

# INDIANA COUNTY

Office of Planning and Development  
801 Water Street  
Indiana, PA 15701  
(724) 465-3870 Fax (724) 465-3151

|                     |       |
|---------------------|-------|
| FOR OFFICE USE ONLY |       |
| Permit #            | _____ |
| Date:               | _____ |

## Building Permit Application ~Residential Used Manufactured Home (built after July 1976)~


Site Address \_\_\_\_\_

City \_\_\_\_\_

Municipality \_\_\_\_\_ Township / Borough \_\_\_\_\_

Estimated Cost of Project \$ \_\_\_\_\_ Date of Manufacture of Home: \_\_\_\_\_

**Serial Number of Manufactured Home:** \_\_\_\_\_

 **YOU MUST PROVIDE A TAX PARCEL NUMBER FOR THE PROPERTY AT THE SITE ADDRESS LISTED ABOVE** → **Tax Parcel #** \_\_\_\_\_

Homeowner's Name \_\_\_\_\_

Current Mailing Address of Homeowner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Homeowner's Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Homeowner's E-mail Address: \_\_\_\_\_

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**Contractor:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Certified Installer:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Water Supply \_\_\_\_\_

Sewage \_\_\_\_\_

Electricity provider: \_\_\_\_\_

Type of Heat: \_\_\_\_\_

Central Air:     Yes     No

Does it have a basement?         Yes  No

\_\_\_\_\_  
Signature                                  Date

# SUBMITTAL REQUIREMENTS FOR RESIDENTIAL PROJECTS

When submitting your application for a Residential project please include the following:

1. Completed Building Permit Application
2. Please have your 911 address on your application, if you do not have a 911 address, please call Emergency Management at 724-349-9300, to obtain an address.
3. If this is for a new home or replacement home, we will need a copy of the paper you were given by the sewage enforcement officer, Spurgeon Shilling from ICMSA. Melinda (Mindy) Shay, administer, is in the office on Monday and Wednesday from 8 am to 4 pm.

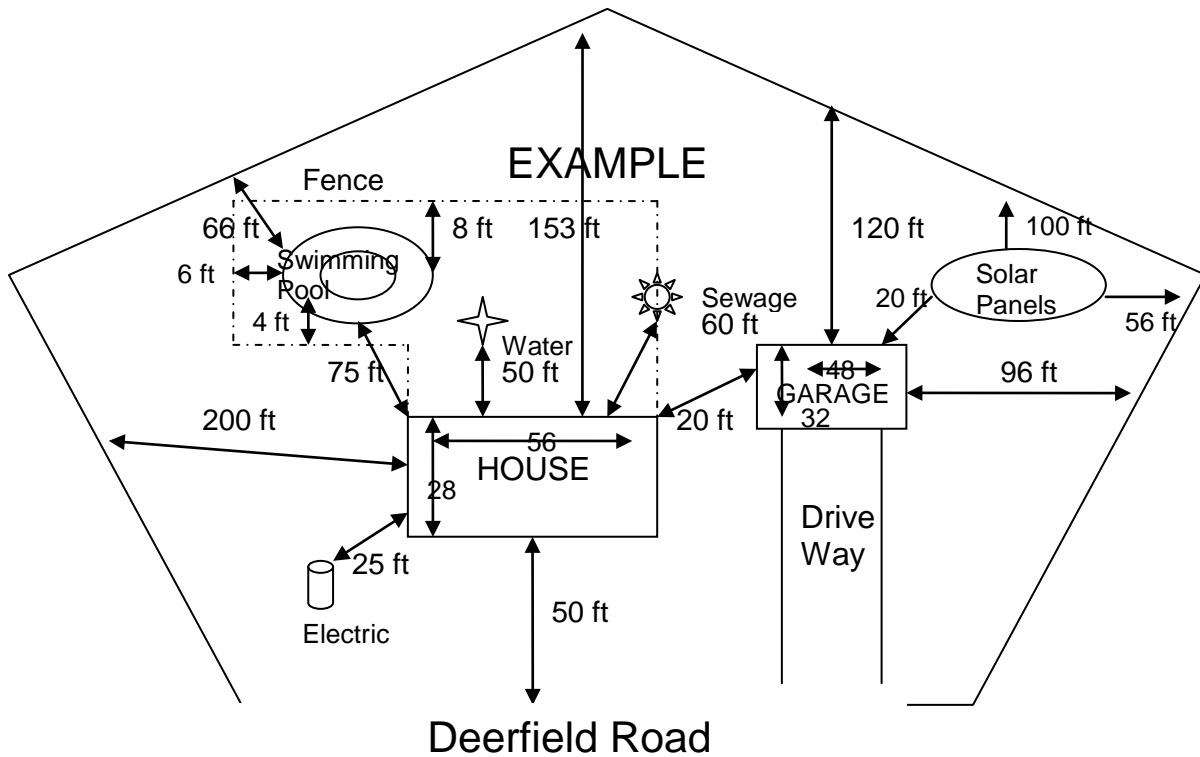
Telephone number is (724) 349-6640  
Address: 602 Kolter Drive Indiana, PA 15701

