

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

**DECKS**

- Please read all of the following information.
- The following is a checklist. 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 deck, 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 deck, the attached form must be completed and notarized.

\_\_\_\_\_ A site plan showing the proposed deck, the width and length of the deck, the distances in feet, to the front, sides, rear property lines, and the height of floor surface above grade at highest point.

\_\_\_\_\_ Two (2) sets of construction drawings that **show in detail** code compliance for all of the work proposed, to include **but not limited to** the following information:

- \_\_\_\_\_ Floor joist size, species and grade of wood.
- \_\_\_\_\_ Floor joist spacing (16” or center, 24” on center etc:).
- \_\_\_\_\_ Span of floor joist (clear distance between supports).
- \_\_\_\_\_ Attachment to existing structure (bolts or lags, with sizes and spacing).
  - Ledger shall not be supported on brick or stone veneer.
  - Flashing detail.
- \_\_\_\_\_ Depth of post footing below finished grade. (shall be below frost line).
- \_\_\_\_\_ Guardrail height from floor of deck, (36” minimum)
- \_\_\_\_\_ Guardrail on stairs (34” minimum measured vertically from nose of tread).
- \_\_\_\_\_ Spacing of balusters. (maximum 4”).
- \_\_\_\_\_ Stairs – Riser height and tread depth. (Rise 8 ¼” maximum depth 9” minimum).
- \_\_\_\_\_ Stairs – Handrail height (from nose of tread, minimum 34”, maximum 38”).
- \_\_\_\_\_ Handrail grip size – if circular must have a cross section of 1 ¼” minimum to 2” maximum.
- \_\_\_\_\_ Width of stairs (36” minimum)
- \_\_\_\_\_ Lateral bracing detail.
- \_\_\_\_\_ Please refer to (AWC DCA 2015 – deck guide – 1804.pdf) for wood deck design.

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

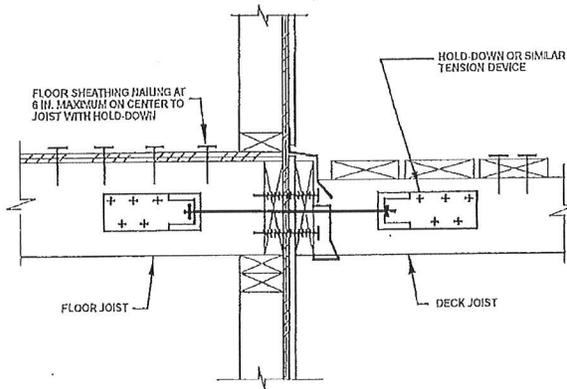
MDIA will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked “approved”. A building permit will be issued and the applicant will 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.



TABLE R502.2.2.1  
 FASTENER SPACING FOR A SOUTHERN PINE OR HEM-FIR DECK LEDGER  
 AND A 2-INCH NOMINAL SOLID-SAWN SPRUCE-PINE-FIR BAND JOIST<sup>a,4,5</sup>  
 (Deck live load = 40 psf, deck dead load = 10 psf)

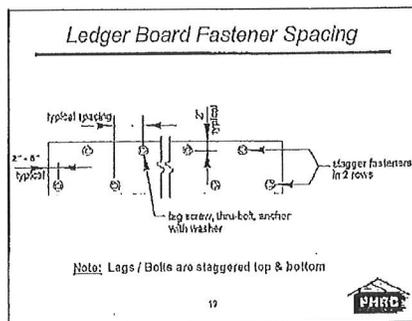
JOIST SPAN	6' and less	6'1" to 8'	8'1" to 10'	10'1" to 12'	12'1" to 14'	14'1" to 16'	16'1" to 18'
Connection details		On-center spacing of fasteners <sup>d,e</sup>					
1/2 inch diameter lag screw with 1 5/32 inch maximum sheathing <sup>a</sup>	30	23	18	15	13	11	10
1/2 inch diameter bolt with 1 5/32 inch maximum sheathing	36	36	34	29	24	21	19
1/2 inch diameter bolt with 1 5/32 inch maximum sheathing and 1/2 inch stacked washers <sup>b, h</sup>	36	36	29	24	21	18	16

