



TOWNSHIP OF
Hampton

**ITEMS REQUIRED TO OBTAIN A
RESIDENTIAL BUILDING PERMIT**

(DECKS)

- TWO (2) SETS OF PLANS IN DETAIL
 - PLANS **MUST** CONSIST OF FRONT, SIDE AND REAR WITH A SECTIONAL VIEW IN DETAIL.

- **COPY OF WORKERS COMPENSATION INSURANCE CERTIFICATE (S)**
- **OFFICIAL COPY OF SURVEY** (*with proposed location of structure drawn on survey with marked distances from the property lines.*)
- **WE ACCEPT CHECK OR CASH**
- **PLEASE TURN IN A COMPLETED APPLICATION FILLED OUT IN BLUE OR BLACK INK**
-

Please note: There will be an additional charge for re-inspections that exceed two or more of the allotted number of inspections that are listed on the building permit. No Certificate of Occupancy will be issued until such time as the additional inspection fees are paid in full.

RESIDENTIAL PERMIT APPLICATION FEES FOR DECKS

ONE CHECK

Deck \$0.18 per square foot of GFA

(**GFA:** Gross floor area based on **TOTAL** square footage plus stairs and landings)

+

Base Cost of Building Permit \$50.00

+

PA State Administration Fee \$4.00

We accept check or cash.

All checks are made payable to: **“Township of Hampton”**

Please fill out all sections completely!

Thank you



TOWNSHIP OF

Hampton

BUILDING PERMIT REQUIREMENTS

The Township of Hampton provides all inspections as part of the building permit fees, with the **exception** of the following:

- **Plumbing**
- **Electrical**
- **Residential Electrical Plan Review**
- **Commercial Plan Review**
- **Energy (Insulation)**

You may use any inspector or inspection agency listed for each category. Inspections performed by Inspectors or Inspection Agencies not listed below will **NOT** be recognized.

Plumbing - Contact the Allegheny County Health Department (ACHD) 412-687-ACHD (2243)

Electrical Only

- **Stewart's Electrical Inspections**, Irwin PA, contact: John Stewart, 724-864-9260
johnwstew@verizon.net Fax: 724-864-9206
- **Tri-State Safety Inspection Service**, Uniontown PA, contact: John Peton, 724-439-2601
tristatesafety200@yahoo.com
- **Steel City Inspection Agency, Inc.**, Pittsburgh PA, contact: Carmen Delucia, 412-653-2110
sciapg@cs.com
- **Codesys Code Consulting, Inc.**, Pittsburgh PA, contact: Peg Russell, 412-821-0337 x11
Wer4code@aol.com
- **Commonwealth Code Inspection Service**, contact: Maurice Thompson, 412-486-7693
mar_gayle@verizon.net
- **Middle Department Inspection Agency, Inc.**, Wexford PA, contact: Ron Duva 1-800-930-6342
Wexford80@worldnet.att.net
- **Allegheny Inspection Services, Inc.**, Karns City, PA, contact: Max Summerville 1-800-506-5432 or 412-719-5784, John Croup 724-944-0508
- **Atlantic Inland Inspections**, Pittsburgh, PA, Contact: Thom Ruff, 412-213-0200

Electrical & Insulation

- **Professional Code Services, Inc.**, Gibsonia, PA, contact: Scott Chermak, 724-449-2633 x 1
info@professionalcodeservices.com Fax: 724-449-2673
- **International Code Consultants**, Cranberry Township, PA, Contact: David J. Buskirk, 724-772-2633 or 412-596-3287

Commercial Plan Review

- **Henry A. Hegerle**, Pittsburgh PA, 412-381-4989
- **Codesys Code Consulting, Inc.**, Pittsburgh PA, contact: Peg Russell, 412-821-0337 x11
- **Commonwealth Code Inspection Service**, Manheim PA, contact: David S. Abel, 800-732-0043
- **Professional Code Services, Inc.**, Gibsonia, PA, contact: Scott Chermak, 724-449-2633 x 1



For Township Use Only: Permit #: _____ Approved Yes ___ No ___ Date _____
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RESIDENTIAL
BUILDING PERMIT APPLICATION FOR DECKS

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Complete Site Address: _____

Tax Parcel# _____ Lot# _____ Zoning: _____

Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone# _____ Fax# _____

Mailing Address: _____

E-Mail: _____

Contractor: _____ Phone# _____ Fax# _____

Mailing Address: _____ PA# _____

E-Mail: _____

Architect: _____ Phone# _____ Fax# _____

Mailing Address: _____



TYPE OF WORK OR IMPROVEMENT (Check one)

DECK

ATTACHED _____

DETACHED _____
(Please check one)



BUILDING DIMENSIONS AND SETBACKS

Existing Building area: _____ sq. ft. Number of Stories: _____

Proposed Building Area: _____ sq. ft. Total Building Area: _____ sq. ft.

Height of Structure Above Grade: _____ ft.

Set back from street right-of-way _____ ft.

Distance from structure to rear property line _____ ft.

