

Brad J. Kowalski
Building Code Official
1342 Rock Glen Rd
Bloomsburg, PA 17815
Phone: (570) 233-3172
Mon. – Fri. 8AM - 4PM
bradk@sjkowalski.com

Sugarloaf Township **2023 UCC Inspection Fee Schedule**

New Construction (Whole House)

Includes plan review and all necessary inspections
\$276.00 plus \$0.49 per sq. ft.
2000 sq. ft. minimum

Re-inspection fee: \$75.00

Additions to Habitable Structures

\$390 plus \$0.37 per sq. ft.

Major Repairs, Alterations, & Construction

(Involving plumbing, electrical, or structural changes)

(Example: moving of walls or egress doors, placing manufactured home on piers)

\$145.00 per required inspection

Detached Garages, non-habitable structures over 1000 sq.ft.

(Not involving plumbing or electrical work)

\$275.00

Detached Garages, non-habitable structures over 1000 sq.ft.

(Involving plumbing and/or electrical work)

\$350.00

Decks & Porches

\$225.00

Swimming Pools (inground)

\$325.00

Swimming Pools (above ground)

\$190.00

Electric Service Inspection

\$75.00

Occupancy Inspection

\$60.00

Any service that is provided by the Code Official and is not listed above will be billed the hourly rate of \$70.00 for actual time accrued - If time accrued is less than one hour, a lump sum of \$60.00 will be billed.

* ALL Permit fees include a \$4.50 Pennsylvania State Education & Training Fee

Sugarloaf Township **Building Permit Inspection Schedule**

Brad J. Kowalski – Building Code Official
570-233-3172

INSPECTIONS NOTED BELOW MAY BE SCHEDULED BY TELEPHONE (570-233-3172)(MON. – FRI. 8AM – 4PM) WITH A **72 HOUR** NOTIFICATION. WORK SHALL NOT PROCEED UNTIL THE FIELD INSPECTION HAS BEEN APPROVED.

Re-inspections subject to \$75.00 fee

Footing:

- ***Pre-Cast Wall System-*** After footing is prepped, but before stone / walls are set
- ***Concrete/Masonry System-*** After footer is prepped and formed, prior to pouring

Foundation Reinforcement:

- ***Poured Concrete Wall-*** After forms are set and required reinforcement is in place, prior to pouring
- ***Block Wall-*** After block is laid, prior to core pouring

Foundation:

- ***Pre-Cast Wall System-*** After 1st floor joist and deck are set, prior to backfilling
- ***Concrete/Masonry System-*** After foundation is waterproofed, prior to backfilling

Ice Barrier (Ice & Water Shield): After ice barrier is installed; prior to shingling. (ice barrier shall extend from the lowest edges of all roof surfaces to a point at least 24" inside the exterior wall line of the building)

Concrete Slab Pre-Pour: After floor is prepped with stone and vapor barrier. (a 6 mil polyethylene or approved vapor retarder with joints lapped not less than 6 inches shall be placed between the slab and the base course)

Rough Framing: Prior to insulation or covering. This inspection will be performed at the same time as the plumbing or electrical rough-in inspections.

Electric Service: After installing meter base, and main disconnect. Grounding electrode(s) shall be installed for this inspection.

Plumbing & Mechanical Rough-In: Prior to insulating. Drainage and water line test required. Gas piping test is required.

Electrical Rough-In: Prior to covering, all wiring & boxes shall be installed. All grounds shall be made for this inspection.

Energy: After house is insulated, prior to covering.

Wallboard: After drywall is hung, prior to taping.

Final: After structure is complete, prior to any use or occupancy

Sugarloaf Township

Residential Plan Review Requirements

Three (3) sets of plans and specifications are required. Two (2) submitted to the township office and one (1) set to be on site at all times. Sheet size shall not be less than 11 inches by 17 inches. **All drawings shall bear the name and signature of the person responsible for the design.**

Plans shall include the following:

Building Plan Review Requirements

- Front, rear and side elevations
- Footing/ foundation diagram
- Garage/ living area separation wall(s)
- Window and door schedule (list window openable size – for Emergency egress windows)
- Design Snow Loads (Sugarloaf Township requires 40psf snow load)
- Method of Energy Code Compliance & Insulation Schedule (if using REScheck, attach copy of summary printout)

Plumbing Plan Review Requirements

- Isometric diagram of potable water supply system with fixtures, locations and WSFU values
- Isometric diagram of DWV system with fixtures, location and DFU values.

Mechanical Plan Review Requirements

- Location and size of equipment
- Heat Loss/Gain Report
- Air distribution and return air system; Diagram and Size of Main Trunk
- Gas piping diagram

Electrical Plan Review Requirements

- Location of electrical devices: lighting, receptacles, switches, equipment, appliances, transformers, panels and sub panels
- Panel and sub panel schedule
- Location of smoke detectors or heat detectors and CO detectors

Site Plan Requirements

- Property lines and dimensions
- Distance from structures to all property lines
- Street names
- If new accessory structure, distance to existing structures.