- For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm, 1 pound per square foot = 0.0479 kPa.
- The tip of the lag screw shall fully extend beyond the inside face of the band joist.
  - The maximum gap between the face of the ledger board and face of the wall sheathing shall be 1/2".
  - Ledgers shall be flashed to prevent water from contacting the house band joist.
  - Lag screws and bolts shall be staggered in accordance with Section R502.2.2.1.1.
  - Deck ledgers shall be minimum 2x8 pressure-preservative-treated No. 2 grade lumber, or other approved materials as established by standard engineering practice.
  - When solid-sawn pressure-preservative-treated deck ledgers are attached to a minimum 1 inch thick engineered wood product (structural composite lumber, laminated veneer lumber or wood structural panel band joist), the ledger attachment shall be designed in accordance with accepted engineering practice.
  - A minimum 1 x 6 1/2 Douglas Fir laminated veneer lumber rimboard shall be permitted in lieu of the 2-inch nominal band joist.
  - Wood structural panel sheathing, gypsum board sheathing or foam sheathing not exceeding 1 inch in thickness shall be permitted. The maximum distance between the face of the ledger board and the face of the band joist shall be 1 inch.



For SI: 1 inch = 25.4 mm.

FIGURE 502.2.2.3  
 DECK ATTACHMENT FOR LATERAL LOADS



**Safe digging is  
no accident!**

**Know what's  
below.**

**Dial 8-1-1  
before you dig.**



**TEMPORARY MARKING GUIDELINES**

WHITE	Proposed Excavation
PINK	Temporary Survey Markings
RED	Electric Power Lines, Cables, Conduit and Lighting Cables
YELLOW	Gas, Oil, Steam, Petroleum or Gaseous Materials, Hazardous Materials, Communication, Alarm or Signal Lines, Cables or Conduit and Traffic Loops
ORANGE	Possible Water
BLUE	Reclaimed Water, Impingement and Slurry Lines
PURPLE	Swimmers and Drain Lines
GREEN	

The following information is needed when you call PA One Call System.

**YOUR TELEPHONE NUMBER**

**YOUR MAILING ADDRESS**

**COUNTY** - The name of the county where the work will take place

**MUNICIPALITY** - City, Township or Borough where the work will take place

**THE ADDRESS WHERE THE WORK WILL TAKE PLACE**

**THE NEAREST INTERSECTING STREET TO THE WORK SITE**

**THE NAME OF A SECOND INTERSECTION NEAR THE WORK SITE**

**IS THE PROPOSED EXCAVATION AREA (WORK SITE) MARKED IN WHITE** - Yes or No

**OTHER INFORMATION THAT WOULD HELP THE LOCATOR FIND THE SITE** - Clarifying information to specify the exact location of the dig

