



CITY OF EASTON

BUREAU OF CODES AND INSPECTIONS

3rd Floor, One South Third Street, Easton, PA 18042

phone (610) 250-6724 - fax (610) 250-6607 – email codes@easton-pa.gov

PERMIT APPLICATION

CARBON MONOXIDE ALARMS

Carbon monoxide alarms shall be provided when applying for any permit where a fuel-fired appliance exists or where there is an attached garage. They shall be installed outside each separate sleeping area.

Site Address: _____

Owner: _____ Phone # _____ Fax # _____

Mailing Address: _____ Email: _____

Contractor: _____ Phone # _____ Fax # _____

Mailing Address: _____ Email: _____

Insurance: W/C Self-insured Exemption

DESCRIPTION OF BUILDING USE:

Residential: One-Family Dwelling
 Two-Family Dwelling
 Multi-Family Dwelling No. of Units _____
 Detached Semidetached Attached

Non Res: Specific Use: _____
Use Group: _____
Change in Use: Yes- Former: _____
Mixed Use: No. of Res Units _____ No. Comm _____

Describe the proposed work: _____

| IMPROVEMENT COST | | office use only | |
|------------------|----|-----------------|--------------------|
| a. Building | \$ | Fee \$ | Permit No. |
| b. Electrical | \$ | Fee \$ | Permit No. |
| c. Plumbing | \$ | Fee \$ | Permit No. |
| d. Mechanical | \$ | Fee \$ | Permit No. |
| e. Other | \$ | Fee \$ | Permit No. |
| Total | | Total | Date Issued |

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 assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. 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.

I certify that the code administrator or the code administrator’s authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Date

REVIEWED: **APPROVED** **DENIED**

Building Code Official

Date

COMMENTS: _____

REQUIRED INSPECTIONS:

Construction work must be inspected in accordance with these instructions. This department will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and all applicable codes. The owner or other responsible person in charge of work must notify this department when work is ready for any required inspections specified below. If the work is not completed as scheduled, you must cancel the inspection prior to 9:00 a.m. on the day scheduled. Inspections will be performed within two (2) business days of the time for which they are scheduled. The work must not proceed in a manner that will preclude the inspection(s) until it has been made and approval given.

To schedule an inspection please call **610-250-6724** forty-eight (48) hours prior to the requested inspection date and you must supply the following information:

- permit number type of inspection required property address and location of work
- contact person contact phone number

Please note that PA UCC compliance approved plan(s), with any comments, **must be on site** at the time of the inspection. Failure to supply plan(s) will result in a \$50.00 fee being assessed with payment being made prior to scheduling any further inspections. This fee will be assessed for each occurrence.

Required inspections for all subcodes as indicated:

- _____ 1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode
- _____ 2. Foundations and all walls up to grade level prior to back filling
- _____ 3. All structural framing and connections prior to covering up with finish or infill materials; plumbing underground services, rough plumbing, electrical rough wiring inspection; panels and service installation, insulation installation
- _____ 4. Inspections as noted:
 - _____ a. Plumbing supply and drain lines and set fixtures **Note:** Plumbing tests are required for all water supply lines and drainage lines. Water supply lines require 60 lbs., drainage lines require 5 lbs.
 - _____ b. Underground plumbing prior to covering
 - _____ c. Electrical inspection (rough and final – approved sticker required on panel box)
 - _____ d. Mechanical (rough and final - spec sheets must be on site)
 - _____ e. Drywall (*prior to tape and spackle*) and/or insulation
 - _____ f. Window installation/replacement (please leave labels on windows to verify U-factor)
 - _____ g. Above ceiling
 - _____ h. Fire Marshall inspection
 - _____ i. Elevator certificate
 - _____ j. Labor and Industry Certificate of Occupancy
 - _____ k. Other: _____
- _____ 5. Final inspection upon completion of work
- _____ 6. Final Certificate of Occupancy. It is in violation and subject to fine to occupy before Certificate of Use and Occupancy has been issued by the construction official.

