicant _____ Date _____

Signature of Property Owner _____ Date _____

The property owner(s) must sign this application to verify the contractor or tenant has permission from the property owner(s) to do all construction work authorized by the issuance of this permit.

ZONING OFFICER ACTION

(office use only)

_____ The application is in accordance with the Hellam Township Zoning Ordinance and is hereby **approved**.

_____ The application is hereby **disapproved** for the following reason(s): _____

_____ in violation of §490-_____

Signature of Zoning Officer _____ Date _____

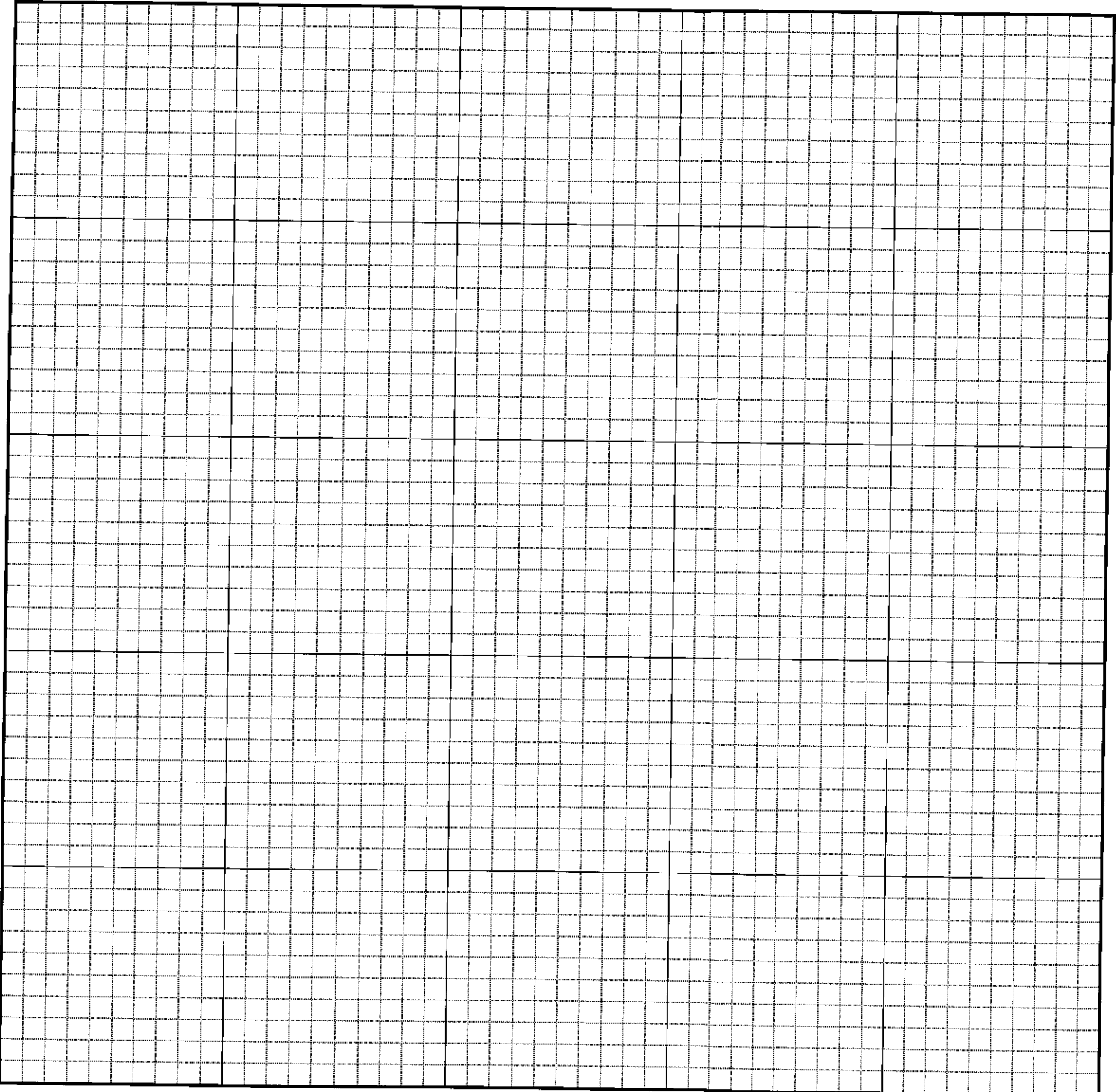
Special Instructions or Restrictions: _____

PROPERTY DRAWING

Provide a sketch in the box below (or on a separate sheet of paper) depicting the following information.

All information must be displayed on the Zoning Permit Application may be deemed incomplete and may be denied.

1. Rough sketch of the property boundary lines and dimensions, include any roads.
2. Depict all existing & proposed buildings, driveways and sidewalks. Include the location of well, septic system and any easements on the property.
3. Distance in feet from the proposed structure to:
 - All property lines (front, rear, & both sides)
 - Any other accessory structures
 - The primary residence
 - Well and septic systems
4. Outline the area of disturbance and provide location of E&S measures (ex. silt fences or sedimentation trap).
5. Draw the location of any proposed SWM facilities.



1 box = ___ feet (example 1 box = 2 feet)

LOT COVERAGE WORKSHEET

Directions: Complete this worksheet after taking accurate measurements of all existing impervious surfaces. All dimensions should be consistent with the attached site plan. If this worksheet is not completed or if information is left off, the Zoning Officer may deny the application or complete the worksheet using aerial photographs, previous building permits and any available site information (which may be inaccurate).

ADDRESS: _____ **PIDN:** _____ **ZONING:** _____

1. **Lot Size (1 acre = 43,560 s.f.)** Lot size can be found on deed or tax assessment paperwork. Multiply the number of acres by 43,560 to obtain the total square feet (s.f.) of the lot.

_____ **ac.** _____ **s.f.**

EXISTING (Indicate dimensions of existing structures/surfaces then multiply the dimensions to obtain s.f.)

