

Permit Application



Customer Number
if known

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MDIA Office

Number _____

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

- 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

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Please check one of the options below pertaining to your application:

Option A.

_____ Property owner is hiring a Contractor, stating that "Contractor" is within the meaning of the Pennsylvania Workers' Compensation Law - **WORKERS' COMPENSATION INSURANCE MUST BE ATTACHED AND PROVIDED TO THE MUNICIPALITY.**

Option B.

AFFIDAVIT OF EXEMPTION

If one of the reasons below is the owner's situation, this paper **NEEDS TO BE NOTARIZED**. 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: (please check one)

_____ 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 on insurance to the municipality.

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (**COPIES OF RELIGIOUS EXEMPTION LETTERS FOR ALL EMPLOYEES MUST BE ATTACHED AND PROVIDED TO THE MUNICIPALITY**).

Signature of Applicant

Address

County of

Municipality of

Subscribed, sworn to and acknowledged before me on this _____ day of _____, 20 ____ .

Signature of Notary Public

My Commission expires: _____

(SEAL)

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 Sewer Authority
893 Mercer Road
Beaver Falls, PA 15010

Property Owner: _____

Address: _____

Parcel Number: _____

Township: _____

Property Owner Signature

Date

BELOW IS TO BE COMPLETED BY NORTH SEWICKLEY TOWNSHIP SEWER AUTHORITY

_____ The above named person has paid the required tap-in fee and may acquire a building permit from North Sewickley Township.

_____ The above named person is not required to pay the tap-in fee and may acquire a building permit from North Sewickley Township.