**THE TYPE OF WORK BEING DONE**

**WHETHER THE WORK WILL TAKE PLACE IN:** Street, Sidewalk, Public or Private Property

**THE APPROXIMATE DEPTH YOU ARE DIGGING**

**THE EXTENT OF THE EXCAVATION** - The approximate size of the opening, the length and width or diameter

**THE METHOD OF EXCAVATION** - How will the earth be moved

**WHO IS THE WORK BEING DONE FOR**

**PERSON TO CONTACT IF THE UTILITIES HAVE QUESTIONS**

**THE CONTACT PERSON'S PHONE NUMBER** - The phone number with area code for daytime contact

**THE BEST TIME TO CALL**

**FAX NUMBER AND/OR EMAIL ADDRESS** - The responses from the facility owners will be sent to you

**SCHEDULED EXCAVATION DATE AND START TIME** - not less than 3 business days or more than 10 business days

**DURATION OF A JOB** - How long will the job take

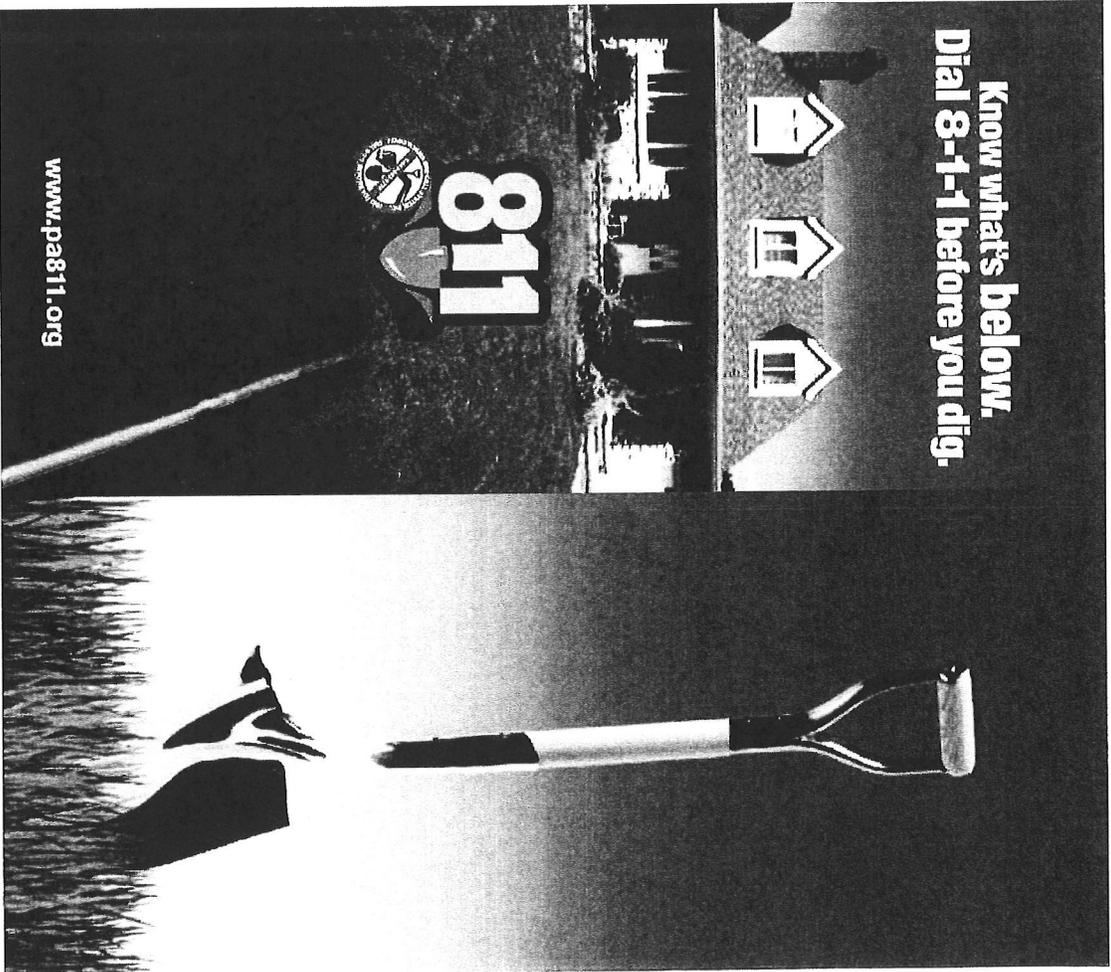
**ANY ADDITIONAL REMARKS YOU MAY HAVE**

You will be given a 10 digit serial number as confirmation of your call and our system will send you the responses from the utilities on the morning of your scheduled excavation date via fax or email

**Know what's below.  
Dial 8-1-1 before you dig.**



[www.pa811.org](http://www.pa811.org)



## What do we do?

We are the "Call before you dig!" company for all of Pennsylvania. If you plan to disturb the earth with powered equipment, you are required by Pennsylvania law to notify the underground utility companies of your intent to do so. Notification occurs by calling 8-1-1 or 1-800-242-1776, 24 hours of the day, every day of the year. Notification can also be done on our website at [www.paonecall.org](http://www.paonecall.org).

We will then notify the utility companies nearby of your intent to dig. The utility companies are responsible to mark where their underground lines are located with colored flags, paint or chalk.

### Please Note:

- PA One Call does not mark utility lines.
- In some cases, the utility company may not mark the service lines to your home.
- It takes 1-2 days before the digger can call to be able to dig back down to the service lines.
- PA One Call is not responsible for marking service lines to your home.
- PA One Call is not responsible for marking service lines to your home.