2. House
3. Attached Garage
4. Attached Deck
5. Driveway (including stone)
6. Sidewalk/Patio
7. Detached Garage(s)
8. Decking (not attached to house)
9. Shed(s) or other accessory buildings
10. Pool (including surrounding concrete deck)
11. Barn(s)
12. Other _____

Dimensions

Square Feet

	ft	x		ft	
_____			_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____

13. **Total Existing Lot Coverage** (add lines 2-12)

_____ **s.f.**

14. **Total % of Existing Lot Coverage** (line 13 divided by line 1, then multiply by 100)

_____ **%**

PROPOSED (Identify structure, i.e. addition, deck, garage, etc.)

Dimensions

Square Feet

15. _____	ft	x		ft	
_____			_____		_____
16. _____	ft	x		ft	
_____			_____		_____

17. **Total Proposed Lot Coverage** (add lines 15 & 16)

_____ **s.f.**

18. **Total Coverage in s.f. – existing & proposed** (add lines 13 & 17)

_____ **s.f.**

19. **Total % Lot Coverage** (line 18 divided by line 1, then multiply by 100)

_____ **%**

20. **Total % Lot Coverage permitted** (provided on Page 2 of the application directions)

_____ **%**

21. **Total Coverage in s.f. – permitted** (multiple line 20 by line 1)

_____ **s.f.**

Lot Coverage is a percentage of the lot area which may be covered with an impervious surface. An **impervious surface** is made of materials which prevent the percolation of water into the ground. These materials include semi-impervious materials such as gravel stone and block. Examples of surfaces that should be included in lot coverage are buildings, driveways, parking areas, sidewalks, concrete pads, etc.

STORMWATER MANAGEMENT (SWM)/LAND DISTURBANCE ACTIVITY PERMIT APPLICATION

Contact Information				
	Name	Address	Phone(s)	E-mail
<input type="checkbox"/>	Property Owner			
<input type="checkbox"/>	Applicant			
<input type="checkbox"/>	Contractor			

Site Address: _____ SWM Permit # _____

Tax Parcel ID _____

Step One (1)

- Minor Land Improvement** - Installation of new impervious surface between 1,000 -5,000 square feet. Requires application, detailed plan prepared by an **engineer**, and Stormwater Management (SWM) fee and escrow for Minor Land Improvement. **Fee = \$500 escrow and \$50 administrative fee.**

- Minimal Land Improvement** - Installation of (a) new impervious surface between 500-999 square feet. Requires application and sketch plan prepared by applicant. **See simplified SWM calculation below. Fee = \$25 per inspection (typically 4 inspections).**

- Land disturbance** - The removal of ground cover, grading, filling or excavation between 500-5000 square feet. Any land disturbance over 5000 square feet requires review and approval by the York County Conservation District directly. **Fee = \$25 per inspection (typically 2 inspections).**

Step Two (2)

SIMPLIFIED STORMWATER MANAGEMENT METHOD FOR MINOR/MINIMAL LAND IMPROVEMENTS

Stormwater Requirement: SWM facilities shall capture at least the first two inches (2.0") of runoff from all **new** impervious surfaces. The first one inch (1.0") shall be permanently removed from the runoff flow — i.e. it shall not be released into the surface Waters of this Commonwealth. Options include reuse, evaporation, transpiration, and infiltration. **Stormwater calculations are cumulative and if there are no existing SWM facilities onsite, then an additional 20% of the impervious area must be included in the storage calculations.**

Calculate Required Storage (cu. ft.)

Enter the information in the blanks below:

1. New Impervious Area: _____ s.f.

2. Existing Impervious Area: _____ s.f.

3. Are there existing SWM facilities on the property? No - Multiple 20% of the Existing Impervious Area (#2 x .20): _____ s.f.

Yes - Total impervious area controlled by existing SWM facilities: _____ s.f.
(Provide information on size and location of existing facilities)

4. Add up the total required sq-ft (#1 + #3) of impervious area which must be captured minus any existing facilities: _____ s.f.

5. Total required cubic feet of storage (Divide #4 by 6): _____ c.f.

Step Three (3)

Check appropriate box showing proposed method of SWM Best Management Practice (BMP) & complete information as required. SWM can be addressed by any method or combination thereof that meets the requirements of the PA BMP Manual. See BMP Fact Sheets or Chapter 6 the PA BMP Manual for information on types of stormwater treatment options. The PA BMP manual can be found on the web at: www.elibrary.dep.state.pa.us/dsweb/View/Collection-8305

METHOD 1. Gravel Recharge (Dry Well, Infiltration Trench):

- D-1 Detail: Infiltration Detail – Roof Infiltration
- D-2 Detail: Infiltration Detail – Paver Surface
- D-3 Detail: Infiltration Detail – Concrete Surface
- D-4 Detail: Infiltration Detail – Grass Surface
- Other: provide details on the size, location, and materials to be used (stone, fabric, etc)

$$\text{Storage Provided} = \frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} \times \frac{\text{Depth}}{\text{Depth}} \times \frac{0.4 \text{ (void ratio)}}{0.4 \text{ (void ratio)}} = \text{Cubic feet of storage}$$

METHOD 2. Surface Retention (Vegetated Swale w/ Check Dam, Rain Garden)

Swale w/ Check Dam

$$\text{Storage Provided} = \frac{\text{Length}}{\text{(Length)}} \times \frac{\text{Width}}{\text{(Bottom Width)}} \times \frac{\text{Depth}}{\text{(Avg. Ponding Depth)}}$$

Rain Garden

$$\text{Storage Provided} = \frac{\text{Length}}{\text{(Length)}} \times \frac{\text{Width}}{\text{(Width)}} \times \frac{\text{Depth}}{\text{(Avg. Ponding Depth)}}$$

$$\text{Storage Provided (irregular shapes)} = \frac{\text{Surface Area}}{\text{(Surface Area)}} \times \frac{\text{Depth}}{\text{(Avg. Ponding Depth)}}$$

METHOD 3. Capture and Reuse (Rain Barrel, Cistern)

Rain Barrel/Cistern

Storage Provided in Circular Cistern (c.f.) = $\frac{\text{[Diameter (ft)]}^2}{4} \times \text{[Depth(ft)]} \times (0.785)$

Note: All "stand alone" rain barrels or similar storage vessels must be provided with a soaker hose or timed water release clock (\$25 at local hardware stores). These recommended devices connect to a standard residential hose bib connection.