****The establishment of property lines is the responsibility of the owner or agent thereof.**

****All plans must be to scale.**

Note: Snow Load = 40 psf

Frost Depth = 36" on virgin soil / 42" on engineered fill

****To start plan review process the following must be submitted to the Township Office:**

- 1) Complete building plans as described above.
- 2) Completed application form.
- 3) Separate check for appropriate fees as outlined in fee schedule, made payable to:
Sugarloaf Township.

Sugarloaf Township
Building Permit Application

Building Permit #: _____
(dept. use only)

Location of Proposed Work or Improvement
County: **Luzerne**

Municipality: **Sugarloaf Twp.**

Site Address: _____

Subdivision/ Land Development: _____

Lot # _____ Section: _____

Owner(s): _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone#: _____ Fax#: _____ Cell#: _____ Email: _____

Principal Contractor: _____ License# _____
(Sugarloaf Twp. / PA HIC)

Contractor's Address: _____

City: _____ State _____ Zip _____

Phone#: _____ Fax#: _____ Cell#: _____ Email: _____

All Sub-Contractors MUST be listed: (Contractor Licenses are required for ALL Sub-Contractors)

Sub-Contractors Name: _____ Phone: _____ License# _____
(Sugarloaf Twp. / PA HIC)

Sub-Contractors Name: _____ Phone: _____ License# _____
(Sugarloaf Twp. / PA HIC)

Sub-Contractors Name: _____ Phone: _____ License# _____
(add additional sheet if necessary) (Sugarloaf Twp. / PA HIC)

Architect: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____ Cell#: _____ Email: _____

Type of Work or Improvement:

- ☐ New Building ☐ Addition
☐ Alteration ☐ Structural Repair
☐ Other (describe below)

Work Involves:

(Check all that apply)

- ☐ Plumbing ☐ Mechanical ☐ Electrical
☐ Structural

Describe Proposed Work: _____

(add additional sheet if necessary)

Construction

Estimated Cost: \$ _____ **Attach Signed Estimate Copy**
 (Reasonable fair market value=Labor & material)

When Will Work Begin: _____ End: _____

Building Plans (Attached): ☐ Yes ☐ No ☐ N/A Sealed by Design Professional?: ☐ Yes ☐ No**Description of Building Use (Check all that apply)**

- ☐ Residential ☐ Accessory Structure ☐ Non-Residential
☐ One-Family Dwelling *Non-Residential Building Use Group:* _____
☐ Two-Family Dwelling

Building/Site Characteristics

Mechanical: Indicate Type of Heating/ Ventilating/ Air Conditioning (i.e., electric, gas, oil, etc.) _____

Water Service: ☐ Public ☐ PrivateSewer Service: ☐ Public ☐ Private

Soil Type: _____ Slope Average: _____ %

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ Type Vent _____

Sprinkler System: ☐ Yes ☐ No

Engineered Floor System: ☐ Yes Type: _____
☐ No

Building Dimensions

Existing Building: Total Gross Floor Area: _____ Ft.² Total Habitable Space: _____ Ft.²

Length: _____ Width: _____ Height of Structure Above Grade: _____

Number of Stories Above Grade: _____

Proposed Building: Total Gross Floor Area: _____ Ft.² Total Habitable Space: _____ Ft.²

Length: _____ Width: _____ Height of Structure Above Grade: _____

Number of Stories Above Grade: _____

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 assumes the responsibility of locating all property 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. Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

I certify that the Building Code Official or the BCO'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.

THE UNDERSIGNED APPLICANT UNDERSTANDS THAT FALSE STATEMENTS HEREON ARE MADE SUBJECT TO THE CRIMINAL PENALTIES OF 18 Pa. C.S.A. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES THIS APPLIES TO FALSE STATEMENTS MADE ANYWHERE ON ANY PAGE OF THIS APPLICATION.

I HAVE READ AND UNDERSTAND ALL OF THE STATEMENTS MADE IN THIS ABOVE APPLICATION AND HAVE DISCUSSED ANY QUESTIONS WITH THE ISSUING OFFICER.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Date: _____

Directions to Site: _____

Approvals (BCO Use Only)

Requires Inspections: ☐ ☐ YES ☐ ☐ No

Date Received: _____ By: _____

Building Plan Approved: Date _____ By: _____

W/Conditions: _____

Building Code Official: _____

Date Issued: _____ Date Expires: _____ PERMIT#: _____

Building Permit Fee \$ _____

Check # _____ Date Received _____