ELECTRICAL PERMIT

Site Address: _____

Electrical Contractor: _____ Phone # _____

Address: _____

Insurance: W/C Self-insured Exemption Other _____

| ITEM | NO. | LOCATION, SIZE, BRIEF DESCRIPTION |
|---|-----|-----------------------------------|
| Ceiling Outlets | | |
| Switches | | |
| Plug Receptacles | | |
| Baseboard Heating | | |
| Air Heaters | | |
| Ranges | | |
| Lighting Circuit | | |
| Other Circ. | | |
| Panel Size | | |
| Range Cond. | | |
| Emergency Lights/Exit Signs | | |
| 110 V AC Interconnected Smoke Detectors* | | |
| Other | | |

*Floor plan must be submitted with permit application.

Note:

*All new electrical wiring must be inspected by a city-approved electrical inspector. Homeowner/contractor may **NOT** change electrical inspector during the course of the work being performed under this permit.*

Electrical work will be inspected by _____ (list on reverse)

All work, materials and construction to be in accordance with the appropriate regulations as adopted by the City of Easton.

Signature of Applicant

Date

REVIEWED: **APPROVED** **DENIED**

Building Code Official

Date

COMMENTS: _____

****SEE REVERSE FOR ELECTRICAL INSPECTORS LIST***

Barry Isett & Associates
85 S Rt 100 PO Box 147
Trexlerstown PA 18087-0147
610 391-2168
610 398-8909 fax
M-F 7:00-5:00
Matthew C Walter*
Joseph Chickey
Rick Harmon

Bureau Veritas North America

857 Sussex Blvd
Broomall PA 19008
610 543-3925
610 543-1933 fax
M-F 9:00-5:00
Robert Fitch*
Ed Hoffman
Gene McDonald

Walter Harris
John Pfeiffer

CodeMaster

1209 Hausman Rd, Ste B
Allentown PA 18104
484 223-0726
484 223-0768 fax
M-F 8:00-5:00
Sean Boyle*
Arnie Cohen
Sherwin Miller
David Backenstoos

484 239-7131
484 239-6088
484 357-0716

Code Inspections Inc

605 Horsham Rd
Horsham PA 19044
215-672-9400
215-672-9736 fax
M-F 7:30-4:00
Dan Azeff*
Rob Cochran

Keystone Electrical Inspectors Inc

PO Box 391
Bethlehem PA 18016-0391
610-866-9663
610-866-2664 fax
M-F 8:00-5:00
David I Shields*
Terry Roberts
Robert F Seel

Keith Lowell

Lehigh Valley Inspection Service

PO Box 423
Orefield PA 18069
610-395-3827
610-395-2231 fax
M-F 7:00-3:30
John E Brezan*
John K Brezan
Kenneth Miller

Paul Jarrett

M & M Electrical Inspections

3702 Freemansburg Ave PO Box 3183
Easton PA 18043
610-258-2906
610-258-2906 fax
M-F 6:00am - 9:00pm
Sat 8am-10am
Timothy W Wittemann*
Drew Peterson
Ronald Famularo

610-570-7973

Middle Atlantic Inspection Inc

302 E Pennsylvania Ave
Feasterville PA 19053
215-322-2626
215-364-7921 fax
M-F 7:30-3:30
Mark McLaughlin*
Richard Nugent Sr
Richard Nugent Jr
Michael Hofkin
Gerald Lally

Howard Pinto

United Inspection Agency

3589 Old Philadelphia Pike
Bethlehem PA 18015
215-542-9977
215-540-9721 fax
M-F 7:30-4:30
Ben Colletti
Kevin Halferty
Joseph Kane

267-718-2086
267-446-3922
610 802-0887

NOTE: All new electrical wiring must be inspected by a city approved electrical inspector.