Sidelines: Right side of structure to property line _____ ft

Left side of structure to property line _____ ft.

TOTAL SQ. FEET _____

Is there a watercourse or wetlands on the property? _____ **If so, please show on survey.**
(Limited disturbance allowed, please refer to Ordinance No. 780, Section 4.5 for specifics)

ESTIMATED COST OF CONSTRUCTION: \$ _____

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, setback lines, easements, right of way, flood areas. 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.

Signature of Owner or Authorized Agent

\$0.18 per square foot	\$ _____
(\$0.18 x Total GFA)	
Base Cost of Building Permit:	\$ <u>50.00</u>
<u>PA State Administration fee:</u>	\$ <u>4.00</u>
Total Amount Due: \$ _____	

Township Use Only:
Received By: _____
Date : _____
Check#: _____
Cash: _____
Amount Paid: _____

I/We being the owner and/or contractor and/or agent of the owner and/or agent of the contractor by the execution of this "Application for Residential Building" do represent that I/we the undersigned SHALL BE PERSONALLY RESPONSIBLE AND DO HEREBY PERSONALLY ASSURE that the Building Inspector of the Township of Hampton or his designee shall be permitted access onto the premises under construction at all reasonable times as set forth in the Building Code of the Township of Hampton. I/We do further understand, acknowledge and intend that such foregoing representations are intended to induce the Township of Hampton to issue said residential building permit.

OWNER

OWNER

TOWNSHIP OF HAMPTON

CONTRACTOR

AGENT FOR OWNER

AGENT FOR CONTRACTOR



3101 McCully Road, Allison Park, Pennsylvania 15101 ♦ Area Code 412-486-0400
412-443-7585
Fax: 412-486-5019

TOWNSHIP OF HAMPTON
RELEASE FORM

I / We, _____,
being the owner or owners of the property listed below, located at _____
_____, agree to *HOLD HARMLESS* the Township
of Hampton of any and all legal responsibilities in the removal of fence, hedge, post, mailbox,
sign, wall, tree or shrub which has been placed over the road right-of-way easement for utilities,
as per Ordinance 627. Article 11, Section 11.600. Subsection 11.640 at the above location, should
it ever become necessary to remove same for maintenance purposes.

Further, this **RELEASE FORM** is to be made a part of, and recorded with the building
permit issued on the above property.

Owner

Owner

Attest

Date

Section 11.640: Any fence, hedge, post, mailbox, sign, wall, tree or shrub located in a
public right-of-way or other recorded easement is placed at the owner's risk
and may be ordered removed by the Township or other public utility or
authority for expansion or maintenance of public services.



TOWNSHIP OF
Hampton

Addendum to Building Permit

If you are a contractor and have a "certificate of Insurance" you do not need to get this form notarized, all others must have form notarized on the back.

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____
Or Self-Insurer _____

Address _____

City _____ State _____ Zip Code _____

Policy No. _____ Coverage Period Ends _____

Name of Contractor / Policy Holder _____

Address _____

City _____ State _____ Zip Code _____

Contractor / Policyholder's federal or state employer identification number (EIN)

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor / policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor / policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property

- Contractor / Applicant is a sole proprietorship without employees
- Contractor / Applicant is a corporation, and the only employees working on the project have and are qualified as “Executive Employees” under Section 104 of the Workers’ Compensation Act. Please explain:

- The entire contractor / applicant’s employees on the project are exempt on religious grounds under Section 304.2 of the Workers’ Compensation Act. Please explain:

- Other. Please explain:

Name of Applicant _____
 Address _____
 City _____ State _____ Zip Code _____
 Applicant’s federal or state employer identification number (EIN) _____

Any subcontractors used on this project will be required to carry their own workers’ compensation coverage. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. Violation of the Worker’s Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Subscribed and sworn before me this day of _____ 20___. <hr style="width: 80%; margin-left: 0;"/> <i>(Signature of Notary Public)</i> Commission expires: _____ <div style="text-align: center;">(Seal)</div>
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 Signature

 Name (Please Print)

 Title

 Name of Company

Note: Applicant’s Copy to be attached to permit and posted. Municipality’s Copy to be filed with its permit copy.



LIST ALL MATERIALS FOR DECK/PATIO AND WHERE THEY WILL BE USED

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

Owners initial

BCO initial

Standard Deck Specifications

#1 Grade 2 x 10 Floor Joist 16" on center, double 2 x 10 beam notched into 6 x 6 posts.

6 x 6 posts setting on top of 18" x 18" x 1' thick concrete footer minimum

Footings must be at least a minimum of eighteen (18) inches in diameter, depending on the deck size and soil.

At least twelve (12) inches of mixed concrete in the bottom of the holes or ditch. (*Under the posts*)

Footer must be at least thirty six (36) inches below finish grade.

Headers to be notched into 6 x 6 posts and bolted with 1/2" bolts

With 2 x 4 rails top and bottom 2 x 2 pickets are to be no more than four (4) inches apart.

5/4 decking or 2 x 6 on top of rails.

Post to be bolted to beam with 1/2" x 6" galvanized bolts.

