

Tax ID/Map#.....

Notes:



Municipality:

Permit #:

Date Received:.....Date Issued:.....

Property Address:

.....

Owner/Agent:

Permit Fee: \$.....

Why do you need to
follow the Uniform
Construction Code?

It is the law!
Pennsylvania enacted the
Uniform Construction Code
(Act 45) on April 9, 2004.

The purpose of this is to
provide standards for the
protection of life, health,
property and environment.
It is also for the safety and
welfare of the consumer,
general public and the
owners and occupants of
buildings and structures.

TODAY'S INSPECTIONS ARE
TOMORROW'S PEACE
OF MIND

Our Services

PA Uniform Construction Code
Plan Review, Inspections and
Consulting for:

Residential Building & Structure
Commercial Building & Structure

Accessibility

Electrical

Plumbing

Mechanical

Energy Conservation

Fire Protection

Building Safety

Final & Complete Process

Additional:

Consultation on Understanding
the Codes

Managerial & Staff Plan Review,
including Explanation for Clarity

Interpretation of Codes

Zoning & Property Maintenance



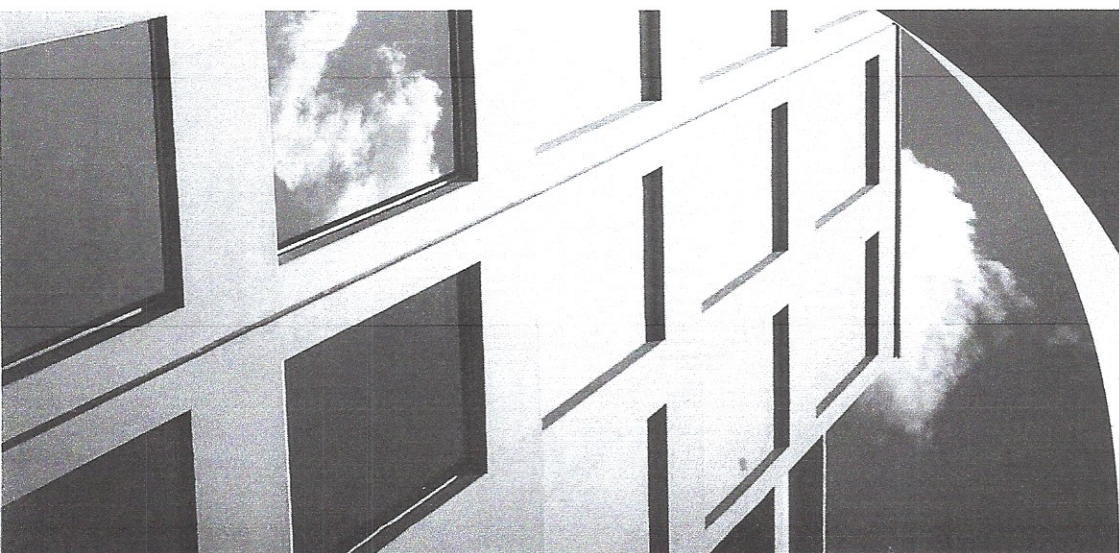
209 Main St., Childs, PA 18407

Phone: 570-280-2111

Fax: 570-280-2112

Online: www.neic.us

*We are local. We live local. We work local.
Choose us to save time and
money on your next project!*



→ Who We Are

We are a team of professional building and safety inspectors and consultants offering comprehensive plan review and inspection services to cities and municipalities throughout the state of Pennsylvania. We have over 130 years of combined experience in all phases of construction, over 30 years of combined experience in all phases of "Uniform Construction Code" inspection, as well as 18+ years of experience in executive management.

NEIC is a professional organization based on the foundation of service, community, communication and integrity.

We are committed to serve through excellent service, effective process and consistent compliance.

We bring a high level of impeccable professionalism to our services that ensure velocity and progress to make your projects workable.

→ **It is your money that pays for the permits, you should have a choice!**

The PA Uniform Construction Code allows multiple agencies to enforce the code. Contact your municipal leaders to request NEIC to be added as an additional inspection agency.

We ask for your consideration to choose our agency for your next construction project for UCC inspections and plan reviews.

→ Experience:

All of our inspectors are master tradesmen. NEIC believes that a good inspector requires knowledge of the construction trade. This means before an inspector makes a call, they need to know how it will affect the safety, progress, and economics of the project. Our inspectors can offer alternative avenues to builders to assist in safely completing a project. Once again, the ability comes only from our experience in the field.

→ Inspections:

In most cases, we complete inspections within four hours from the request. This allows the project manager and contractors to perform their functions efficiently.

→ Plan to Succeed:

We meet with the architects and engineers before the pen meets the paper. This saves time and alleviates the costly process of prints being revised and reviewed on numerous occasions by the print reviewer and the architect.

→ **Friendly Approach:** We strongly believe a positive attitude is the key to overcome obstacles quickly. This is the number one reason we use this approach with all our projects.