METHOD 4. Disconnected Impervious Area (DIA) - This method of SWM collects water from the roof or pavement and allows it to dissipate across relatively flat (less than 5% grade) land for an extended length, to be absorbed.

Rooftop Disconnect

New rooftop area per down spout	_____ s.f.		Length of pervious flow path¹	Roof area treated as disconnected²
Slope of overland path from roof ≤ 5%	_____ %		15 ft - 29 ft =	20%
Length of pervious flow path ¹	_____ ft.	→	30 ft - 44 ft =	40%
Rooftop area treated as disconnected ²	_____ %	→	45 ft - 59 ft =	60%
			60 ft - 74 ft =	80%
			75 ft or more =	100%

Pavement Disconnect

Contributing flow path over impervious area (75 feet max.)	_____ ft		Slope of contributing impervious area (5% or less)	_____ %
Length of pervious flow path	_____ ft		Slope of the overland flow path(5% or less)	_____ %
Length of pervious flow path ≥ contributing length:		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Step Four (4)

Add the total volume control provided for methods 1 - 3 used **TOTAL PROVIDED _____ c.f.**

EROSION AND SEDIMENT CONTROL REQUIREMENTS: All land disturbance activities require erosion and sediment control. The use of silt sock, silt fence or hay bales are placed around the land disturbance area in such a way to prevent sediment from leaving the site. The erosion and sediment control must remain in place as long as there is exposed earth or soil or until the area is covered in seed and straw. All plans must show the location and type of erosion and sediment control proposed for the project.

INSPECTION REQUIREMENTS AND SCHEDULING: A pre-construction meeting is required prior to start of construction or release of any additional permits. Inspections shall be required during installation of materials and structures, upon the completion of all improvements and at other times deemed appropriate by the Township Engineer or Zoning Officer. An outline of the required inspections will be provided with the approved permit. No work shall begin on a subsequent phase until the preceding phase has been inspected and approval has been noted on the permit. The applicant must correct any portion of the work, which does not comply with the approved plan. No work may proceed on any subsequent phase until the required corrections have been made and approved. The provisions stated herein shall not be construed as mandating periodic inspections and the undertaking of periodic inspections shall not be construed as an acceptance of the work during construction or as a final inspection of the construction.

OPERATION & MAINTENANCE (O&M): I understand that I, the property owner, am responsible for the O&M of the SWM facilities. If I fail to adhere to the O&M requirements, the Township may perform the services required and charge the appropriate fees. Nonpayment of fees may result in a lien against the property.

OWNER CERTIFICATION: I hereby make application for a stormwater management permit under all applicable ordinances of Hellam Township and hereby certify under penalty of perjury, the facts set forth herein and in the plans submitted herewith are true and correct. I further agree the premises will not be occupied prior to approval of this application. I hereby indemnify and hold harmless Hellam Township and/or the Township Engineer for any liability arising from the approval of this application or issuance of any permit. I am aware this permit expires one year from date of issuance.

Signature of Owner

Date

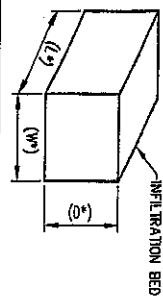
TOWNSHIP APPROVAL

Signature of Township Engineer or Zoning Officer

Date Approved

INFILTRATION BED SIZE (EXAMPLE)

EXAMPLE: $A^* = 2,000 \text{ SF NEW IMPERVIOUS SURFACE}$
 $A^* (2,000 \text{ SF}) \times (0.167) = (334 \text{ CF})$
 $(334 \text{ CF}) \div (0.4) = (835 \text{ CF})$ REQUIRED STONE INFILTRATION VOLUME
 $(L^*) \times (W^*) \times (D^*) \geq (835 \text{ CF})$



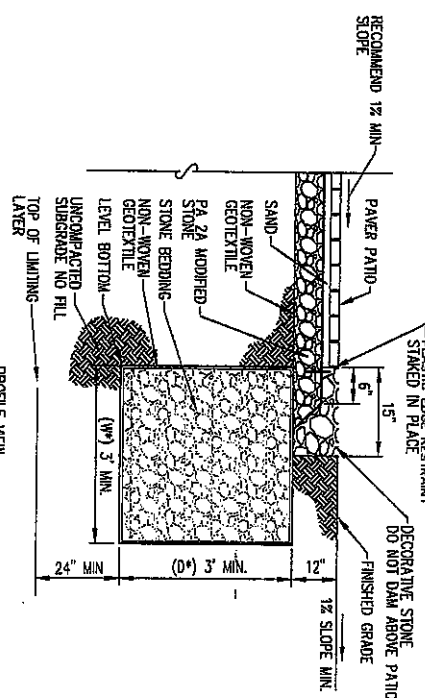
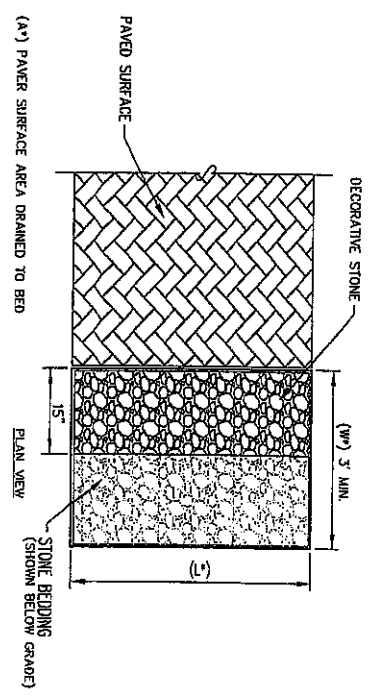
INFILTRATION BED SIZE MUST BE FILLED IN BY APPLICANT