#1 premium grade 5/4 x 6 Decking minimum.

Railing system must be able to withstand 200 pounds of outward force, and be at least thirty six (36) inches in height.

4 x 4's in railing system must be bolted or lagged with 2 pc. 3/8" x 3" minimum.

Ledger board secured to house or structure using 1/2" x 6" bolts or lag screws minimum, sixteen (16) inches on center.

*** **New 2010 - IRC: R502.2.3 Code:** The lateral load connection requires at least 2 hold-down tension devices per deck. (see attached documents)

TOWNSHIP OF HAMPTON

DECK SAFETY

NEW DTT2Z DECK CONNECTOR FOR RAILING POSTS AND LEDGERS MEETS BUILDING CODES AND RESULTS IN SAFER DECKS



Increasing reports of deck failures across the country have led to a greater focus on deck safety in the building codes. The two main areas of concern are the guardrail-post connection and the deck-to-house connection—both of which are critical to the performance and safety of the deck. Simpson Strong-Tie has developed a new solution to make both of these deck connections safer and stronger: the DTT2Z deck tension tie.

The International Residential Code® (IRC) requires deck railing posts to be able to resist a 200-lb. load in any direction. Many common guardrail-post connections that attach only to the rim joist do not meet this requirement.

The new DTT2Z connects the railing post back into the deck framing, not just to the rim joist, creating a connection that meets the code provisions for guardrail reinforcement and results in a safer deck.

In addition, the DTT2Z can be used to tie the deck into the house for a more secure ledger connection. It meets the IRC requirements for laterally attaching the deck to the house and can be used to satisfy the provisions of the AF&PA Prescriptive Residential Wood Deck Construction Guide (DCA6).

(continued on page 2)



Guardrail-Post Connection

CODE NEWS

STEEL STRONG-WALL® SHEARWALL NOW EVALUATED TO THE 2006 IBC

Simpson Strong-Tie® Steel Strong-Wall® shearwalls have been tested and evaluated to ICC-ES's new acceptance criteria for pre-fabricated steel shearwalls, AC 322. An updated version of our evaluation report, ESR-1679, is available at www.strongtie.com. With this new report, our entire line of Wood and Steel Strong-Wall panels in all applications are now evaluated to the 2006 IBC.

Some of the features to look for in the new evaluation report include tabulated load values which consider bearing stress calculations on 2500 psi minimum

concrete foundations and incorporate complete designs for anchorage in shear and tension, calculated to ACI 318, Appendix D. For more information, including the new load values and tables, visit our website.

Please note: We recommend using the updated ESR report values until the new *Strong-Wall® Shearwalls* catalog (C-SW09) is released. These tables supersede previously published values from our *Strong-Wall® Shearwalls* catalog, C-SW07. ■

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Decks – New Connection Requirements

IRC: R502.2.2

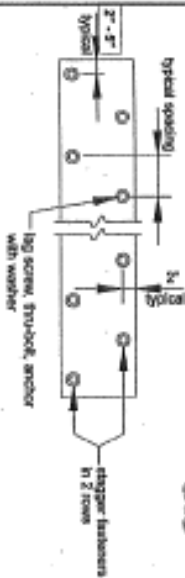
Ledger board and lateral load connection requirements apply to:

- Decks constructed as part of a new house
 - Decks constructed and attached to an existing house
- Exception: Decks designed to be free-standing



Ledger Board Fastener Spacing

IRC: R502.2.2.1



Note: Lags / Bolts are staggered top & bottom



Deck Ledger Connection

TABLE R502.2.1

FASTENER SPACING FOR A SOUTHERN PINE OR HEAVY-PINE DECK LEDGER AND A 2-INCH NOMINAL, SOLID-SAWN STRUCC-FRAME JOIST

Deck Ledger	2" x 4" Joist		2" x 6" Joist		2" x 8" Joist		2" x 10" Joist		2" x 12" Joist	
	16" o.c.	12" o.c.	16" o.c.	12" o.c.	16" o.c.	12" o.c.	16" o.c.	12" o.c.	16" o.c.	12" o.c.
Minimum Spacing	24"	24"	24"	24"	24"	24"	24"	24"	24"	24"
Maximum Spacing	24"	24"	24"	24"	24"	24"	24"	24"	24"	24"

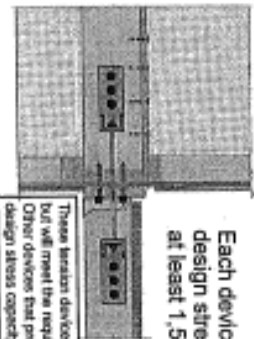
- Ledgers shall not be supported on brick or stone veneer.
- Lags & bolts must be galvanized or stainless steel.

Deck Lateral Load Connection

IRC: R502.2.3

The lateral load connection requires at least 2 hold-down tension devices per deck.

Each device must have a design stress capacity of at least 1,500 pounds.



These tension devices are not required but will meet the requirements if used. Other devices that provide equivalent design stress capacity are acceptable.