4. If you don't know your tax parcel number for your property, to put on your application, please contact the Tax Office at 724-465-3812.
5. If you don't know your Serial Number for your used manufactured home, it can be found on the data sheet in the home or on the front chassis crossmember.
6. Please submit One (1) if they are 11x17 or smaller, if larger than 11x17 then Two (2) complete set(s) of drawings for your building project.
7. Site Plan on 8 ½ x 11 sheet of paper (only need One (1) copy).
8. The habitability guide checklist must be completed by the homeowner/applicant and turned in with the application and drawings. A permit will not be issued without this checklist.
9. A copy of the Highway Access Permit from either Penndot or your Municipality (Township or Borough), if you are putting in a new home with a new driveway.
10. Your contractor's workman's compensation and liability insurance. If you are not using a contractor or your contractor doesn't have workman's compensation insurance, please contact our office for the Workman's Comp form so it can be completed in front of a notary.
11. \$25.00 non-refundable application fee – please make checks payable to **Indiana County Code Division**. *A permit fee will be determined once the plan review has been completed.*
12. In order for a certificate of occupancy to be issued for your used manufactured home, your Certified Installer must complete an installation certificate and a checklist with test reports and turn them into our office.

# SITE PLAN REQUIREMENTS FOR RESIDENTIAL PROJECTS

The Site Plan drawing shall be submitted on 8 ½ X 11 paper and shall include:

- Distance from property lines and roadway and any other structures on the property (setbacks) for all projects.
- Show the outside dimensions of the proposed dwelling.
- All utility layouts (including sewage, electric and water)
- Driveway layouts and specifics
- If this is for a proposed roof, show the existing structures outside dimensions.
- If this is for a proposed deck/porch, show the width and length of the deck, and where it will be placed on the existing structure along with its dimensions.
- If this is for a proposed swimming pool, show the proposed decks width and length, and where it will be placed on the swimming pool.
- If this is for a proposed fence, show the width and length of the fence.
- If this is for a proposed demolition of a structure, show the outside dimensions of the structure.



**PENNSAFE BUILDING INSPECTION SERVICES LLC**  
RESIDENTIAL USED MANUFACTURED HOME SUBMITTAL HANDOUT

Every item below must be checked as completed (if applicable), or marked n/a (if not applicable), for your project. This form must be completed in its entirety then returned with attached drawings.

**Please see the Habitability Booklet under the General Info section of this site, for more information on the form that needs completed below.**

- Permit Application
- Two (2) full sets of plans
- Manufacturers Installation Manual to be located at project site
- Completed Habitability Form – for all manufactured homes built after July 1976

**\*\*The following items are required to be included on the building plan drawings\*\***

- Site plan showing all exterior setbacks
- Floor plan layout of home interior
- Footer Specifications
- When basement is provided - Foundation Specification
- Approved tie down anchoring system
- Support pier specifications and installation method
- Energy Code Requirements
- Onsite Mechanical System – equipment, materials and layout
- Onsite Plumbing system – equipment, materials and layout
- Onsite electrical system must conform to the UCC adopted version of the NEC.
- Deck and porch plans- must have minimum 3' X 3' landing and be self-supporting.
- If full basement – indicate type of provided means of egress.
- Provide complete drawings of any structural work (such as a garage) to be performed in the field and was not factory inspected.

