

Mount Pleasant Township

1035 Beck Road
Gettysburg, Pa 17325

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Phone: (717) 624-8049
Fax: (717) 624-7110

Building Permit/Zoning Permit Procedure

This guide was prepared to assist you in the building permit process in Mount Pleasant Township. By submitting all information listed below, we will be able to process your application for a building permit more efficiently.

The following items need to be completed as applicable, and presented to the Township at time of application for a building permit. **EACH APPLICATION SHEET IS NUMBERED TO MATCH THE NUMBERED ITEMS BELOW FOR YOUR CONVENIENCE**

1. **Stormwater drainage** may need to be addressed with certain projects, as applicable.
Completed Stormwater Management Application form
2. **Plot Plan**- Showing the following
 - a. Property lines
 - b. Existing and/or proposed buildings
 - c. Existing septic system or proposed septic area
 - d. Existing Well or proposed well location
 - e. Minimum Building Setback lines required
 - f. Dimensions from proposed project to the property lines
3. **Sewage Permit** – (If project requires the addition of, or changes, to a septic system) On lot system permits can be acquired from Dean Shultz, the Township Sewage Enforcement Officer. He can be reached at (717) 334-4016, 1621 Baltimore Pike, Gettysburg. Public or community system hook ups – see the appropriate authority as needed.
4. **Driveway Permit (Either Township or Penn DOT)** – Township Permit can be applied for at the township office when you apply for a building permit. The center of the driveway must be staked off prior to submitting an application for a driveway permit. Penn DOT permits can be acquired from the Gettysburg office of Penn DOT. Their telephone number is (717) 334-3155. All new entrances and some improvements onto Township or Penn DOT roads require a permit.
5. **Mount Pleasant Township Zoning Permit Application** (*in most instances, this is filled out and submitted in conjunction with the Stormwater management application*)
6. **Adams County Construction Permit** (For any project over \$2,500.00 in value) This can be picked up in room 202 of the Adams County Courthouse at 117 Baltimore Street, Gettysburg. If you have any questions concerning this form or the information required, their telephone number is 717-337-9837. (*This can be acquired after zoning permit has been issued*)
7. **(3) Copies of scaled drawings for your proposed project (Elevations, Floor Plans, and Wall Section Details)** *If applicable, floor plans shall show braced wall lines and the wall bracing method. Also, the location of electrical receptacles, lighting, and smoke detectors are required to be shown on the floor plans, as applicable.*
8. **Completed Township Application for Permit form**
9. **Completed Township Material Description Packet**
10. **Completed Township Application for Plan Review/Inspections form (as Applicable)**
11. **Proposed building or project must be staked off on lot.**
12. **Workers Compensation Certificate of Insurance or Exemption Form from Contractor**
(A current Certificate of Insurance must be on file with the Township or an Exemption form needs to be filled out at time of application)

Once these items are completed (as applicable) then application can be made for the appropriate permit/s at the Township Municipal Office located at 1035 Beck Road Gettysburg, PA 17325. **Our office hours are from 8:30 am to 3:30 pm Monday thru Friday or by appointment if these times do not suit.**

PLEASE SEE REVERSE SIDE OF THIS SHEET FOR FURTHER INFORMATION

PLEASE NOTE THE FOLLOWING

A permit is granted on the express condition that the said construction shall conform in all respects to the Codes and Ordinances (including Zoning) of the jurisdiction regulating the construction and use of buildings. This permit may be revoked at any time upon violation of any provisions of the code and said ordinances.

Any deviation from the approved plans must be authorized by review of revised plans. An additional fee can be charged depending on the extent of the variation from the original plans.

Permits are not valid if construction work is not started within 180 days from date permit is issued, or suspension of work for at least six months. If appropriate, an extension of time can be granted for the completion of work in accordance with the original permit issuance prior to the original expiration date.

This department reserves the right to reject any work which has been completed or concealed without first having been inspected and approved by this department in accordance with the various code requirements.

Failure to call for inspection and proceeding with work or occupying the building prior to issuance of a certificate of occupancy or certificate of compliance is a violation of the code and ordinances and is subject to a penalty.

The placard given at the time a permit is issued must be displayed on the premises. This department shall be notified and inspection made of construction work prior to proceeding with further work (as outlined on the inspection check list given with the permit).

Mount Pleasant Township will make every effort to be reasonable, courteous and to act in a timely manner on every application. However, Mount Pleasant Township's agents in accepting application for Inspection cannot assume responsibility for unavoidable delays in inspection, for unintentional errors, omissions or discretionary rulings of our appointed inspectors; or for accidental damage caused to any equipment or devices resulting from customary and necessary inspection procedures.