$A^* = \text{NEW IMPERVIOUS SURFACE}$
 $A^* \text{ SF} \times (167) = \text{CF}$
 $\text{CF} \div (0.4) = \text{CF}$
 $(L^*) \times (W^*) \times (D^*) \geq \text{CF}$

INSPECTION BY TOWNSHIP OFFICIAL

PRE CONSTRUCTION MEETING	DATE:	SYSTEM LAYOUT, SETBACKS, INSPECTION SCHEDULE, UTILITY CLEARANCE
1	DATE:	ROUGH GRADING, INFL. SURFACE INSPECTION, CONNECTION, DOWNSPROUT PIPES EXPOSED
2	DATE:	FILTER FABRIC INSTALLED, PARTIAL STONE FILL EXPOSED, TRENCH & OUTLET PIPING
3	DATE:	STONE BACKFILL COMPLETE, PRE CONNECTION COMPLETE, BACKFILLED, FINAL GRADING, VEGETATION INSTALLED DURING POST RAINFALL EVENTS
4	DATE:	INSPECT OPERATION OF SYSTEM
FINAL	DATE:	SITE RESTORATION WORK, PERMIT CLOSURE

- CONSTRUCTION NOTES:**
1. CONDUCT ON-SITE PRE CONSTRUCTION MEETING WITH TOWNSHIP
 2. SUBSURFACE INFILTRATION BED DIMENSIONS MUST BE APPROVED BY HELM TOWNSHIP ENGINEER OR APPROVED TOWNSHIP REPRESENTATIVE PRIOR TO EARTH DISTURBANCE ACTIVITIES
 3. SUBSURFACE INFILTRATION BEDS MUST BE INSPECTED BY HELM TOWNSHIP AN INSPECTION SCHEDULE MUST BE APPROVED BY HELM TOWNSHIP PRIOR TO EARTH DISTURBANCE ACTIVITIES
 4. DURING EARTH DISTURBANCE ACTIVITIES, INFILTRATION AREAS MUST BE PROTECTED FROM COMPACTION, SEDIMENT INTRUSION AND CONSTRUCTION TRAFFIC
 5. NON-WOVEN GEOTEXTILE MUST ENVELOPE STONE AND MAINTAIN A 12 INCH OVERLAP AT ALL SEAMS
 6. GRATES FOR PVC CLEANOUTS SHALL BE ASHTO H10 OR H20 LOAD RATED DEPENDING ON THEIR PLACEMENT (H20 FOR VEHICULAR LOADING)
 7. CARPED CLEANOUTS MUST BE PROVIDED AT 50 FOOT INTERVALS FROM ROOF DOWNSPROUTS TO SUBSURFACE INFILTRATION BEDS AND MAY BE PROVIDED AT ENDS OF DISTRIBUTION PIPES



SUBSURFACE INFILTRATION BED CONNECTION OF PAVER SURFACE

NO SCALE

- OPERATION AND MAINTENANCE:**
1. AT LEAST FOUR TIMES EACH YEAR, INSPECT EXPOSED INFILTRATION AREAS DRAINING TO BEDS.
 2. RESTRICT VEHICULAR OR OTHER EQUIPMENT TRAFFIC ON INFILTRATION AREAS TO ONLY THAT NECESSARY FOR MOWING OR BMP REPAIRS.
 3. PROHIBIT STORAGE OF HAZARDOUS MATERIALS ON SUBSURFACE OR EXPOSED INFILTRATION BEDS, CONNECTING MEADOW OR GRASS AREAS OR ON YARD AREAS THAT DRAIN TO BEDS.

INFORMATION MUST BE FILLED IN BY APPLICANT		INFORMATION MUST BE FILLED IN BY APPLICANT	
INFILTRATION BED INFORMATION		INFILTRATION BED INFORMATION	
A^* (SF)	#1	#2	#3
L^* (FT)			
W^* (FT)			
D^* (FT)			
S^* (IN)			
STONE BEDDING		STONE BEDDING	
INFILTRATION BED		INFILTRATION BED	
ASHTO (No. 1)	#1	#2	#3
ASHTO (No. 3)			
PA (No. 4 BALLAST)			
NON-WOVEN GEOTEXTILE MATERIAL		NON-WOVEN GEOTEXTILE MATERIAL	
INFILTRATION BED		INFILTRATION BED	
US 120 NW	#1	#2	#3
US 115 NW			
APPROVED EQUAL			

DATE: _____

PROJECT TITLE: _____

OWNER: _____

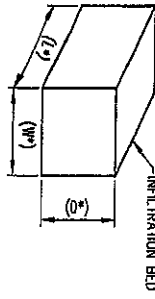
ADDRESS: _____

FOR RESIDENTIAL BUILDING PLANS

DWG. TITLE: INFILTRATION DETAIL PAVER SURFACE

DWG. NO. **D-2**

INFILTRATION BED SIZE (EXAMPLE)
 EXAMPLE: $A^* = 2,000 \text{ SF NEW IMPERVIOUS SURFACE}$
 $A^* (2,000 \text{ SF}) \times (0.167) = (334 \text{ CF})$ REQUIRED STONE
 $(334 \text{ CF}) \div (0.4) = (835 \text{ CF})$ INFILTRATION VOLUME
 $(L^2) \times (W^*) \times (D^*) \geq (835 \text{ CF})$