If the Manufacturer's Installation Instruction Manual is not available, then the A225.1-1994 Existing Manufactured Home Standard must be followed.

**(Continued)**

## **INSTALLATION REQUIREMENTS AND METHODS**

### **FOOTER OPTIONS: (Check one)**

- Concrete Pier Footings Round** – Provide 36” deep minimum frost protection when skirting is installed – 48” without skirting. For piers spaced no more than 8' apart, holes should be 28" diameter, unless soil bearing capacity is greater than 1,500 lbs. per square foot.
- Concrete Pier Footings, Runners** – Provide 36” deep minimum frost protection when skirting is installed – 48” without skirting. For piers spaced no more than 8' apart, footings must be 24' wide, unless soil bearing capacity is greater than 1,500 lbs. per square foot.

### **FOUNDATION OPTIONS: (Check one)**

- Main Support Piers** – Generally within 2' from each end, and spaced 8' apart. A single stack concrete block pier capacity is 8,000 lbs., up to 36". Piers higher than 36' require double blocks, interlocked. No mortar required for piers less than 80" high. Cap blocks must be full size (16x16 pier requires 16x16 cap block).
- Full Foundation** – Plan and specifications required. Cross section submittals are available for your drawings. Verify that all imposed structural loads are properly supported.

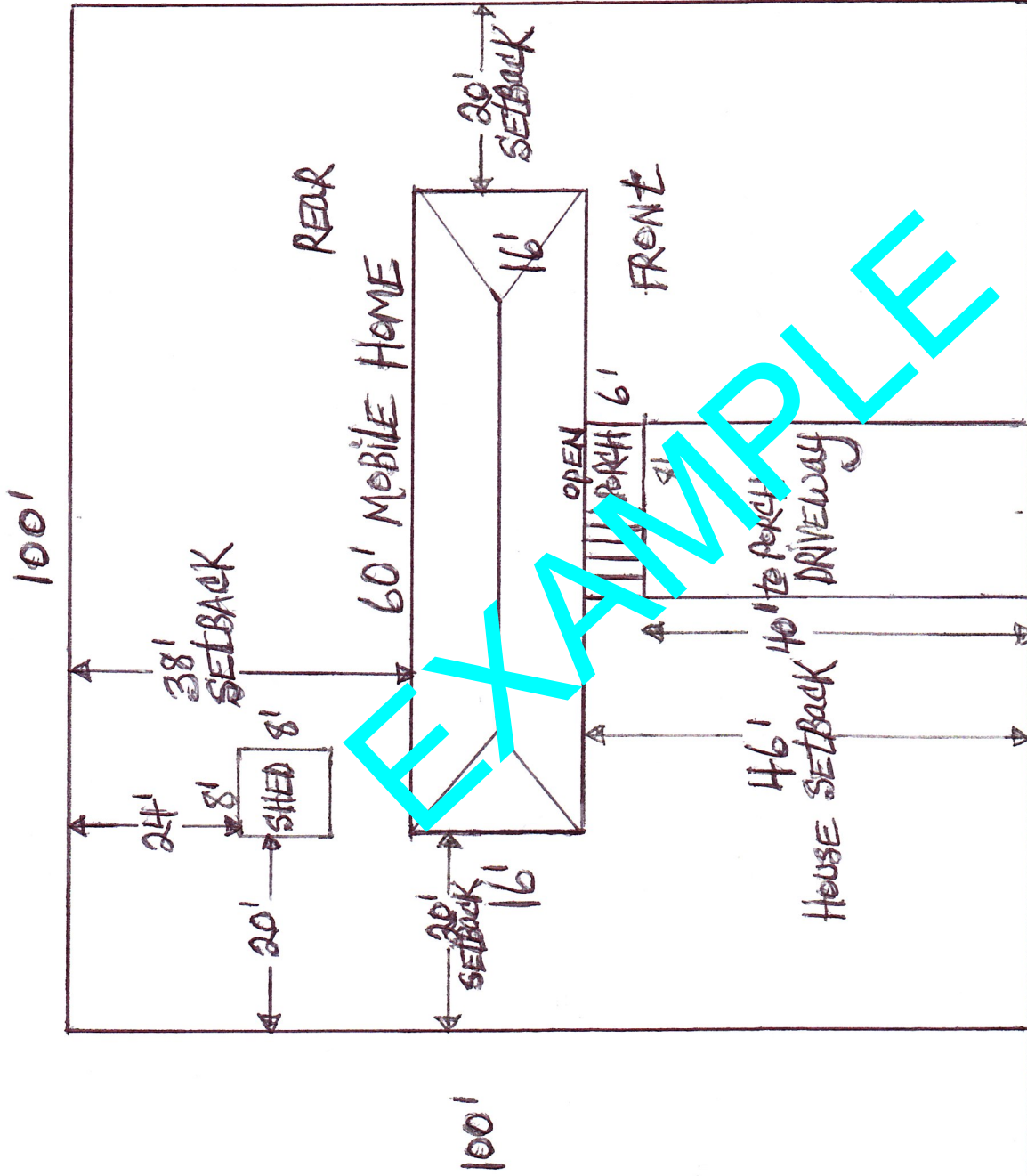
### **ANCHORING METHODS (Check one)**

- Auger and Strap Type:** Installed within 2' of the end of the home, then generally 11' spaced apart. Install below frost line. Closely follow manufacturer's installation instructions.
- Alternative systems** - Vector systems, OTI system. Any stamped engineered or alternative system approved by the manufacturer. Must be approved by Manufacturer and their DAPIA.

### **INSPECTION SCHEDULE – Always provide a minimum of 24 hours notice.**

1. Foundation (before placing footings)
2. Concrete slab or under floor (prior to pouring concrete floor)
3. Anchorage (after home is set in place, installed and anchored)
4. Service Equipment – Electrical, Plumbing, Mechanical work performed in field.
5. Frame (call before covering any work performed in field)
6. Means of egress (Decks & Porches)
7. Final (prior to occupancy)

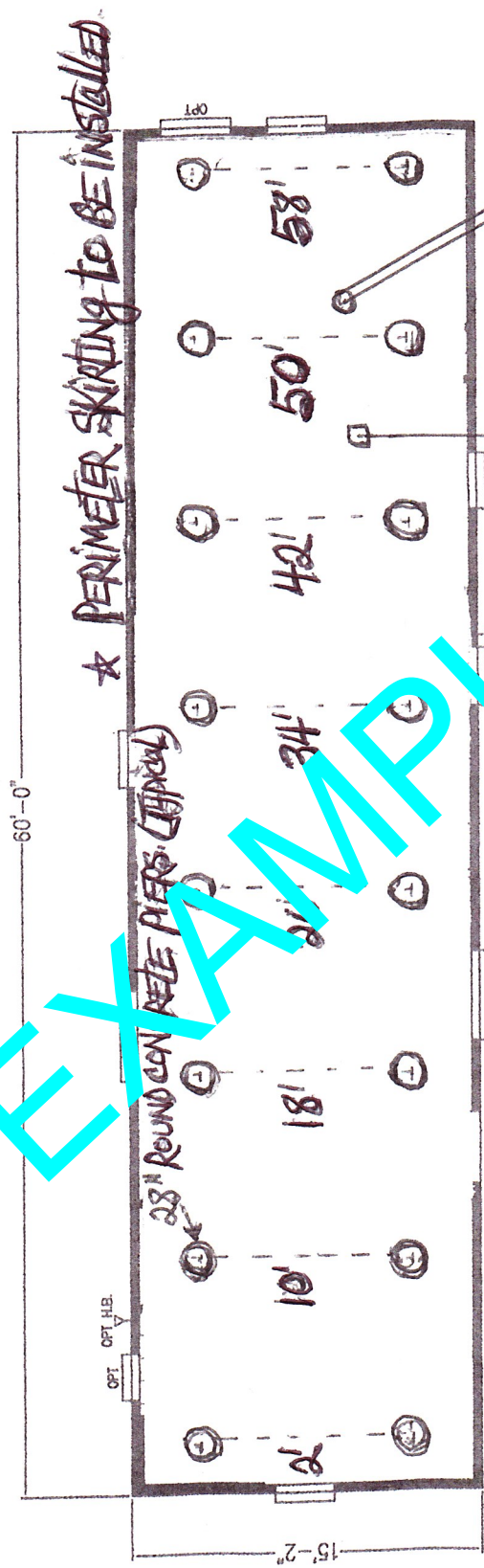
**\*\*THIS COMPLETED FORM MUST BE SUBMITTED WITH THE PROJECT PLANS AND DRAWINGS\*\***



