



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 # _____

Mailing Address: _____ Email: _____

Contractor: _____ Phone # _____ Fax # _____

Mailing Address: _____ Email: _____

Insurance: W/C Self-insured Exemption PA Home Improvement Lic # _____

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: _____

***see reverse for REQUIRED INSPECTIONS**

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 Alarm Inspection
 - _____ i. Elevator certificate
 - _____ j. 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 _____ PA Home Improvement Lic # _____

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**

City of Easton
Approved Electrical and Alarm Inspectors

Barry Isett & Associates

85 S Rt 100
Allentown PA 18106
610 398-0904
610 481-9098 fax
M-F 7:30-5:00
Matthew C Walter*
Joseph Chickey 610 216-6313
Rick Harmon 570 599-5820
Ann Lett 610 398-0904

Bureau Veritas North America

790 Parkway Dr
Broomall PA 19008
610 543-3925
610 543-1933 fax
M-F 8:30-4:30
Robert Fitch*
Gene McDonald
John Pfeiffer Walter Harris

CodeMaster

1209 Hausman Rd, Ste B
Allentown PA 18104
484 223-0763
484 223-0768 fax Edmund
Goodfield Dennis Komlos
M-F 7:00-4:30 Sean Corey
Sean Boyle*
Arnie Cohen 484 239-7131
Sherwin Miller 484 239-6088
David Backenstoos 484 357-0716
Jeff Young 484 797-2736

Code Inspections Inc

605 Horsham Rd
Horsham PA 19044
215 672-9400
215-672-9736 fax
M-F 7:30-4:00
Dan Azeff*
James R Jr (Rob) Cochran Adam Mayer
Dale Champlin Al Kaitz

Keystone Electrical Inspectors Inc

PO Box 391
Bethlehem PA 18016
610-866-9663
610-866-2664 fax
M-F 7:30-4:30 Weekends by Appt Jim Karapelou
David I Shields* Steve Recchio
Keith Lowell Ken Miller
Robert F Seel Ed Eroh

Lehigh Valley Inspection Service

2909 Rt 100 Ste 130
Orefield PA 18069
610-395-3827
610-395-2231 fax
M-F 8:00-3:00
Paul Jarrett*
John E Brezan
John Blick

M & M Electrical Inspections

3702 Freemansburg Ave PO Box 3183
Easton PA 18043
610-258-2906
610-258-2906 fax
M-F 6:00am - 10:00pm
Sat 8am-10am
Timothy W Wittemann* 610-570-7973
Ronald Famularo

Middle Atlantic Inspection Inc

302 E Pennsylvania Blvd
Feasterville PA 19053
215-322-2626
215-364-7921 fax
M-F 7:30-3:30
Mark McLaughlin* Gerald Lally
Richard Nugent Sr Robert McDonald
Richard Nugent Jr Howard Pinto

United Inspection Agency

716 N Bethlehem Pike Ste 300
Lower Gwynedd PA 19002
215-542-9977
215-540-9721 fax
M-F 9:30-4:30
Joseph Halferty Jr*
Ben Colletti 267 718-2086
Kevin Halferty 267 446-3922
Joseph Kane 610 802-0887

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

***Primary Contact**

elecinspect 1/14

PLUMBING PERMIT

Site Address: _____

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

Contractor: _____ Phone _____

Address: _____

Insurance: W/C Self-insured Exemption Other _____ PA Home Improvement Lic # _____

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 _____

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

Building Code Official

Date

COMMENTS: _____

- | | | |
|---|----------------|-----------|
| <input type="checkbox"/> Sewer Connection (per EDU) | Approved _____ | Fee _____ |
| <input type="checkbox"/> Address Assignment | Approved _____ | Fee _____ |
| <input type="checkbox"/> Sidewalk | Approved _____ | Fee _____ |

MECHANICAL PERMIT

Site Address: _____

Mechanical Contractor: _____ Phone # _____

Address: _____

Insurance: W/C Self-insured Exemption Other _____ PA Home Improvement Lic # _____

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**SEE REVERSE SIDE FOR ADDITIONAL INFO **		
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: _____

****There are three (3) options available for the conversion of an existing oil burner to gas****

1. Provide a letter from the manufacture of the fuel fired appliance stating the gas burner conversion complies with all standards and all manufactures requirements.
2. Provide an approved engineering evaluation of the fuel fired appliance with the gas burner conversion installed per section G2404.3 and R104.11 of the 2009 IRC. This document is required to be prepared by a Pennsylvania Design professional.
3. Appeal the violation to the Building Code Appeal Board.