INFILTRATION BED SIZE MUST BE FILLED IN BY APPLICANT

$(A^* = \text{NEW IMPERVIOUS SURFACE})$

$A^* \text{ SF} \times (.167) = \text{CF}$

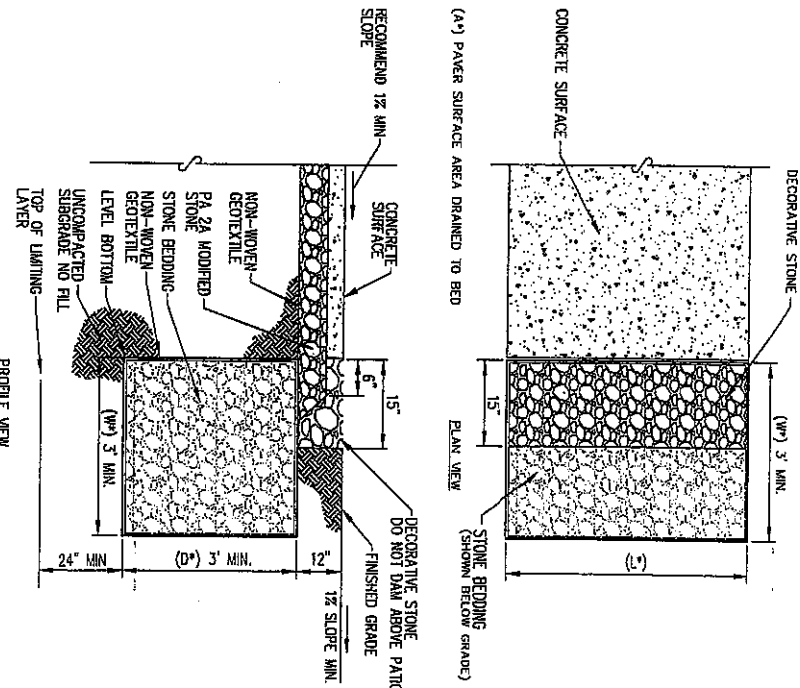
$\text{CF} \div (.4) = \text{CF}$

$(L^2) \times (W^*) \times (D^*) \geq \text{CF}$

INSPECTION		BY TOWNSHIP OFFICIAL	
PRE CONSTRUCTION MEETING	DATE:	SYSTEM LAIDOUT, SETBACKS:	
	INSPECTOR:	INSPECTION SCHEDULE:	
1	DATE:	UTILITY CLEARANCE:	
	INSPECTOR:	INSPECTION CONCURRENCE:	
2	DATE:	INSPECTION CONCURRENCE:	
	INSPECTOR:	INSPECTION CONCURRENCE:	
3	DATE:	INSPECTION CONCURRENCE:	
	INSPECTOR:	INSPECTION CONCURRENCE:	
4	DATE:	INSPECTION CONCURRENCE:	
	INSPECTOR:	INSPECTION CONCURRENCE:	
FINAL	DATE:	INSPECTION CONCURRENCE:	
	INSPECTOR:	INSPECTION CONCURRENCE:	

CONSTRUCTION NOTES:

1. CONDUCT ON-SITE PRE CONSTRUCTION MEETING WITH TOWNSHIP
2. SUBSURFACE INFILTRATION BED DIMENSIONS MUST BE APPROVED BY HELLM TOWNSHIP
3. SUBSURFACE INFILTRATION BEDS MUST BE INSPECTED BY HELLM TOWNSHIP. AN INSPECTION SCHEDULE MUST BE APPROVED BY HELLM TOWNSHIP PRIOR TO EARTH DISTURBANCE ACTIVITIES.
4. DURING EARTH DISTURBANCE ACTIVITIES, INFILTRATION AREAS MUST BE PROTECTED FROM COMPACTON, SEDIMENT INTRUSION AND CONSTRUCTION TRAFFIC.
5. NON-WOVEN GEOTEXTILE MOST ENVELOPE STONE AND MAINTAIN A 12 INCH OVERLAP AT ALL SEAMS.
6. GRATES FOR PVC CLEANOUTS SHALL BE ASHTO H10 OR H20 LOAD RATED DEPENDING ON THEIR PLACEMENT (H20 FOR VEHICULAR LOADING).
7. CAPPED CLEANOUTS MUST BE PROVIDED AT 50 FOOT INTERVALS FROM ROOF DOWNSPOUTS TO SUBSURFACE INFILTRATION BEDS AND MAY BE PROVIDED AT ENDS OF DISTRIBUTION PRES.



SUBSURFACE INFILTRATION BED CONNECTION OF CONCRETE SURFACE

NO SCALE

OPERATION AND MAINTENANCE:

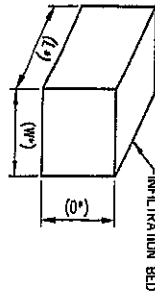
1. AT LEAST FOUR TIMES EACH YEAR, INSPECT EXPOSED INFILTRATION STONE BEDDING, CLEANOUTS, RAIN GUTTERS, ROOF LEADERS AND AREAS DRAINING TO BEDS.
2. RESTRICT VEHICULAR OR OTHER EQUIPMENT TRAFFIC ON INFILTRATION AREAS TO ONLY THAT NECESSARY FOR WORKING OR BHP REPAIRS.
3. PROHIBIT STORAGE OF HAZARDOUS MATERIALS ON SUBSURFACE OR EXPOSED INFILTRATION BEDS, CONNECTING MEADOW OR GRASS AREAS OR ON YARD AREAS THAT DRAIN TO BEDS.

INFORMATION MUST BE FILLED IN BY APPLICANT		INFORMATION MUST BE FILLED IN BY APPLICANT	
INFILTRATION BED INFORMATION		INFILTRATION BED INFORMATION	
A* (SF)	#1	#2	#3
L* (FT)			
W* (FT)			
D* (FT)			
S* (IN)			
STONE BEDDING			
INFILTRATION BED			
SELECT ONE			
AASHTO (No. 1)	#1	#2	#3
AASHTO (No. 3)			
PA (No. 4 BALLAST)			
NON-WOVEN GEOTEXTILE MATERIAL			
INFILTRATION BED			
SELECT ONE			
US 120 NW	#1	#2	#3
US 115 NW			
APPROVED EQUAL			

DATE:	FOR RESIDENTIAL BUILDING PLANS	DWG. NO.
PROJECT TITLE		D-3
OWNER:	DWG. TITLE	
ADDRESS:	INFILTRATION DETAIL CONCRETE SURFACE	

INFILTRATION BED SIZE (EXAMPLE)

EXAMPLE: (A² = 2,000 SF NEW IMPERVIOUS SURFACE)
 A² (2,000 SF) x (0.167) = (334 CF) REQUIRED STONE
 (334 CF) ÷ (0.4) = (835 CF) INFILTRATION VOLUME
 (1²) x (W²) x (D²) ≥ (835 CF)



INFILTRATION BED SIZE MUST BE FILED IN
 BY APPLICANT

(A² = NEW IMPERVIOUS SURFACE)
 A² = _____ SF x (0.167) = _____ CF
 _____ CF ÷ (0.4) = _____ CF
 (1²) x (W²) x (D²) = _____ CF

INSPECTION
 BY TOWNSHIP OFFICIAL

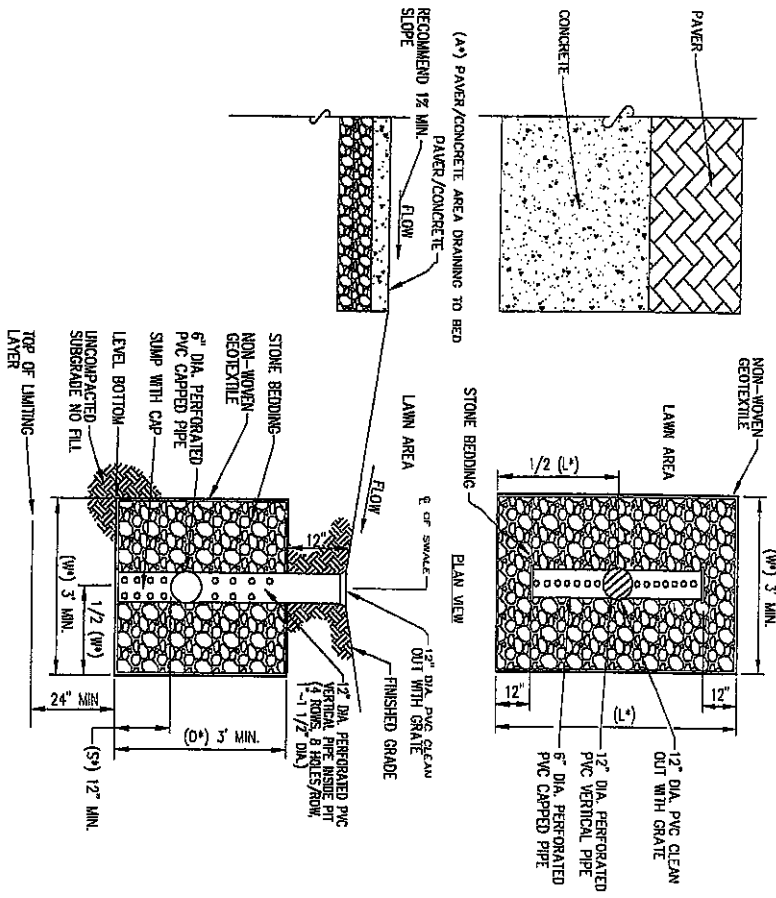
PRE CONSTRUCTION MEETING	DATE	SYSTEM LAYOUT, SETBACKS, INSPECTION SCHEDULE, UTILITY CLEARANCE
1	INSPECTOR:	ROUGH GRADING, INFIL SURFACE INSPECTION, CONNECTION DOMESPOUT PIPES EXPOSED, FILTER FABRIC INSTALLED, TRENCH & OUTLET PIPING
2	INSPECTOR:	PARTIAL STONE FILL EXPOSED, STONE BACKFILL COMPLETE, PRE CONNECTION COMPLETE, BACKFILLED, FINAL GRADING, VEGETATION INSTALLED
3	INSPECTOR:	FINAL GRADING, VEGETATION INSTALLED, INSPECT OPERATION OF SYSTEM DURING POST RAINFALL EVENTS
4	INSPECTOR:	INSPECT OPERATION OF SYSTEM DURING POST RAINFALL EVENTS
FINAL	INSPECTOR:	SITE RESTORATION WORK; PERMIT CLOSEOUT

CONSTRUCTION NOTES:

1. CONDUCT ON-SITE PRE CONSTRUCTION MEETING WITH TOWNSHIP ENGINEER OR APPROVED TOWNSHIP REPRESENTATIVE PRIOR TO EARTH DISTURBANCE ACTIVITIES.
2. SUBSURFACE INFILTRATION BED DIMENSIONS MUST BE APPROVED BY HELLM TOWNSHIP SCHEDULE MUST BE APPROVED BY HELLM TOWNSHIP. AN INSPECTION DURING EARTH DISTURBANCE ACTIVITIES, INFILTRATION AREAS MUST BE PROTECTED FROM COMPACTION, SEWAGE INTRUSION AND CONSTRUCTION TRAFFIC.
3. SUBSURFACE INFILTRATION BEDS MUST BE INSPECTED BY HELLM TOWNSHIP SCHEDULE MUST BE APPROVED BY HELLM TOWNSHIP. AN INSPECTION DURING EARTH DISTURBANCE ACTIVITIES, INFILTRATION AREAS MUST BE PROTECTED FROM COMPACTION, SEWAGE INTRUSION AND CONSTRUCTION TRAFFIC.
4. DURING EARTH DISTURBANCE ACTIVITIES, INFILTRATION AREAS MUST BE PROTECTED FROM COMPACTION, SEWAGE INTRUSION AND CONSTRUCTION TRAFFIC.
5. NON-WOVEN GEOTEXTILE MUST ENVELOP STONE AND MAINTAIN A 1/2 INCH OVERLAP AT ALL SEAMS.
6. GRATES FOR PVC CLEANOUTS SHALL BE ASHTO H10 OR H20 LOAD RATED OVERLAP AT ALL SEAMS.
7. CAPPED CLEANOUTS MUST BE PROVIDED AT 50 FOOT INTERVALS FROM ROOF DOWNSPUTS TO SUBSURFACE INFILTRATION BEDS AND MAY BE PROVIDED AT ENDS OF DISTRIBUTION PIPES.