→ **SERVING THE COUNTIES OF COLUMBIA, LACKAWANNA, LUZERNE, MONROE, MONTGOMERY, NORTHUMBERLAND, PIKE, SULLIVAN, SUSQUEHANNA, WAYNE AND WYOMING**

→ CONTRACTED CITIES & MUNICIPALITIES

Archbald Borough
Benton Township
Birdsboro Borough
Blakely Borough
Carbondale Township
City of Carbondale
City of Pittston
City of Scranton
City of Sunbury
Clarks Summit Borough
Clifford Township
Danville Borough
Dunmore Borough
Elmhurst Township
Fell Township
Franklin Township
Greenbush Township
Greenfield Township
Honesdale Borough
Jefferson Township
Jermyn Borough
Jessup Borough
Mahoning Township
Manchester Township
Mayfield Borough
Newton Township
North Abington Township
Northumberland Borough
Olyphant Borough
Palmyra Township
Point Township
Scott Township
Spring Brook Township
Springville Township
Sterling Township
Susquehanna Depot Borough
Taylor Borough
Throop Borough
Waverly Township

**FIRE
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Permit #

R/N
R/O
C/N
C/O

A. IDENTIFICATION- APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Tele. () _____

Contractor _____

Address _____

Tele. () _____ Fax () _____

Lic. No. _____

Federal Emp. No. _____ PA.HIC # _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Const. Class Present _____ Proposed _____

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Electric [] Solar

[] Other _____

Location: _____

Fire Alarm System New [] Existing []

Location of Panel: _____

Fire Suppression/Standpipe System New [] Existing []

Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Electric [] Elevator

[] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid

[] LPG [] LNG Capacity _____ Fuel _____

Alarm Systems [] 110v Interconnected _____ NUMBER _____

[] System _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas [] or Oil [] Fired Appliances _____

Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____

UCC Inspection \$ _____

PAL&I \$ _____

TOTAL \$ _____

**PLUMBING
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Tele. (____) _____

Contractor _____

Address _____

Tele. (____) _____

Fax (____) _____

Lic. No. _____

PA, HIC # _____

Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____

Proposed _____

Building Sewer Size _____

Public Sewer _____

Private Septic _____

Water Service Size _____

Public Water _____

Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Failure _____

Failure _____

Approval _____

Initial _____

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

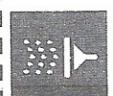
Gas Equipment _____

Gas Piping _____

Solar _____

TCO _____

D. TECHNICAL SITE DATA (List of all fixtures, NO. FIXTURE/EQUIPMENT)



Date Received _____
Date Issued _____
Permit # _____

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

Other _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

UCC Inspection \$ _____

PA L&I \$ _____

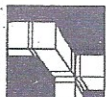
TOTAL \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature _____

**MECHANICAL
SUBCODE**



Date Received
Date Issued
Permit #

R/N
R/O
C/N
C/O

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Tele. (____) _____

Contractor _____

Address _____

Fax (____) _____

Lic. No. _____

Federal Emp. No. _____

PA.HIC # _____

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4

Heating System ☐ Conversion ☐ Replacement

Fuel: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other _____

Type: ☐ Hydronic ☐ Hot Air

Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required

☐ Joint Plan Review Required

☐ Bldg. ☐ Plumb.

☐ Elec. ☐ Elevator

☐ Fire ☐ Mech.

PLANS APPROVED

Date: _____

Approved by: _____

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other _____

DATES

Failure

Failure

Approval

Initial

DESCRIPTION OF WORK

D. TECHNICAL SITE DATA

NO.

FIXTURE/EQUIPMENT

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other _____

FEE (Office Use Only)

Administrative Surcharge

UCC Inspection

PA L&I

TOTAL

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Permit #

R/N
R/O
C/N
C/O

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Tele. (____) _____

Contractor _____

Address _____

Tele. (____) _____ Fax (____) _____

Lic. No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____

Present _____

Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[] No Plans Required			Type:				
Joint Plan Review Required:			Rough				
[] Building [] Plumbing			Temp. Serv.				
[] Fire [] Elevator			Const. Serv.				
[] Elec. Plans Approved			TCO				
Date: _____			Other				
Approved by: _____			Service				
			Final				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued				
Date: _____							
Approved by: _____							

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature _____

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UV Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/2 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge	\$
UCC Inspection	\$
PA L&I	\$
TOTAL	\$



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

R/N
R/O
C/N
C/O

Work Site Location _____

Owner _____

Address _____

Tele. (____) _____

Contractor _____

Address _____

Tele. (____) _____ Fax (____) _____

Lic. No. or Bids. Reg. No. _____

Federal Emp. No. _____ PA.HIC # _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required								
<input type="checkbox"/> All				Footings				
<input type="checkbox"/> Footing				Foundation				
<input type="checkbox"/> Foundation				Slab				
<input type="checkbox"/> Frame				Frame				
<input type="checkbox"/> Other				Barrier-Free				
Joint Plan Review Required:			Insulation					
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes					
SUBCODE APPROVAL			Energy					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical					
Date: _____			TCO					
Approved by: _____			Other					
			Final					
			Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure		
Area — Largest Floor		
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:

1. New Bldg.	\$	
2. Alteration	\$	
3. Total (1+2)	\$	

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DESCRIPTION OF WORK

TYPE OF WORK:

<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input type="checkbox"/> Alteration	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence	
<input type="checkbox"/> Sign	
<input type="checkbox"/> Pool	
<input type="checkbox"/> Asbestos Abatement	
<input type="checkbox"/> Lead Haz. Abatement	
<input type="checkbox"/> Other	

FEE (Office Use Only)

Administrative Surcharge	\$	
UCC Inspection	\$	
PA L&I	\$	
TOTAL	\$	

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy