



**Middlesex Township**  
**Customer Assistance Guide**

**Building Permit Application Submittal**  
**Requirements for the Construction of a**  
**Residential Addition**



**CUSTOMER ASSISTANCE GUIDE**  
**BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**  
**RESIDENTIAL ADDITIONS**

(Bedroom - Family Room . Kitchen . Attached Garage - Etc)

- Please read all of the following information.
- The following is a check list. You must have a checkmark in all the sections listed below prior to submitting your application.

\_\_\_\_\_ Affidavit of Exemption (See attached form) If you are hiring a contractor to construct your addition, and they have workers compensation, have the contractor or their insurance carrier provide us with a Certificate of Insurance showing proof of such. If the homeowner or a contractor without workers compensation is constructing the addition, the attached form must be completed and notarized.

\_\_\_\_\_ A site plan showing the proposed addition, the outside dimensions of the structure, the distances in feet, to the front, sides, and rear property lines.

\_\_\_\_\_ Three (3) sets of complete construction documents that show in detail code compliance for all of the work proposed to include but not limited to the following information;

- \_\_\_\_\_ Floor plan showing size of all rooms.
- \_\_\_\_\_ Footing detail including depth below frost line, thickness, width, and rebar.
- \_\_\_\_\_ Type of foundation, showing type of masonry, waterproofing and anchorage of addition to foundation.
- \_\_\_\_\_ Roof rafter size . species and grade of wood.
- \_\_\_\_\_ Rafter spacing (16 on center, 24 on center, etc).
- \_\_\_\_\_ Thickness and type of roof sheathing.
- \_\_\_\_\_ Ceiling joist size and spacing.
- \_\_\_\_\_ Floor joist size and spacing.
- \_\_\_\_\_ Wall sections showing top and bottom plates and headers.
- \_\_\_\_\_ Location and size of all beams.
- \_\_\_\_\_ Sizes of all doors.
- \_\_\_\_\_ Window type . including sizes and the net clear opening dimensions of all sleeping room windows (emergency egress).
- \_\_\_\_\_ Smoke alarms - number and placement.
- \_\_\_\_\_ Insulation . U - Values for windows, R . Values for exterior walls, attic and foundation.
- \_\_\_\_\_ Heating if applicable.
- \_\_\_\_\_ Plumbing (if any).
- \_\_\_\_\_ Electrical.
- \_\_\_\_\_ Stairs (riser height maximum 8 ¼+tread depth minimum 9+)
- \_\_\_\_\_ Stairs . handrail (height from nose of thread min 34+max 38+)
- \_\_\_\_\_ Guardrail (34+minimum measured vertically from nose of thread)
- \_\_\_\_\_ Width of stairs (36+minimum)

\_\_\_\_\_ Completed building permit application.

MDIA will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked approved. A building permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Municipal Building. All fees shall be paid prior to the issuance of the permit. Then use the inspection procedures provided to have all of the required inspections performed.



**THIS FORM REQUIRES A NOTARY SEAL**

**AFFIDAVIT OF EXEMPTION**

The undersigned affirm that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons, as indicated:

\_\_\_\_\_ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.

\_\_\_\_\_ Religious exemption under the Workers Compensation Law. All employees of contractor are exempt from workers compensation insurance (attach copies of religious exemption letter for all employees).

\_\_\_\_\_  
Signature of Applicant

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

Subscribed, sworn to and  
acknowledged before me by the above  
\_\_\_\_\_ this \_\_\_\_\_ Day  
of \_\_\_\_\_  
20 \_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
**Notary Public**