SUBSURFACE INFILTRATION BED IN LAWN FROM PAVER OR CONCRETE SURFACE

NO SCALE



OPERATION AND MAINTENANCE:

1. AT LEAST FOUR TIMES EACH YEAR, INSPECT EXPOSED INFILTRATION STONE BEDDING, CLEANOUTS, RAIN GUTTERS, ROOF LEADERS AND AREAS DRAINING TO BEDS.
2. RESTRICT VEHICULAR OR OTHER EQUIPMENT TRAFFIC ON INFILTRATION AREAS TO ONLY THAT NECESSARY FOR MOWING OR BMP REPAIRS.
3. PROHIBIT STORAGE OF HAZARDOUS MATERIALS ON SUBSURFACE OR EXPOSED INFILTRATION BEDS, CONNECTING HEADROW OR GRASS AREAS OR ON YARD AREAS THAT DRAIN TO BEDS.

INFORMATION MUST BE FILED IN BY APPLICANT			
INFILTRATION BED INFORMATION			
	#1	#2	#3
A ² (SF)			
L ² (FT)			
W ² (FT)			
D ² (FT)			
S ² (IN)			
COMPLETE ALL BOXES			
STONE BEDDING			
INFILTRATION BED			
	#1	#2	#3
AAASHTO (No. 1)			
AAASHTO (No. 3)			
PA (No. 4 BALLAST)			
NON-WOVEN GEOTEXTILE MATERIAL			
INFILTRATION BED			
	#1	#2	#3
US 120 NW			
US 115 NW			
APPROVED EQUAL			

DATE: _____

PROJECT TITLE: _____

OWNER: _____

ADDRESS: _____

FOR RESIDENTIAL BUILDING PLANS

DWG. TITLE: INFILTRATION DETAIL IN LAWN

DWG. NO. D-4

Submittal Guide for Commercial Projects

Building Plan Requirements for Commercial Projects

The following items are required for new commercial projects. Drawings should be drawn to ¼ in. or 1/8 in. scale and shall provide the necessary information to verify compliance with the building code.

All drawings shall bear the stamp and signature of the design professional responsible for the design.

Two (2) sets of construction drawings shall be submitted and shall include:

Title Page Drawing; to include the contact information for all design professionals, description of square footage per floor, number of floors, type of construction to be utilized, area modifications utilized, use group classification(s), separation or non-separation of mixed use groups, design occupant load(s), finish materials classification, design codes utilized.

Site Plan Drawings; to include all utility layouts, handicap parking & access, designated fire lanes, distance between adjacent structures and property lines.

Floor Plan Drawings; to include the use of all areas, location & types of fire resistant construction, U.L. Listing of fire resistant construction, means of egress components, handicap access.

Structural Drawings; to include the structural design calculations, geo-technical engineering report, uniform live loads, dead loads, roof & snow loads, wind loads, footing construction detail, foundation construction details, framing construction details, concrete construction details, masonry construction details, wood construction details, steel construction details.

Electrical Drawings; to include all lighting facilities, electrically operated equipment, and electrical circuits required for all service equipment of the building or structure. Drawings should include panel schedules, grounding systems, and wiring methods.

Mechanical Drawings; to include size & type of appliances, construction of flues and chimney systems, ventilation air provided, fresh air make-up provided, location of all ducting and piping.

Plumbing Drawings; to include a plan view and a riser diagram of waste & water piping, pipe sizing, grade of piping, drainage fixture unit loads on stacks and drains, water distribution design criteria.

Fire Protection Systems; to include the submittal guide for each type of system. See specific submittal guide requirements.

Date / /

APPLICATION FOR PLAN REVIEW & APPLICATION FOR COMMERCIAL BUILDING PERMIT

PROPERTY ADDRESS

Street Address:	Parcel	Zoning
Subdivision:	Lot	Type
Municipality	County	

OWNER ADDRESS

Last name or Business	First name	Phone	
		Fax	
Address	City	State	Zip

TYPE OF APPLICATION

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Other
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Fire Suppression	<input type="checkbox"/> Occupancy	

Type of Work (Check all that apply) <input type="checkbox"/> New Construction <input type="checkbox"/> Additional construction <input type="checkbox"/> Alteration/Structural/Egress Change <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> IBC <input type="checkbox"/> IEBC (1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> Foundation Permit <input type="checkbox"/> Change of Use/Occupancy <input type="checkbox"/> Initial Certificate of Occupancy	Type of Construction (Check all that apply) <input type="checkbox"/> IA <input type="checkbox"/> IV <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> VB <input type="checkbox"/> IIB <input type="checkbox"/> VA <input type="checkbox"/> IIIA <input type="checkbox"/> Separate Use <input type="checkbox"/> IIIB <input type="checkbox"/> Non-separated Use	Previous L&I Certificate #(s) PROPOSED CODE/YEAR FOR THIS PROJECT
---	--	--

Use Group (List all) <input type="checkbox"/> A1 <input type="checkbox"/> H1 <input type="checkbox"/> R1 <input type="checkbox"/> A2 <input type="checkbox"/> H2 <input type="checkbox"/> R2 <input type="checkbox"/> A3 <input type="checkbox"/> H3 <input type="checkbox"/> R3 <input type="checkbox"/> A4 <input type="checkbox"/> H4 <input type="checkbox"/> R4 <input type="checkbox"/> A5 <input type="checkbox"/> H5 <input type="checkbox"/> B <input type="checkbox"/> I1 <input type="checkbox"/> S1 <input type="checkbox"/> <input type="checkbox"/> I2 <input type="checkbox"/> S2 <input type="checkbox"/> E <input type="checkbox"/> I3 <input type="checkbox"/> U <input type="checkbox"/> <input type="checkbox"/> I4 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> M	Fire Separation <input type="checkbox"/> Single Use <input type="checkbox"/> Separated Uses <input type="checkbox"/> Non-separated Mixed Use <input type="checkbox"/> Incidental Use Main Use _____	Fire Suppression (List all) Type: <input type="checkbox"/> Wet (Water) # _____ Standard _____ <input type="checkbox"/> Dry (Water) # _____ Standard _____ <input type="checkbox"/> Chemical # _____ Standard _____ Type _____
--	---	--

Start Date	Finish Date	Total Value of All Work
------------	-------------	-------------------------