WAYNE ROAD - SANDY TOWNSHIP  
 SAMPLE SITE PLAN

# PENNSAFA SAMPLE PIER PLAN - MOBILE HOME

My Actual Home Size is          WIDE X          DEEP. 100 AMP POLE SERVICE



## FOOTER AND ANCHOR SPECS:

1. CONCRETE PIER FOOTINGS 36" DEEP - 28" DIAMETER SPACED PER DRAWING.
2. CONCRETE BLOCK SUPPORTS PLACED ON TOP OF PIERS UP TO SUPPORT BEAMS.
3. ANCHOR AND TIE DOWN SYSTEMS AUGER AND STRAP TYPE INSTALLED MAXIMUM 11' APART. ALL OTHER TYPES INSTALLED PER MANUFACTURER SPECIFICATIONS.

EXAMPLE

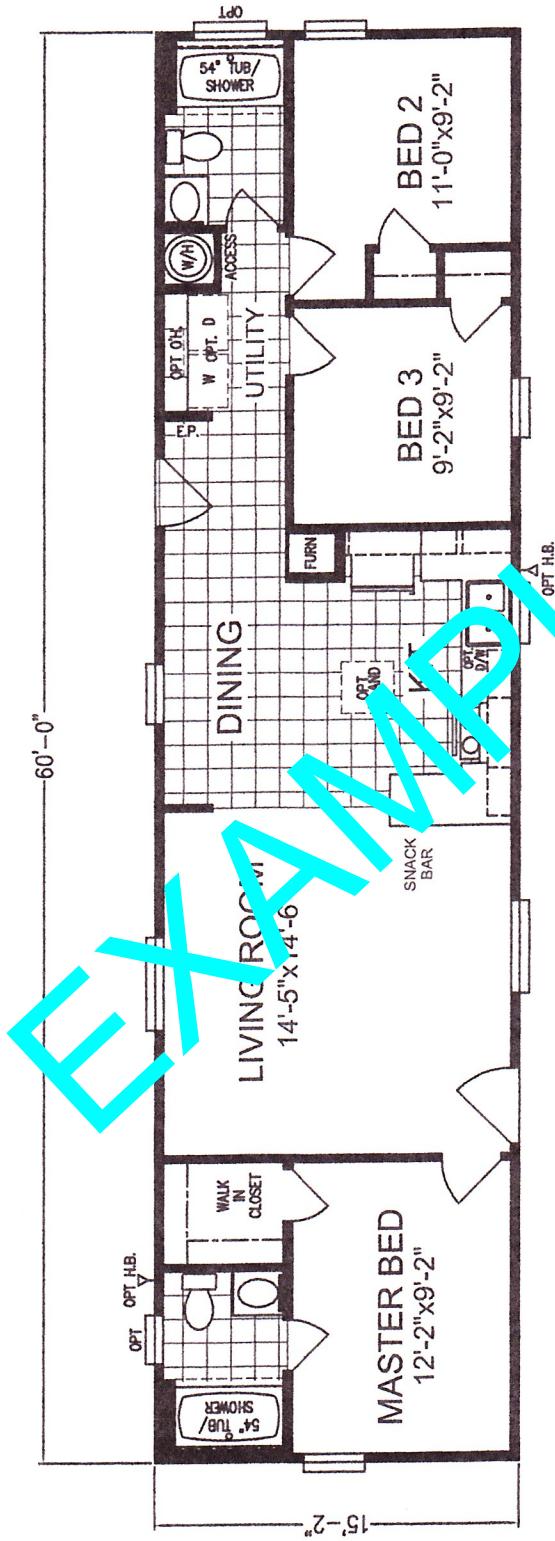
SEWER LINE

NEW 3/4" WATER LINE WITH FROST PROTECTION

\* PERIMETER SKIRTING TO BE INSTALLED



# MOBILE HOME FLOOR PLAN



EXAMPLE

# PENNSAFE BUILDING INSPECTION SERVICES LLC

## Deck and Roof Cross Section Submittal

Roof Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_

Roof Type: Gable: \_\_\_\_\_ Hip: \_\_\_\_\_ Shed: \_\_\_\_\_

Roof Pitch: \_\_\_\_\_

(check one) Trusses: \_\_\_\_\_ Rafters: \_\_\_\_\_

