

<b>Permit Number</b>  UCC-
----------------------------------

# SPRING CREEK TOWNSHIP

## OFFICE OF BUILDING CODE ADMINISTRATION

Jones Township, P.O. BOX 25, WILCOX, PA 15870

### PENNSYLVANIA UNIFORM CONSTRUCTION CODE BUILDING PERMIT APPLICATION

### *RESIDENTIAL DECK / PORCH CONSTRUCTION*

TOWNSHIP USE ONLY				
Tax Map Number	Parcel ID #		Permit Fee	Date Issued
			\$	

This Building Permit Application, along with associated plans and drawings, is used to satisfy the requirement to apply for a Building Permit for the construction, alteration, or repair, modification of a residential deck as required by the Pennsylvania Uniform Construction Code. (§401.62). Construction may not begin until this application is approved and the Building Permit is issued.

The *Typical Deck Detail* may be used in lieu of submitted drawings for review with the building permit application in lieu of plans. Other types of decks must submit detail construction drawings showing deck construction.

#### BUILDING PERMIT FEES:

Uncovered Decks & Porches greater than 30-inches above the existing grade:  
 Without Roof Covering: \$150.00 --- With Roof Covering: \$225.00 (\$75.00 if Roof over existing deck Only)

### A. PROJECT INFORMATION

1. Brief Project Description (indicate size of deck)

**Please indicate the type of house construction that the ledger board will be connected or attached to:**  
**Check all that apply:** (Refer to the *Typical Deck Detail* for proper attachment to house.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Typical Solid Sawn Floor Joists   | <input type="checkbox"/> Brick Veneer           | <input type="checkbox"/> Cantilevered House Floor |
| <input type="checkbox"/> TJI Floor Framing   | <input type="checkbox"/> Open Web Floor Trusses | <input type="checkbox"/> Mobile Home              |
| <input type="checkbox"/> Deck attached to house foundation (block masonry or poured concrete, including Superior Wall Systems) |   |   |

***When the house-to-deck connection is to a brick veneer, mobile home, or can otherwise not be verified, the deck MUST BE FREE STANDING***

### B. OWNER INFORMATION

Site Owner (Developer) -- Last Name      First Name      MI      Suffix      Phone:      Other Phone:

Mailing Address      Mailing Address Line 2

Mailing Address-- City      State      ZIP+4

**C. SITE INFORMATION**

Nearest State or Township maintained road:	911 Street Address:
--	---------------------

Site Location -- City	State	ZIP	Latitude	Longitude
-----------------------	-------	-----	----------	-----------

Detailed Written Directions to Site:

**D. PRIMARY CONTRACTOR INFORMATION**

Last Name	First Name	MI	Suffix
-----------	------------	----	--------

Title	Construction Firm
-------	-------------------

Mailing Address	Mailing Address Line 2
-----------------	------------------------

Address – City	State	ZIP+4	Country
----------------	-------	-------	---------

Email	Phone ( )	Ext.	FAX ( )
-------	--------------	------	------------

**Please refer to the “Deck Construction Guide” for Pennsylvania Building Code requirements**

**I. OWNER CERTIFICATION**

**OWNER SECTION:** (To be completed only by the property owner)

1. I hereby certify that I am the owner of the property listed on Section “B” of this Application. I understand that submission of this form grants authorized representatives from Jones Township access to this property to inspect and conduct tests of the structure(s) under construction.
2. I further certify that the information presented on applicable application(s), form(s), all specifications, and/or drawing(s) are accurate and true to my belief and knowledge.
3. I attest that all work will conform to all rules and regulations as adopted by the Township Board of Supervisors.

**AGENT SECTION:** (To be completed only in the absence of the property owner)

1. I hereby certify that the work is authorized by the owner of record for the property indicated in Section “C”
2. I further certify that the owner has authorized me to create and file this *Application* as his agent, and that I will present a true and correct copy of this certification to the Owner.
3.  Evidence of valid Workers Compensation Insurance Provided (check if yes)

Owner/ Agent Name ( <b>Print</b> )	Owner / Agent <b>Signature</b>	Date
------------------------------------	--------------------------------	------

This Application, permit fees, and drawings must be submitted to:

**Building Code Official**  
**Jones Township**  
**PO Box 25**  
**320 Faries Street**  
**Wilcox, PA 15870**