## Why should you call?

Safe digging is no accident! If you are installing a fence or deck, or digging for a mailbox post, patio or other excavation project, it is important to Know What's Below. Dial 8-1-1 or 1-800-242-1776 before you dig. The utility companies do not want an accident, either. The best way to learn where underground utility lines are located is to call before you dig.

For more information, visit [www.pa811.org](http://www.pa811.org).



## Homeowner Quick Tips

- One easy phone call to 8-1-1 three to ten business days before digging begins helps keep your neighborhood safe.
- Call on Monday or Tuesday if you plan to dig on Saturday or Sunday.
- The utility companies will mark where their underground lines are located with colored paint, flags or chalk.
- Do not remove the flags if you see them in your yard.
- Our service is no cost to homeowners.
- Did you hire someone to install your fence, deck or new patio? Ask to see the PA One Call serial number before allowing them to dig on your property.

## The Excavator's Responsibility

- Dial 8-1-1 or 1-800-242-1776.
- Do not allow anyone to excavate on your property without calling.
- Always look for the markings on the ground before your dig date.
- If you do not see markings, do not allow anyone to dig. Wait for the lines to be marked by the utility.
- Whoever places the call will receive an email or fax with a list of facility owners who have marked or have not marked. Pay attention to this message.
- Respect the markings by not removing flags or disturbing the actual markings.
- Exercise care around the marked lines by hand digging.
- When the project is complete, the excavator should remove the flags or marks from the ground or pavement.
- Report mistakes by dialing 8-1-1. Report emergencies by dialing 9-1-1.

# Permit Application

Number \_\_\_\_\_



Customer Number  
if known

--	--	--	--	--	--

MDIA Office

\_\_\_\_\_

## Location of Proposed Work or Improvement

Municipality\* \_\_\_\_\_ County\* \_\_\_\_\_

Site Address\* \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

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

Lot # \_\_\_\_\_ Subdivision/Land Development \_\_\_\_\_ Phase \_\_\_\_\_ Section \_\_\_\_\_

Owner\* \_\_\_\_\_ Phone #\* \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Principal Contractor\* \_\_\_\_\_ Phone #\* \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Architect \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-Mail \_\_\_\_\_

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

### Type of Work or Improvement\* (Select all that apply)

- New Building   
  Addition   
  Alteration   
  Repair   
  Demolition   
  Relocation   
  Energy  
 Foundation Only   
 Change of Use   
 Plumbing   
 Mechanical   
 Electrical   
 Fire Protection

Describe the proposed work

### Estimated Cost of Construction\* (reasonable fair market value)

a. Structural Cost	\$	
Installation(s) not included in above cost		
b. Electrical	\$	
c. Plumbing	\$	
d. Heating, Air Conditioning	\$	
e. Other _____	\$	
<b>Total Cost of Project (a+b+c+d+e)</b>	<b>\$</b>	

Description of Building Use \*(Select One)

Residential

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-2)
- Multi-Family (R-2)
- Hotels (R-1)

Non-Residential

Specific Use: \_\_\_\_\_  
 Use Group: \_\_\_\_\_  
 Change in Use:  Yes  No  
 If YES, Indicate Former: \_\_\_\_\_  
 Maximum Occupancy Load: \_\_\_\_\_  
 Maximum Live Load: \_\_\_\_\_

Building/Site Characteristics

Number of Residential Dwelling Units: \_\_\_\_\_ Existing \_\_\_\_\_ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) \_\_\_\_\_

Water Service: (Select)  Yes  No

Sewer Service: (Select)  Yes  No Septic Permit # \_\_\_\_\_

Does or will your building contain any of the following:

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ BTU's \_\_\_\_\_ Type Vent \_\_\_\_\_

Elevator/Escalators/Lifts/Moving walks: (Select)  Yes  No

Sprinkler System:  Yes  No

Pressure Vessels:  Yes  No

Refrigeration Systems:  Yes  No

BUILDING DIMENSIONS

Existing Building Area: \_\_\_\_\_ sq.ft. Number of Stories: \_\_\_\_\_

Proposed Building Area: \_\_\_\_\_ sq.ft. Height of Structure Above Grade: \_\_\_\_\_ ft.

