CUSTOMER ASSISTANCE GUIDE
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS

EXISTING COMMERCIAL AND MULTI-FAMILY

Section (403.42.)

An owner or authorized agent who intends to construct, enlarge, alter, repair, move, demolish, or change the occupancy or use of a commercial building, or to erect, install, enlarge, alter, repair, remove, convert or replace any electrical, gas, mechanical, or plumbing system regulated by the Uniform Construction Code, shall apply to the building code official and obtain the required permits.

A permit applicant shall submit an application to the building code official, and attach construction documents, including sealed plans and specifications if changes are needed to the building to comply with the code for the new occupancy.

A licensed architect or licensed professional engineer shall prepare the construction documents under the architect's licensure law.

This may be submitted in letter form from the architect or engineer if the building complies with the code for the change of use or occupancy. Also submit a copy of the certificate of occupancy issued by the Department of Labor and Industry for the existing building if it is available.

Plans may be submitted electronically **(Preferred Method):**

By going to our website, **www.mdia.us**, and click on Offices – Next to Wexford Office address is a compass icon – "Submit Plans" – Click and upload plans.

Attached is a check list of required code information needed for review of plans.

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

CONSTRUCTION DOCUMENTS REQUIRED

- ☐ Site plan showing to scale the size and location of all new construction and all existing structures on the site. Distances from lot lines, established street grades and proposed finished grades. All parking including accessible spaces with signage. Accessible paths to entrances.

- ☐ COMPLETED BUILDING PERMIT APPLICATION
- ☐ ARCHITECTURAL
- ☐ STRUCTURAL
- ☐ ELECTRICAL
- ☐ MECHANICAL
- ☐ PLUMBING
- ☐ ACCESSIBILITY (Details and elevations of restrooms, checkout counters, etc. and routes with elevations for all accessibility)
- ☐ ENERGY CALCULATIONS WITH HVAC & LIGHTING (COM CHECK OR IECC)
- ☐ ALL SIGNAGE (TACTILE EXIT, RESTROOM, ETC.)
- ☐ USE GROUP(S) (EACH AREA OR ROOM) (IBC. Chapter 3)
- ☐ BUILDING LIMITATION (HEIGHT & AREA) (IBC. Chapter 5)
- ☐ TYPE OF CONSTRUCTION (IBC. Chapter 6)
- ☐ FIRE RESISTANT MATERIALS & CONSTRUCTION (IBC. Chapter 7)
- ☐ FIRE PROTECTION SYSTEM(S) (IF REQUIRED) (IBC. Chapter 9)
- ☐ OCCUPANT LOAD (EACH AREA OR ROOM) (IBC. Section 1004)
- ☐ DEPARTMENT OF HEALTH APPROVAL FOR HEALTH CARE FACILITIES PRIOR TO SUBMISSION.
- ☐ SPECIAL INSPECTIONS AS PER IBC SECTION 1704 & 1710

INSPECTION PROCEDURES
COMMERCIAL AND MULTI-FAMILY CONSTRUCTION

- Building permit must be posted on the site of the work and clearly visible from the road until completion of the project.
- Your approved plans must be available at all times for inspection. These are the plans that were submitted with your application and were marked "Approved" by the building code official.
- **DO NOT schedule an inspection if the work is not ready!!!!**
- When scheduling an inspection, you must supply a permit number to the inspector.

PLEASE GIVE THREE (3) WORKING DAYS ADVANCE NOTICE
FOOTING INSPECTION WILL BE GIVEN PRIORITY

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

1. Footing – To be done after forming and prior to placing of concrete.
   Inspector: Patrick Duffy **Phone: 1-800-922-6342**

2. Foundation inspection – French drain and water-proofing prior to backfilling.
   Inspector: Patrick Duffy **Phone: 1-800-922-6342**

3. Plumbing under slab (rough-in) done prior to placing concrete floor.
   Inspector: Patrick Duffy **Phone: 1-800-922-6342**

4. Electrical – Rough in to be done prior to insulating.
   Inspector: John Balser **Phone: 412-292-9073**

5. Framing inspection – Done prior to insulating, but after heating, plumbing and wiring are roughed in, and prior to any exterior finishes being applied.
   Inspector: Patrick Duffy **Phone: 1-800-922-6342**

6. Energy conservation.
   Inspector: Patrick Duffy **Phone: 1-800-922-6342**

7. Wallboard- Only needed if there is an integral or attached garage.
   Inspector: Patrick Duffy **Phone: 1-800-922-6342**

8. Final Electrical – When job is completely finished.
   Inspector: John Balser **Phone: 412-292-9073**

9. Final inspection – When job is completely finished, prior to occupancy permit and after plumbing, mechanical and electrical.
   Inspector: Patrick Duffy **Phone: 1-800-922-6342**

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

Safe digging is no accident!

Know what's below.

Dial 8-1-1 before you dig.