Tim Topper
Building Code Official / Zoning Officer
Mount Pleasant Township

Mount Pleasant Township

1035 Beck Road
Gettysburg, PA 17325

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Application for Permit

Permit Procedure Sheet # 8

LOCATION OF PROPERTY

Address
Intended Use
Parcel Type: Residential Commercial Industrial Other
Lot Area Coverage Percentage

OWNER INFORMATION

Name of Owner/s
Address of Owner
Phone Number E-mail address

CONTRACTOR INFORMATION

Name or Business Name Registration #
Mailing Address
Phone Number E-mail address

PROJECT INFORMATION

New Building Addition Alteration Repair / Replacement Swimming Pool Other
Brief Description of Project
Value of Construction Square Footage
Structure Width Depth Height

SELECTED CHARACTERISTICS OF BUILDING

Sewage Disposal: Public or Private Company Private on Lot System
Water Supply: Public or Private Company Private on Lot
Residential Buildings: Any Change in Number of Bedrooms? Existing Number of Bedrooms Number of Bedrooms-New Construction
Dimensions: Overall Exterior dimensions Total Square Footage Based on Exterior Dimensions After Proposed Improvement

OTHER PERMIT INFORMATION

Highway Occupancy Permit # Date Issued Twp DOT
Public Sewer Permit # Date Issued
On-site Sewage Permit # Date Issued
Other Permit # (NPDES, etc...)

SIGNATURE REQUIRED

Signature of Applicant Date

Tim Topper
Zoning Officer
1035 Beck Road
Gettysburg, PA 17325
Phone: (717) 624-8049
Fax: (717) 624-7110

Mount Pleasant Township

Application for Zoning Permit

App No.: _____

Permit Procedure Sheet # 5

Name of Applicant: _____ Zoning District: _____

ZONING PERMIT APPLICATION INFORMATION

Describe proposed work to be completed

Number of Stories: _____

Has the Zoning Hearing Board issued a decision on this application? Yes ____ N/A ____

If yes, what is the case number? _____

STORMWATER MANAGEMENT APPLICATION INFORMATION

Permit Procedure Sheet # 1

Type of proposed improvement, i.e. (personal storage, residence, addition, agricultural building, driveway, etc.) _____

Total existing covered surfaces on property in square feet, i.e. (home, driveway, pool, other buildings, etc.) _____

Total Acreage of lot _____ Size of proposed improvement (square feet) _____

Additional comments or further description of project, if necessary, to assure Stormwater Management compliance.

Please submit an Aerial View Map as described on separate guidance sheet along with any other information Applicant may feel is necessary.

ATTACH DRAWING OF PROPERTY

Please detail the following (dimensions and placement on lot): house, sidewalks, garage, shed, driveway (indicate stone or paved), private well area, private septic area, other outbuildings, decking, porches, patios, pools, and proposed building. Show the distance the proposed building will be placed from property lines, easements, right-of-way. Please include your home address on drawing. Also, include your neighbors' addresses and the street names of the road/s bordering your property.

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DESCRIPTION OF MATERIALS

Permit Procedure Sheet # 9

Name of Applicant

Name of Owner Contact Number

FOUNDATIONS:

Footings: Concrete mix Reinforcing
Foundation wall: Material, width & height Party Foundation Wall
Columns: Material and size Piers: Material and reinforcing
Girders: Material and size Sills Plates: Material and size
Basement entrance areaway Window areaways
Waterproofing Footing drains
Crawl Space Insulation Foundation vents
Size of Footers
Depth of footers below grade

CHIMNEYS:

Footer size Material Prefabricated (make and size)
Flue lining: Material Heater flue size Fireplace flue size
Vents (material and size): Gas or oil heater Water heater

FLOOR FRAMING:

Joists: Wood, grade and species; other; bridging; anchors
Size Span Spacing
Concrete Slab: Basement floor; First floor; Ground supported; Self-supporting; Mix; Thickness;
Reinforcing
Fill under slab: Material; Thickness

SUBFLOORING:

Material: Grade and species Size and spacing Span

EXTERIOR WALLS:

Wood frame: Grade and species Size Span Spacing
Sheathing; Thickness; Width; Solid Spaced o.c. Diagonal
Siding; Type; Size; Exposure; Fastening
Window Headers; Grade; Size; Span
Door Headers; Grade; Size; Span
Masonry Veneer Sills Lintels
Masonry: Facing; Backup; Thickness; Bonding
Door sills Window sills Lintels
Gable Wall Construction: Same as main walls; other

PARTITION FRAMING:

Studs: Wood, grade and species Size and spacing other

CEILING FRAMING:

Joists: Wood, grade and species Other Bridging
size span spacing

ROOF FRAMING:

Rafters: Wood, grade and species _____ Roof trusses (see remarks for explanation of details) : Grade & Species _____
 Size _____ Spacing _____ Span _____ Roof Slope _____