Total Building Area: \_\_\_\_\_ sq.ft. Area of Largest Floor: \_\_\_\_\_ sq.ft.

FLOODPLAIN

Is the site located within an identified flood prone area? (Select One)  Yes  No

Will any portion of the flood prone area be developed? (Select One)  Yes  No  N/A

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3 (d).

HISTORIC DISTRICT

Is the site located within a Historic District?  Yes  No

If any construction is within a Historic District, a certificate of appropriateness may be required by the Municipality.

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, rights-of way, flood areas, etc. 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.

**I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Directions to Site:

\* Indicates required field.

READ, UNDERSTAND AND COMPLY WITH THE FOLLOWING NOTICES

NOTICE: In addition to a zoning/construction permit, if the subject property does or will require access to a public road or street, and/or will require improvement/change of existing driveway access to a public road or street. If such public road or street is under the jurisdiction of the Commonwealth of Pennsylvania, you must obtain a Highway Occupancy Permit pursuant to Act no. 428 of 1945, as amended, known as the "State Highway Law", Application for such Highway Occupancy Permit as to a Commonwealth road or street must be made to, with and processed by the Pennsylvania Department of Transportation. If such road or street is under the jurisdiction of North Sewickley Township, you must apply for and obtain a Driveway Permit from the Township.

NOTICE: In addition to a zoning/construction permit, you may need to make other applications and obtain other permits for the development you propose, including but not limited to, depending on location of your premises, for an on-lot sewage permit and/or connection to a public sewer connection permit, water connection permit, and/or Land Development approval, prior to being able to commence construction. Further, following construction and prior to placing into use the proposed structure/building, you will need to procure an Occupancy Permit.

NOTICE: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of worker's compensation to North Sewickley Township. Contractor also prohibited by law as to building or remodeling under subject Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to subcontractor's employees. Failure of Contractor and Applicant for this Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania, and as to said insurance, naming North Sewickley Township as a named insured, coverage requires stoppage of all construction/work under Zoning/Construction Permit issued and a Zoning/Construction Permit may be revoked.

NOTICE: Property owner is responsible for determining if property is subject to private covenants or private plan restrictions and compliance with the restrictions. Private covenants may be more restrictive than zoning/township regulations. Issuance of a building or zoning/construction permit does not constitute compliance with private covenants or restrictions. Permits issued in violation of any private covenants or restrictions are the sole responsibility of the property owner or their authorized representatives.

STATEMENTS AND VERIFICATION BY APPLICANT

I do hereby agree to observe and adhere to any and all provisions of the North Sewickley Township Zoning/UCC Code, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit-issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by North Sewickley Township via its Zoning Officer or other designated agent.

I/We hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of my/our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I/We knowingly make false statements of averments, I/We may be subject to criminal penalties. I/We hereby authorize representatives of the township to make required inspections upon the property to verify that the construction requested under this application complies with the North Sewickley Township Zoning Ordinance and other applicable codes.

If applicant is Contractor or Agent of Owner, he/she hereby certifies that he/she has the authority to act on behalf of the Owner.

OWNER(S) \_\_\_\_\_ DATE \_\_\_\_\_  
CONTRACTOR OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED OF \_\_\_\_\_, THE SUM OF \$ \_\_\_\_\_, FEE FOR THE ABOVE  
NUMBERED BUILDING/ZONING PERMIT APPLICATION. DATED: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

ZONING/CONSTRUCTION PERMIT ( ISSUED ) ( DENIED ) ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

[NOTE IF DENIED, LETTER SETTING FORTH REASONS WILL ACCOMPANY DENIAL NOTICE.]

\_\_\_\_\_  
ZONING OFFICER

UNIFORM CONSTRUCTION CODE PERMIT ( ISSUED ) ( DENIED ) ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
BUILDING CODE OFFICIAL

**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**

6

**APPLICATION FOR ZONING OCCUPANCY PERMIT**

**NORTH SEWICKLEY TOWNSHIP  
893 MERCER ROAD  
BEAVER FALLS, PA 15010**

Certificate No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOT NO. \_\_\_\_\_ IN THE \_\_\_\_\_ PLAN OF LOTS

TAX PARCEL NO. \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

APPROXIMATE DATE OF COMPLETION: \_\_\_\_\_

DO YOU NOW OR WILL YOU EVER GENERATE; STORE; TRANSPORT; OR DISPOSE  
OF ANY HAZARDOUS MATERIALS OR WASTE AS DEFINED BY THE U.S.  
ENVIRONMENTAL PROTECTION AT THIS LOCATION:

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE INDICATE MATERIAL(S) AND QUANTITY ON REVERSE.