811

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
ORANGE	Communication, Alarm or Signal Lines, Cables or Conduit and Traffic Loops
BLUE	Potable Water
PURPLE	Reclaimed Water, Irrigation and Slurry Lines
GREEN	Sewers and Drain Lines

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



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.

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 on your property. If you have any questions, please contact your utility company directly.

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

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 damages 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 _____ $ _____

Total Cost of Project (a+b+c+d+e) $ _____

Description of Building Use *(Select One)*

Residential		Non-Residential
☐ One-Family Dwelling	(R-3)	Specific Use: _____
☐ Two-Family Dwelling	(R-2)	Use Group: _____
☐ Multi-Family	(R-2)	Change in Use: ☐ Yes ☐ No
☐ Hotels	(R-1)	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.

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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

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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 MUNICPAL 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

ACORD

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).

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

[redacted]

ALL HIGHLIGHTED AREAS REQUIRED FOR APROVAL 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	X COMMERCIAL GENERAL LIABILITY			680-J56892	7/1/2021	7/1/2022	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC			SAMPLE CERTIFICATE			PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	[redacted]							

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

CERTIFICATE HOLDER	CANCELLATION
[redacted]	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

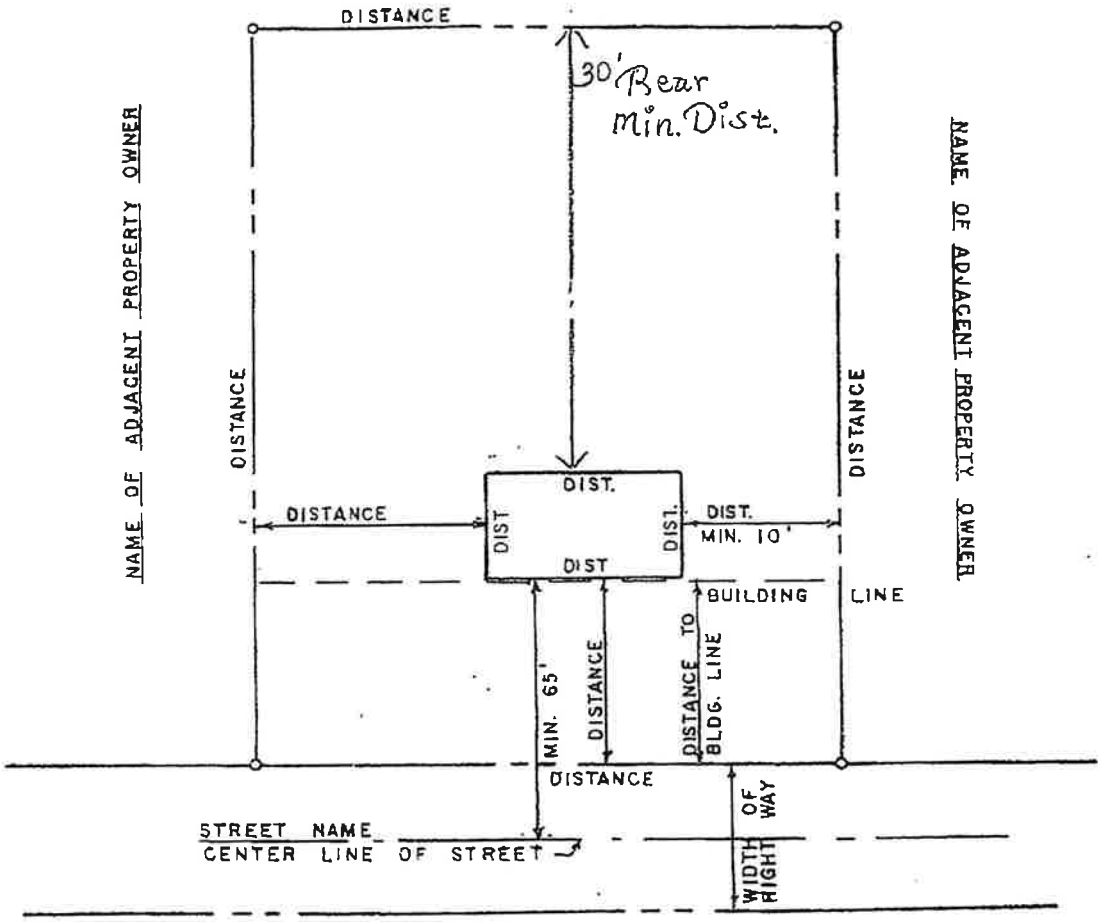
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Example

8

NAME OF ADJACENT PROPERTY OWNER



WATER SUPPLY
☐ WELL ☐ CITY

SEWAGE DISPOSAL
☐ SEPTIC ☐ PUBLIC

NAME OF APPLICANT... _____

DATE... _____

TYPICAL SKETCH for BUILDING PERMIT