***Primary Contact**

elecinspect 1/10

PLUMBING PERMIT

Site Address: _____

Master Plumber: _____ Plmbg. Lic. No: _____ Issuing City: _____

Contractor: _____

Address: _____ Phone _____

Insurance: W/C Self-insured Exemption Other _____

Sewer Available: Yes No **Water Available:** Yes No

List all Fixtures (proposed): New Installation Re-Installation

| NO. | FIXTURE | KITCH | BATH | OTHER | PIPE SIZE AND BRIEF DESCRIPTION |
|-----|-----------------------------|-------|------|-------|---------------------------------|
| | Water Closet/Bidet/Urinal | | | | |
| | Bathtub | | | | |
| | Lavatory/Sink | | | | |
| | Shower/Floor Drain | | | | |
| | Washing Mach/Dish Washer | | | | |
| | Commercial Dishwasher | | | | |
| | Water Heater | | | | |
| | Water Util. Connection | | | | |
| | Sewer Util. Connection | | | | |
| | Storm Drainage System | | | | |
| | Spec. & Indirect Waste Sys. | | | | |
| | Hose Bib/Water Cooler | | | | |
| | Garbage Disposal | | | | |
| | Indirect Connection | | | | |
| | Drainage Pipe Cleanout | | | | |
| | Sewer Ejector | | | | |
| | Traps | | | | |
| | Interceptors | | | | |
| | Backflow Devices | | | | |
| | Vents | | | | |
| | Special Health Care Plumb. | | | | |
| | Other | | | | |

All work, materials and construction to be in accordance with the appropriate regulations as adopted by the City of Easton.

Signature of Master Plumber

Date

EXISTING:

Drainage Material _____ Size _____
 Bldg. Sewer Material _____ Size _____
 Water Service Material _____ Size _____
 Venting Material _____ Size _____

PROPOSED:

Drainage Material _____ Size _____
 Bldg. Sewer Material _____ Size _____
 Water Service Material _____ Size _____
 Venting Material _____ Size _____

Lead Free Solder Certification _____
 EPA Clean Water Drinking Acct. _____

Type _____
 Initials _____

REVIEWED: **APPROVED** **DENIED**

Building Code Official

Date

COMMENTS: _____

MECHANICAL PERMIT

Site Address: _____

Mechanical Contractor: _____ Phone # _____

Address: _____

Insurance: W/C Self-insured Exemption Other _____

| TYPE OF EQUIPMENT | NO. | LOCATION, SIZE, BRIEF DESCRIPTION |
|----------------------------------|-----|-----------------------------------|
| Air Pollution Systems | | |
| Air Handling - Distribution Sys. | | |
| Air. Cond. Units - Systems | | |
| Boilers - Steam/Hot Water | | |
| Chimney and Vent | | |
| Clothes Dryer | | |
| Conversion Burner | | |
| Floor Furnaces | | |
| Forced Air System | | |
| Fuel Oil Piping | | |
| Gas Piping Systems | | |
| Fire Suppression System | | |
| Range Hoods - Commercial | | |
| Range - COM DOM | | |
| Refrig. Unit or System | | |
| Solar Systems | | |
| Sprinkler System | | |
| Stand Pipe | | |
| Unit Heaters | | |
| Ventilation Systems | | |
| Wall Heaters | | |

- 1) If the approved work involves a heating conversion that will replace an oil-fired system with a different source of heat, you are to completely remove the oil filler pipe.
- 2) Emergency shut-off switch for gas furnace shall be located in the immediate vicinity of the furnace. Emergency shut-off switch for all other systems shall be located at the top of stairs.
- 3) Any asbestos to be removed must be done by a certified contractor.
- 4) Evaluate chimney as per IMC 2009, 801.18 or IFGC 501.15
- 5) Evaluate and provide combustion air as per IMC 2009 701.1 or IFGC 304.1

* * * Copy of all installation requirements shall be on site at time of inspection. * * *

Signature of Applicant

Date

REVIEWED: **APPROVED** **DENIED**

Building Code Official

Date

COMMENTS: _____