I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT  
AND THAT ALL APPLICABLE PROVISIONS OF THE NORTH SEWICKLEY TOWNSHIP  
ORDINANCES HAVE BEEN COMPLIED WITH:

DATE FILED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT

DATE ISSUED \_\_\_\_\_

\_\_\_\_\_  
ZONING AND CODES OFFICER

**BUILDING PERMIT RELEASE FORM**

North Sewickley Township Municipal Authority  
893 Mercer Road  
Beaver Falls, PA 15010

Property Owner: \_\_\_\_\_

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

Parcel Number: \_\_\_\_\_

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

**BELOW IS TO BE COMPLETED BY THE NORTH SEWICKLEY TOWNSHIP MUNICIPAL AUTHORITY**

\_\_\_\_\_ The above-listed property is within the boundary of the North Sewickley Township public sewage area, the required tap-in fee has been paid, and the property owner may acquire a building permit from North Sewickley Township.

\_\_\_\_\_ The above-listed property is not within the boundary of the North Sewickley Township public sewage area; therefore, it is not required to pay the public sewage tap-in fee and may acquire a building permit from North Sewickley Township. If this property has an existing on-lot septic system that has been vacant or unused for 12 months, please contact Tony DiPippa, North Sewickley Township Sewage Enforcement Officer, at 724-601-8539, to verify that the system is in working order. Additionally, if new construction is proposed and the existing system is planned to be used, the system must be verified by the North Sewickley Township Sewage Enforcement Officer to be sure it meets the sewage treatment needs of the proposed construction.

\_\_\_\_\_ The above-listed property is within the boundaries of the public sewage area, and the owner is not intending to use water or public sewers; however, if illegal use of water and sewers is found, the owner will be subject to penalties relating to illegal tap-in and usage as described in the North Sewickley Township Municipal Authority Rules & Regulations – Section 1-15.

\_\_\_\_\_ The above-listed property has a lien filed for the tap fee, municipal lien number \_\_\_\_\_ is in place and the above-named person may obtain a building permit from North Sewickley Township.

\_\_\_\_\_ The above-listed property is vacant but within the boundaries of North Sewickley Township public sewage service area. Proper permitting and fees would be required upon new construction.

\_\_\_\_\_  
North Sewickley Township Municipal Authority Signature

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Baily Insurance Agency, Inc. PO BOX 1070 Waynesburg PA 15370	<b>CONTACT NAME:</b> Dawn Singleton		<b>FAX (A/C, No):</b> 724-627-7005
	<b>PHONE (A/C, No, Ext):</b> 724-627-6121		<b>E-MAIL ADDRESS:</b> receptionist@bailyagency.com
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
License#: 65153 NORTSEW-01	<b>INSURER A:</b> Insurance Company	55423	
	<b>INSURER B:</b> Insurance Company	55433	

**INSURED**  
 ABC Contracting LLC  
 123 Happy Lane  
 Pittsburgh, PA 15222

**\*ALL HIGHLIGHTED AREAS REQUIRED FOR APPROVAL OF YOUR PERMIT.\*\***

## COVERAGES C

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-J56892	7/1/2021	7/1/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> AN PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in PA) <input type="checkbox"/> Lives, Accidents, and DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB58-725	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL. EACH ACCIDENT \$ 100,000 EL. DISEASE - PA EMPLOYER \$ 100,000 EL. DISEASE - POLICY LIMIT \$ 500,000

SAMPLE CERTIFICATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE Building Permit