Spacing of Trusses or Rafters: \_\_\_\_\_

Rafter Size and Span: \_\_\_\_\_

Ridge Beam: Size: \_\_\_\_\_ Span: \_\_\_\_\_

Roof Sheathing: \_\_\_\_\_

Roof Covering: \_\_\_\_\_

Roof Header Beam: Size: \_\_\_\_\_ Span: \_\_\_\_\_

Deck Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_

Footer Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_

Carrier Beam: Size: \_\_\_\_\_ Span: \_\_\_\_\_

Type of Floor Joist: \_\_\_\_\_

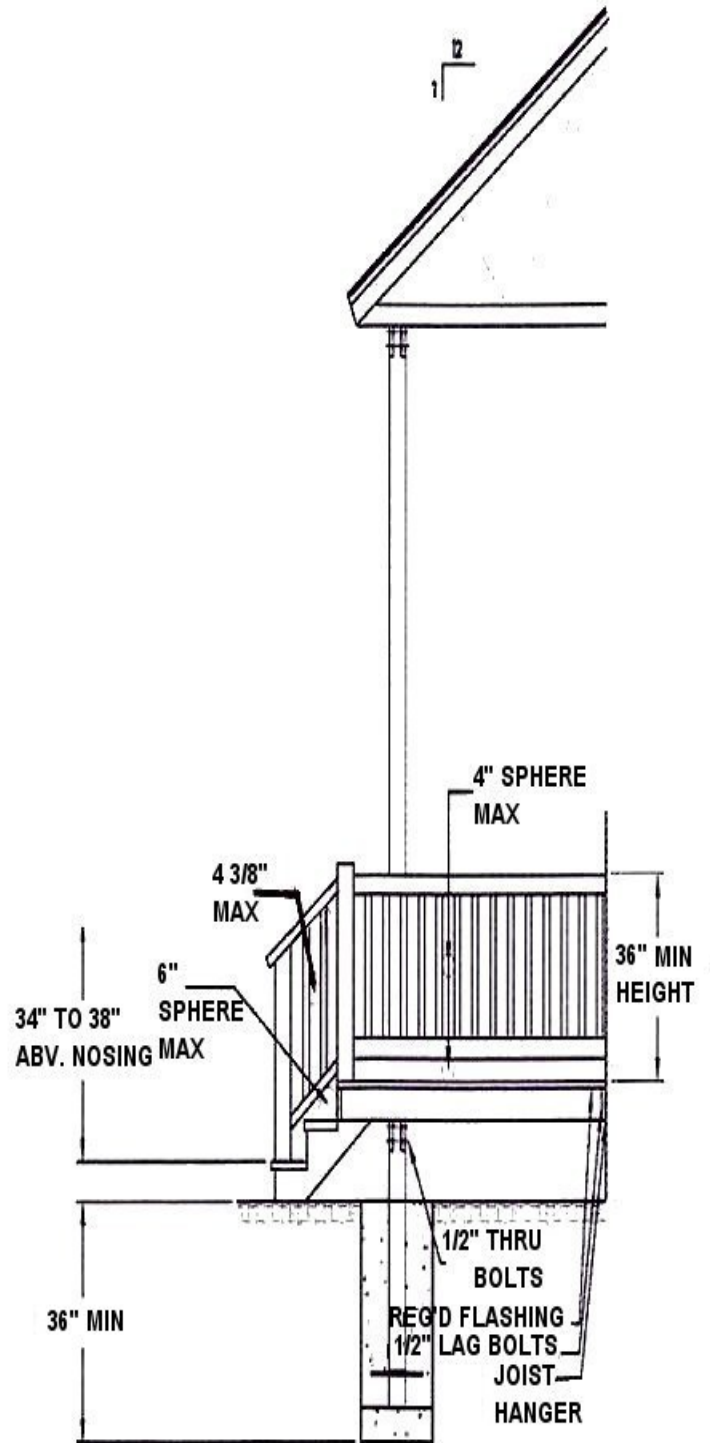
Floor Joist: Size: \_\_\_\_\_ Span: \_\_\_\_\_

Decking Material: \_\_\_\_\_

Number of Steps: \_\_\_\_\_

Riser Height: \_\_\_\_\_

Tread Depth: \_\_\_\_\_



# Data Plate Information

The data plate is typically located inside a kitchen cabinet, in a bedroom closet or on the electrical panel-board cover area. If the data plate is not available, additional inspections may be required to determine if the home was constructed for the Pennsylvania climate.