FAILURE TO FILE OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DENIAL OR REJECTION OF APPLICATION

Municipal Tracking #

Permit #

Plan Review #

Description of proposed project:

Electrical Permit Information

Electrical Service Size							
_____ Amps		Power Company Name _____					
_____ Volts		Power Company Job # _____					
_____ Ø							
General outlets:		_____ 120 volt		_____ 240 volt			
Circuits:		_____ 2 wire		_____ 3 wire		_____ 4 wire	
Device Name	Watts	Amps	#	Device Name	Watts	Amps	#
Start Date		Finish Date		Value of work			

Fire Alarm Permit Information

Requiring Code Section _____		
Type(s) of Wiring _____		
Battery Back Up <input type="checkbox"/> yes <input type="checkbox"/> no Generator <input type="checkbox"/> yes <input type="checkbox"/> no		
Number of Zones _____		
Type(s) of System(s) _____		
Type(s) of Detectors(s) _____ Smoke, heat, infrared, ultraviolet, etc.		
Types of Special Applications _____		
Types of Initiating Tests _____		
Start Date	Finish Date	Value of Work

Fire Suppression System Permit

Requiring Code Section(s) _____ Number of Systems _____

Design: NFPA 13 <input type="checkbox"/> yes <input type="checkbox"/> no	Wet System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
NFPA 13R <input type="checkbox"/> yes <input type="checkbox"/> no	Dry System <input type="checkbox"/> yes <input type="checkbox"/> no	Number _____
System Type	Piping Type	System Design Pressure (PSI)
		System Design Capacity (GPM)

Alternate Systems <input type="checkbox"/> yes <input type="checkbox"/> no		Pre-action <input type="checkbox"/> yes <input type="checkbox"/> no		Number of Systems _____	
System Type	Chemical	Capacity	Reference Standard(s)		
Start Date	Finish Date	Value of Work			

PROPOSED DEFERRED SUBMITTALS

- Foundation Permit ETA _____ / _____ / _____
- Structural Steel ETA _____ / _____ / _____
- Fire Suppression ETA _____ / _____ / _____
- Fire Alarm ETA _____ / _____ / _____
- Roof Truss ETA _____ / _____ / _____
- Floor Truss ETA _____ / _____ / _____
- Spec Books ETA _____ / _____ / _____

Design Professional in Responsible Charge

Name: _____

Registration Number _____

Seal:

FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his delegated representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Applicant _____ Date _____ Phone _____

Fax _____ Email _____ Mobile _____

PERSONNEL

General Contractor

General Contractor _____

Contact Person _____ Are there other prime contractors? yes no If yes, list separately.

Street Address _____

City _____ State _____ Zip _____

Phone _____

Mobile _____

Fax _____

Email _____

Architect

Architect in Responsible Charge _____
Lead Architect _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Structural Engineer

Firm _____
Lead Engineer _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Electrical Engineer

Firm _____
Lead Engineer _____ Contact Person _____
Street Address _____
City _____ State _____ Zip _____
Phone _____
Mobile _____
Fax _____
Email _____

Mechanical Engineer

Architect in Responsible Charge	_____
Lead Architect	_____ Contact Person _____
Street Address	_____
City	_____ State _____ Zip _____
Phone	_____
Mobile	_____
Fax	_____
Email	_____

Plumbing Engineer

Firm	_____
Lead Engineer	_____ Contact Person _____
Street Address	_____
City	_____ State _____ Zip _____
Phone	_____
Mobile	_____
Fax	_____
Email	_____

Fire Alarm Engineer / Designer

Firm	_____
Lead Engineer/Designer	_____ Contact Person _____
Street Address	_____
City	_____ State _____ Zip _____
Phone	_____
Mobile	_____
Fax	_____
Email	_____

Fire Suppression Engineer / Designer

Firm	_____
Lead Engineer	_____ Contact Person _____
Street Address	_____
City	_____ State _____ Zip _____
Phone	_____
Mobile	_____
Fax	_____
Email	_____

NOTICE

All work, whether or not shown on the construction documents shall comply with the Pa. UCC (IBC and IRC 2003 as referenced). Work not shown will be field checked to determine compliance. Construction documents shall be on site at time of inspection; if not the inspection may be failed, at the discretion of the inspector, for failure to have them available for reference purpose.

Universal accessibility to all services, goods, events, and functions offered within the Commonwealth of Pennsylvania is a guaranteed civil right. Please review your construction documents to insure that right has not been violated. Basic compliance with *all* of the provisions of the standard ANSI A117.1 can help to insure that all of our citizens enjoy access to the goods and services offered within the state. Compliance with the provisions of IBC Chapter 11 and ANSI A117.1 will be field verified and shall be mandatory for receipt of a Certificate of Occupancy. Full compliance with accessibility provisions of the codes is mandatory. Failure to include provisions for compliance on the plan, or in the execution of the work is not an excuse to deny basic accessibility to our citizens.

A list of inspections that *probably* will be required, based on the permit application and plan submission, can be obtained from the Code Official at the time of permit issuance. Noted inspections may be waived or additional inspections may be required, at the discretion of the Code Official, as deemed necessary in order to insure Code Compliance. Inspection approval must be obtained for the work currently complete before proceeding to the next step of construction listed in order for each trade.

All inspections will be conducted by Commonwealth Code Inspection Service, with the exception of special inspections required by the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional; or as otherwise directed by the authority having jurisdiction. Special inspections shall be performed per the Pa. UCC and/or IBC Chapter 17, and/or at the direction of the Design Professional.

A special inspection program list shall be furnished to Commonwealth Code Inspection Service for approval prior to the start of the project phase associated with the inspection. The list shall include name of company, corporate officers, address and other contact information, accreditation, and qualifications of individual inspectors.

The applicant or authorized representative must request all regular inspections directly through Commonwealth Code Inspection Service, Inc. with at least 24 hours notice.

Same day service for inspections may be provided if calls are received before 8:00 AM. Telephone 717-664-2347 (Main Office) or 800-732-0043 (In Pennsylvania) or Contact your local CCIS office at