ROOFING:

Sheathing: Grade and species _____; Size _____; Type _____
 Type of Roofing Material _____; Grade or weight _____

GUTTERS AND DOWNSPOUTS:

Gutters: Material _____; Gage or weight _____; Size _____; Shape _____
 Downspouts: Material _____; Gage or weight _____; Size _____; Shape _____; Number _____

LATH AND PLASTER:

Lath: Walls _____ Ceilings _____; Material _____; Weight or thickness _____ Plaster: Coats _____; Finish _____
 Drywall: Walls _____ Ceilings _____; Material _____; Thickness _____; Finish _____; Joint treatment _____

HEATING:

___ Hot water ___ Steam ___ Vapor ___ One-pipe system ___ Two-pipe system
 ___ Radiators ___ Convectors ___ Baseboard radiation Make and Model _____
 Radiant Panel: ___ Floor ___ Wall ___ Ceiling Panel Coil: Material _____
 ___ Circulator ___ Return pump Make and Model _____
 Boiler: Make and Model _____

Warm air: ___ Gravity. ___ Forced. Type of System _____
 Duct material: Supply _____; Return _____ Insulation _____, Thickness _____ Outside air intake _____

Furnace: Make and Model _____
 Fuel: ___ Oil ___ Gas ___ Liquid pet. gas ___ Electric ___ Other _____; Storage Capacity _____

Electric Heating System: Type _____ Input _____ Watts; @ _____ Volts; Output _____ Btuh.

Ventilating equipment: Attic fan, make and model _____
 Kitchen exhaust fan, make and model _____

ELECTRIC WIRING:

Service: ___ Overhead ___ Underground Panel: ___ Fuse Box ___ Circuit-breaker _____ Number circuits _____
 Wiring: ___ Conduit ___ Armored cable ___ Nonmetallic cable ___ Knob and tube ___ Other _____
 Special Outlets: ___ Range ___ Water heater ___ Other _____
 Approximate number of light fixtures _____

PLUMBING:

FIXTURE	NUMBER	LOCATION	MAKE	MFR'S FIXTURE IDENTIFICATION NO.	SIZE	Color
Sink						
Lavatory						
Water closet						
Bath tub						
Shower over tub						
Stall shower						
Laundry trays						

PLUMBING CONTINUED:

House drain (inside): PVC Tile Other _____ House sewer (outside): PVC Tile Other _____

Water piping: PVC Copper tubing Other _____

Domestic water heater: Type _____; Make and model _____
recovery _____ gph 100 degree rise. Storage Tank: Material _____; Capacity _____ gallons

Gas Service: Utility Company Liquid pet. gas Other _____ Gas piping: Cooking House heating

Footing drains connected to: Storm sewer Sanitary sewer Dry well; Sump Pump _____

OTHER ONSITE IMPROVEMENTS or MISCELLANEOUS IMPROVEMENTS:

(Specify all exterior onsite improvements not described elsewhere, including items such as unusual grading, drainage structures, retaining walls, fence, railings, porches, walks, driveway, and garages.)

REMARKS & EXPLANATION OF DETAILS OR CONTINUATION OF PRECEEDING ITEMS:

(If more space is required, continue on separate sheet of paper and attach hereto.)

I understand that any deviation from the material as listed herein, or in the approved plans must be authorized by the approval of revised list of materials and /or plans.

Date _____ Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

Building Inspector's Notes:

Date of Approval _____ Signature _____
(Building Inspector)

Date of Approval _____ Signature _____
(Code Enforcement Officer)

Timothy J. Topper
 Building Code Official
 1035 Beck Road
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Mount Pleasant Township