## TYPICAL DATA PLATE

1. Identify the date of manufacture.

2. Identify the serial number. (Cross reference to the front crossmember of the chassis.)

3. Identify Wind Zone (Pa. – WIND ZONE 1)

4. Identify Roof Snow Load Zone. (Pa. – SOUTH (20) ZONE)

| Manufacturer address<br>_____<br>_____<br>_____  |              |                    | <b>COMFORT HEATING</b><br>This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within UJO value zone _____ (See map at bottom).<br>Heating equipment manufacturer and model (See list at left)<br>_____<br>The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of _____° F.<br>To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (87 1/2%) is not higher than _____ degrees Fahrenheit.<br>The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure. |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
|--|--------------|--------------------|--|--|--|-----------|--------------|-------------------|-------------|-------|-------|-----------------|-------|-------|-------------|-------|-------|--------------|-------|-------|--------------|-------|-------|--------|-------|-------|---------------|-------|-------|------------|-------|-------|------------------|-------|-------|-----------|-------|-------|
| Date of Manufacture _____<br>HUD Label No (s) _____  |              | Plant Number _____ |  | <b>COMFORT COOLING</b><br><input type="checkbox"/> Air conditioner provided at factory (Alternate I)<br>Air conditioner manufacturer and model (see list at left)<br>_____<br>Certified capacity _____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.<br>The central air conditioning system provided in this home has been sized assuming an orientation of the front back wall of the home facing _____. On this basis, the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are _____° dry bulb and _____° wet bulb.<br>The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shading are provided in Chapter 22 of the 1989 edition of the ASHRAE Handbook of Fundamentals.<br>Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home. |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| Manufacturer's Serial Number and Model Unit Designation<br>_____<br>Design Approval by (D.A.P.I.A.)<br>_____<br>This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture.<br>(For additional information, consult owner's manual.)  |              |                    |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| The factory installed equipment includes:<br><table border="1"> <thead> <tr> <th>Equipment</th> <th>Manufacturer</th> <th>Model Designation</th> </tr> </thead> <tbody> <tr> <td>For heating</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>For air cooling</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>For cooking</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Refrigerator</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Water Heater</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Washer</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Clothes Dryer</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Dishwasher</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Garbage Disposal</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Fireplace</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>   |              |                    |  |  |  | Equipment | Manufacturer | Model Designation | For heating | _____ | _____ | For air cooling | _____ | _____ | For cooking | _____ | _____ | Refrigerator | _____ | _____ | Water Heater | _____ | _____ | Washer | _____ | _____ | Clothes Dryer | _____ | _____ | Dishwasher | _____ | _____ | Garbage Disposal | _____ | _____ | Fireplace | _____ | _____ |
| Equipment  | Manufacturer | Model Designation  |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| For heating  | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| For air cooling  | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| For cooking  | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| Refrigerator   | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| Water Heater   | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| Washer   | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| Clothes Dryer  | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| Dishwasher   | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| Garbage Disposal   | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| Fireplace  | _____        | _____              |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| <b>HOME CONSTRUCTED FOR</b> <input type="checkbox"/> Zone I <input type="checkbox"/> Zone II <input type="checkbox"/> Zone III<br>This home has not been designed for the higher wind pressure and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and anchoring and foundation system have been designed for the increased requirements permitted in ASHRAE 189-1989, Section 7.4B.<br>This home has _____ been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in manufacturer's printed instructions. |              |                    |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| <b>BASIC WIND ZONE MAP</b><br>   |              |                    |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| <b>DESIGN ROOF LOAD ZONE MAP</b><br>North 40 PSF      South 20 PSF<br>Middle 30 PSF      Other _____ PSF<br>   |              |                    |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| <b>INFORMATION PROVIDED BY THE MANUFACTURER</b><br>NECESSARY TO CALCULATE SENSIBLE HEAT GAIN<br>Walls (without windows and doors) _____ °F<br>Ceilings and roofs of light color _____ °F<br>Ceilings and roofs of dark color _____ °F<br>Floors _____ °F<br>Air ducts in floor _____ °F<br>Air ducts in ceiling _____ °F<br>Air ducts installed outside the home _____ °F<br>The following are the duct areas in this home:<br>Air ducts in floor _____ sq. ft.<br>Air ducts in ceiling _____ sq. ft.<br>Air ducts outside the home _____ sq. ft.  |              |                    |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |
| <b>UJO VALUE ZONE MAP</b><br>  |              |                    |  |  |  |           |              |                   |             |       |       |                 |       |       |             |       |       |              |       |       |              |       |       |        |       |       |               |       |       |            |       |       |                  |       |       |           |       |       |

