

FINISHED BASEMENT APPLICATION CHECKLIST

Municipality: Palmer Township

Date: _____

Site Address: _____

Applicant Name: _____

Phone: _____

Contractor Name: _____

Phone: _____

Total Square Feet of Proposed Finished Basement: _____

Floor Plan:

Provide 2 Sets of Plans

Floor Plan - Indicate Use of Room(s)

Construction Details Provided

Ceiling Height: _____

Pressure-Treated Sole Plates

Type of Ceiling: Drywall / Drop Ceiling / Other

Smoke Detector(s) Noted

Indicate/Describe any Structural Alterations

Window/Door Locations Shown

Emergency Escape/Rescue Opening(s) Identified

Plumbing:

Will Plumbing Work Take Place?

If bathroom proposed, submit layout plan/clearances

Mechanical:

Will Mechanical Work Take Place?

Proposed Heating Method for Space: _____

Energy:

Proposed Insulation R-Value (Walls): _____

*Note: A carbon monoxide alarm is required to be installed outside of each separate sleeping area in the immediate vicinity of the bedroom(s) IF the dwelling contains a fuel-fired appliance or has an attached garage with an opening that communicates with the dwelling unit.