Application for Plan Review/Inspections

App #: _____

Permit Procedure Sheet # 10

APPLICANT: PLEASE PRINT		Owner Name			
Street		City		State	Zip Code
Authorized Agent				Phone #	
Applicant's Signature					
Contractor/Business				Phone #	
PLAN REVIEW					
Type of Construction:					
<input type="checkbox"/>	New Construction	(sq. ft)	<input type="checkbox"/>	Garage/Storage	Occupancy Class:
<input type="checkbox"/>	Renovations/Alterations	(sq. ft)	<input type="checkbox"/>	Swimming Pool – In Ground	Other:
<input type="checkbox"/>	Full House		<input type="checkbox"/>	Swimming Pool – Above Ground	
<input type="checkbox"/>	House Addition		<input type="checkbox"/>	Deck	
BUILDING INSPECTION					
CALL 72 HOURS PRIOR TO INSPECTION					
Type of Construction:					
<input type="checkbox"/>	New Construction	(sq. ft)	<input type="checkbox"/>	Roof	Chimney/Fireplace
<input type="checkbox"/>	Renovations/Alterations	(sq. ft)	<input type="checkbox"/>	Swimming Pool – In Ground	Woodburning Stove
<input type="checkbox"/>	House		<input type="checkbox"/>	Swimming Pool – Above Ground	Air Conditioning
<input type="checkbox"/>	Addition		<input type="checkbox"/>	Garage/Storage	Other:
PLUMBING INSPECTION					
CALL 72 HOURS PRIOR TO INSPECTION					
Fixtures:					
<input type="checkbox"/>	Sewer Lateral		<input type="checkbox"/>	Shower Stalls	Garbage Disposal
<input type="checkbox"/>	Water Lateral		<input type="checkbox"/>	Water Closet	Laundry Tray
<input type="checkbox"/>	Bathtub		<input type="checkbox"/>	Kitchen Sink	Clothes Washer
<input type="checkbox"/>	Lavatories		<input type="checkbox"/>	Dishwasher	Water Heater
<input type="checkbox"/>			<input type="checkbox"/>		Number of Full Bathrooms
<input type="checkbox"/>			<input type="checkbox"/>		Number of Half Bathrooms
<input type="checkbox"/>			<input type="checkbox"/>		Other:
MECHANICAL INSPECTION					
CALL 72 HOURS PRIOR TO INSPECTION					
List All Equipment Below:					
<input type="checkbox"/>	Electric Furnace		<input type="checkbox"/>	Duct System	Fireplace – Masonry
<input type="checkbox"/>	Natural Gas Furnace		<input type="checkbox"/>	Chimney & Vents	Fireplace – Factory Built
<input type="checkbox"/>	Oil Furnace		<input type="checkbox"/>	A/C	Exhaust
<input type="checkbox"/>	Gas Thermal Heat		<input type="checkbox"/>	Solid Fuel Burning	Dryer Exhaust
<input type="checkbox"/>			<input type="checkbox"/>		Mechanical Ventilation
<input type="checkbox"/>			<input type="checkbox"/>		Other:
ELECTRICAL INSPECTION					
CALL 72 HOURS PRIOR TO INSPECTION					
Number of Rough Wiring Outlets:		List All Equipment Below:			
<input type="checkbox"/>	Switches	<input type="checkbox"/>	Amp. Service	<input type="checkbox"/>	Air Conditioner
<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Receptacles	<input type="checkbox"/>	Oven	<input type="checkbox"/>	Dishwasher
<input type="checkbox"/>	Total Number of Fixtures	<input type="checkbox"/>	Amp. Receptacles	<input type="checkbox"/>	Dryer
<input type="checkbox"/>		<input type="checkbox"/>	Surface Unit	<input type="checkbox"/>	Range
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Pump
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Wiring and Controls
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other:
ENERGY COMPLIANCE INSPECTION					
CALL 72 HOURS PRIOR TO INSPECTION					
<input type="checkbox"/>	RES Check	<input type="checkbox"/>	Type A-1 Construction	<input type="checkbox"/>	Flat Ceiling Insulation R-49
<input type="checkbox"/>	PA Alternative	<input type="checkbox"/>	Type A-2 Construction	<input type="checkbox"/>	Cathedral Ceiling Insulation R-30
<input type="checkbox"/>	IRC Chapter 11	<input type="checkbox"/>	U-Factors Windows	<input type="checkbox"/>	Stud Wall Cavity R-21
<input type="checkbox"/>	IECC	<input type="checkbox"/>	U-Factors Door	<input type="checkbox"/>	Floors Over Unconditioned Space R-30
<input type="checkbox"/>	Blower Door	<input type="checkbox"/>	Duct Testing	<input type="checkbox"/>	Walls at Basement Stairs R-15/19
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Basement Walls R-19
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Heating Efficiency AFUE value
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	A/C Efficiency SEER value

Workers' Compensation Insurance Coverage Information

(attach to building permit application)

A. The applicant is

Permit Procedure Sheet # 12

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

Yes

No

If the answer is "yes", complete Sections B and D below as appropriate

If the answer is "no", complete Sections C and D below as appropriate

B. Insurance information

Name of Applicant: _____

Federal or State Employer Identification Number: _____

Applicant is a qualified self-insurer for worker's compensation

Certificate attached

Name of Worker's Compensation Insurer: _____

Workers' Compensation Insurance Policy Number: _____

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 and affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

- Property owner doing own work.** If the property owner does hire a contractor to perform any work pursuant to this building permit, contractor must provide proof of workers' compensation insurance to Mount Pleasant Township. Property owner assumes liability for contractor compliance with this requirement.
- 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 Mount Pleasant Township.
- Religious exemption under Workers' Compensation law.**

D. Signatures

Signature of Applicant _____

Address _____

County of _____

Municipality of _____