**NOTE- Pennsylvania design criteria:**  
 Home manufactured after OCTOBER 1994 - CLIMATE ZONE 3.  
 Homes manufactured between June 1976 – October 1994 - CLIMATE ZONE 2.

# Habitability Checklist for Relocated Manufactured Homes

Use this checklist to aid in confirming compliance with the habitability guide for relocated manufactured homes. All items must be correct prior to occupancy. A completed checklist must be submitted to the local building code official as part of the building permit process.

Home Address: \_\_\_\_\_

## Data Plate, Serial Number & Certification Label

- Locate the serial number from the front chassis crossmember and the certification labels from the exterior siding. Cross reference to the data plate in the home. See page 2.
- Verify the home was certified as a manufactured home and that it was designed and constructed for the Pennsylvania climate zone.

## Floors

- Floor is structurally sound. Floor coverings are secure and do not present tripping hazards.
- Floor insulation is properly installed in floor cavity, especially at access areas.
- Bottom Board is patched and secure. See page 5.

## Walls

- Walls are structurally sound, without holes, breaks or protrusions.
- Doors and windows are operational with proper glazing. See page 3.
- Doors are equipped with proper hardware. See page 3.

## Exterior Coverings

- Roofing material free from obvious defects, holes, etc.
- Roof caps, vents, flashing, etc. are properly installed. Fireplace chimneys are the proper height (3' above the roof where it passes and 2' higher than any part of the building with 10' of the chimney).
- Siding material is free from obvious defects, holes, etc. and is properly channeled or sealed around penetrations.

## Sanitary Facilities

- Plumbing system is in good working order and free from defects, leaks and obstructions. See page 4.
- Drain piping under the floor is properly sloped and supported every 4'. See page 4.
- Water supply line crossover insulation and covers are properly installed.
- Hot water appliance is properly installed and in good working order.

## Ventilation

- Clothes dryer exhaust ducts terminate outside of the skirting crawl space enclosure. See page 4.
- Kitchen, bath and toilet compartment fans are operational. For homes built after Oct 25, 1993, see page 4.

## Heating

- Heating facilities are in working order.
- Registers and grills are in place at all outlets and intakes for the heating system.

## Fuel Burning Appliances

- All vents, flu pipes, chimneys, etc. are properly installed, and are free from rust, damage or any condition that could result in a leak of combustion gases into the home. See page 4.
- Fire-blocking is adequately installed where vents, flu pipes, chimneys or other penetrations are present in the ceiling or walls inside furnace and water heater compartments. See page 5.
- Fuel supply piping is properly installed and supported.
- Fuel supply piping has been tested for leaks by qualified personnel.

## Electrical Systems

- All electric receptacles, switches, junction boxes, fixtures, etc. are properly installed with appropriate cover plates. See page 5.
- All electrical crossovers are properly assembled and secured. See page 5.
- Operational test assured that all electrical devices operate properly.
- Ground Fault Circuit Interrupters (GFCI) where required, test and reset properly. See page 5.
- All exposed metal parts likely to be energized have been bonded.
- Proper smoke detectors/alarms placement and operation. See page 3.
- Proper carbon monoxide alarm placement and operation, if applicable. See page 4.