Contractors License Number #

## CERTIFICATE HOLDER

## CANCELLATION

North St. Wickley Township  
 333 Market Road

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

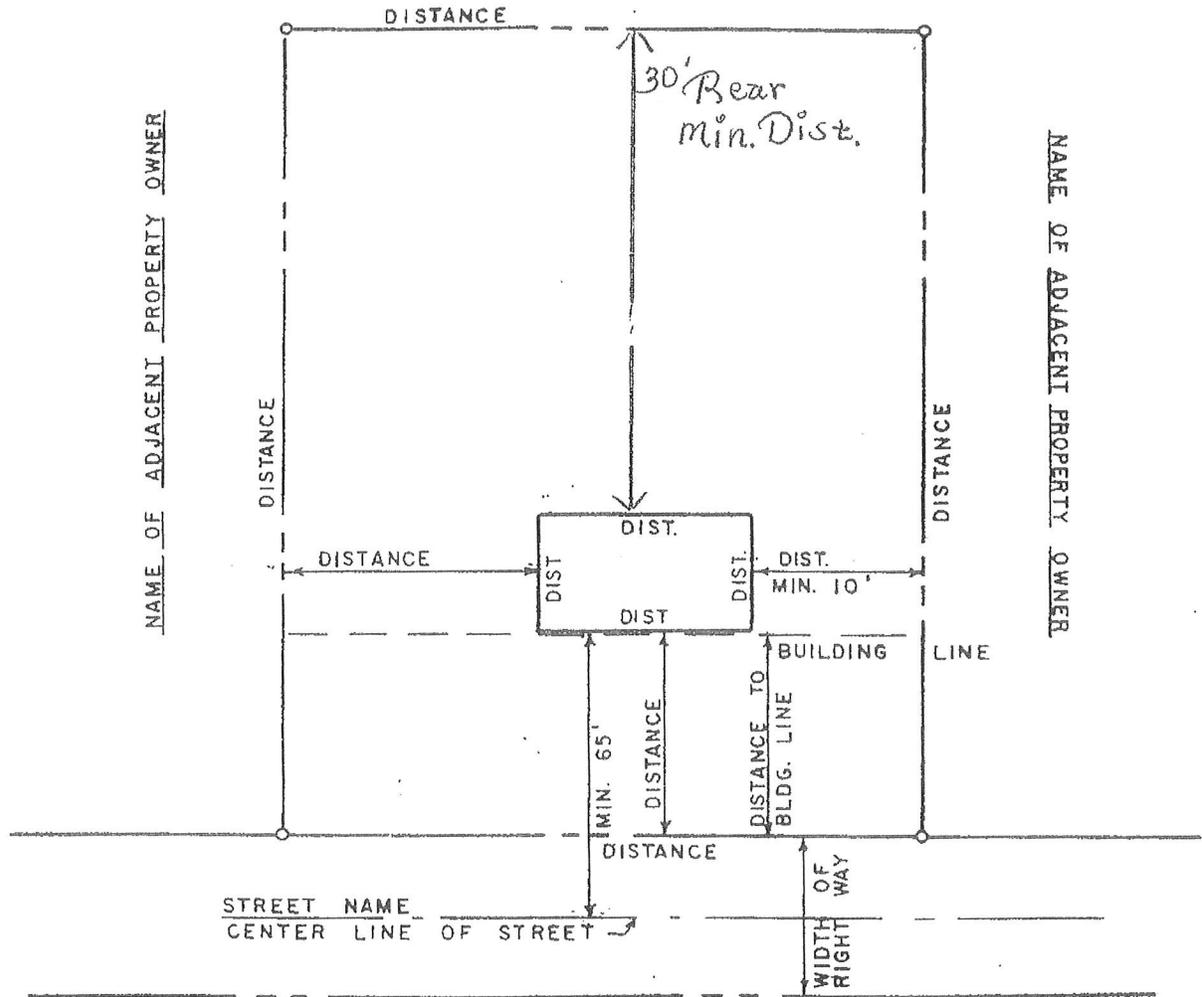
*Dawn Singleton*

*Example*

NAME OF ADJACENT PROPERTY OWNER

NAME OF ADJACENT PROPERTY OWNER

NAME OF ADJACENT PROPERTY OWNER



WATER SUPPLY  
 WELL    CITY

SEWAGE DISPOSAL  
 SEPTIC    PUBLIC

NAME OF APPLICANT... \_\_\_\_\_

DATE ... \_\_\_\_\_

# TYPICAL SKETCH for BUILDING PERMIT