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

North Sewickley Township Sewer Authority Signature

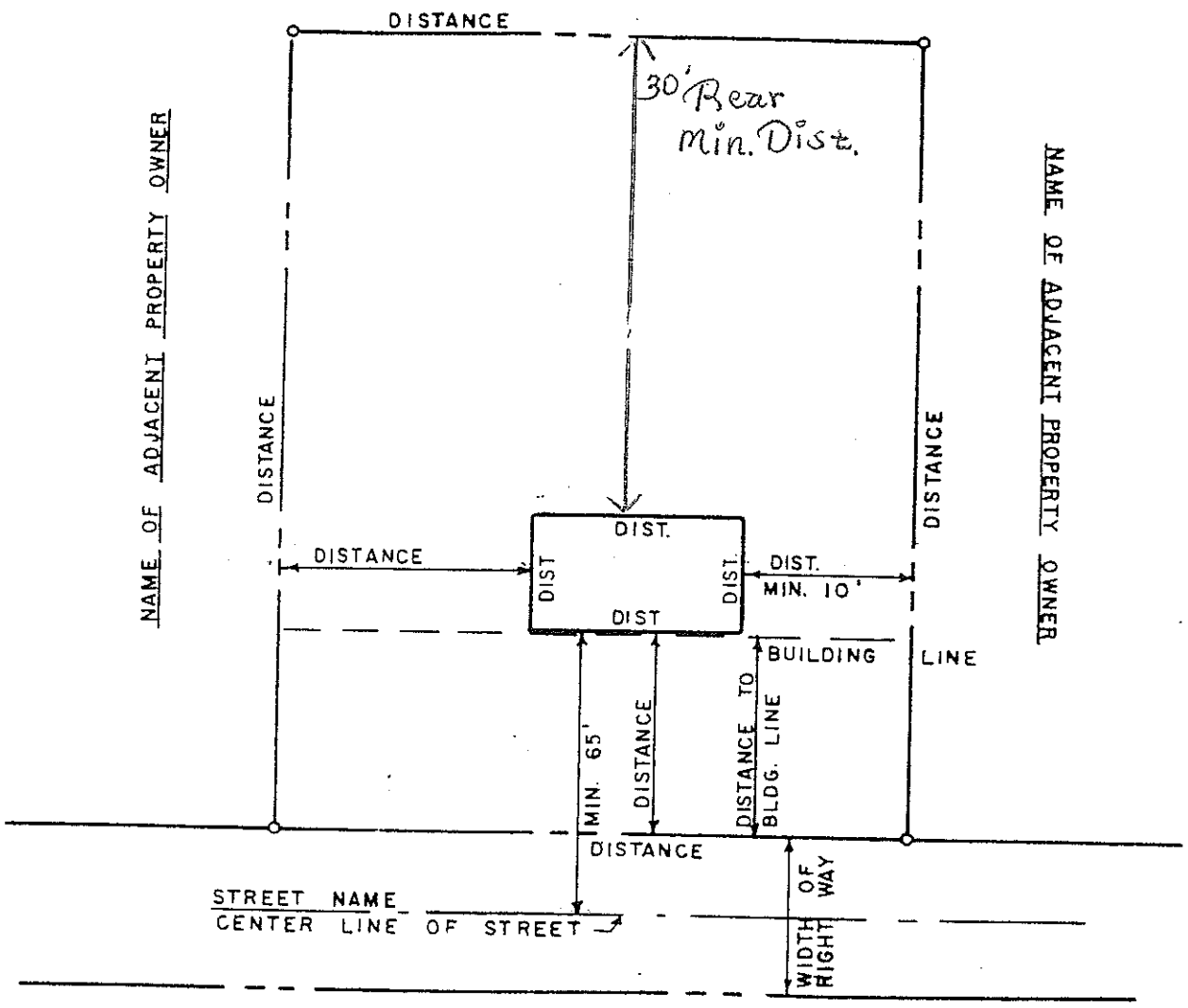
Date

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

**CUSTOMER ASSISTANCE GUIDE
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS
MANUFACTURED AND INDUSTRIALIZED HOUSING**

- Please read all 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 structure, 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 structure, the attached form must be completed and notarized.

_____ A site plan showing the proposed dwelling, the outside dimensions of the structure, distances in feet to the front, side and rear property lines; and the height of floor surface above grade at highest point on deck or landing on exterior of main exit door.

_____ Septic permit if applicable. _____ Sewer permit if applicable.

_____ Three (3) 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;

_____ Installation shall comply with Title 24 CFR 3285 (see attached form). (New Homes)

_____ Footing detail. Thickness and depth below frost line.

_____ Size of masonry units for foundation (piers or full foundations).

_____ Type, size, and placement of anchorage for the structure to the foundation.

_____ A copy of the manufacturer's specifications and installation instructions.

_____ Electrical. Service size _____ and location

_____ Plumbing.

_____ Mechanical if applicable.

_____ Main exit door – 36" x 36" landing on exterior (required).

_____ Installation by certified installer required, please insert certification number _____

EXTERIOR DECK WHERE REQUIRED:

_____ Floor joist size, species and grade of wood.

_____ Floor joist spacing (16" on center, 24" on center etc:).

_____ Span of floor joist (clear distance between supports).

_____ Depth of post footing below finished grade.

_____ Guardrail height from floor or deck, and/or stairs.

_____ Spacing of balusters. (maximum 4").

_____ Stairs – Riser height and tread depth (riser 8 ¼" max tread 9" min.).

_____ Stairs – Handrail height (from nose of tread). (minimum 34", maximum 38")

_____ Handrail grip size – must have a circular cross section of 1 ¼" minimum to 2" maximum.

_____ Width of stairs (36" minimum)

_____ Guardrail (34" minimum measured vertically from nose of thread)

Type of Foundation (circle the type you are using)

1. Set on full basement

2. Crawl space

3. Piers

A. Heated yes _____ (provide wall R-values)
no _____

A. Cross ventilation

A. Spacing

B. Garage in basement

B. Diameter

C. Stairs

C. Depth

D. Type of skirting

_____ 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.

INSPECTION PROCEDURES MANUFACTURED AND INDUSTRIALIZED HOUSING

- 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.
- The permit applicant is responsible for scheduling all inspections. If you're using a General Contractor, then she/he should take care of scheduling all the necessary inspections.
- **DO NOT schedule an inspection if the work is not ready!!!!**
- When scheduling an inspection, you must supply your 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 inspection – To be done after trenching or forming and prior to placing of concrete.
Inspector, Patrick Duffy **Phone, 1-800-922-6342**

2. Foundation inspection – french drain and water proofing if full foundation is installed.
Inspector, Patrick Duffy **Phone, 1-800-922-6342**

3. Anchoring of structure to foundation.
Inspector, Patrick Duffy **Phone, 1-800-922-6342**

4. Electrical inspection – installation of service from supplier to home.
Inspector, Jeff Bayton **Phone, 1-800-608-6342**

5. Plumbing connections.
Inspector, Patrick Duffy **Phone, 1-800-922-6342**

6. Final inspection – when job is completely finished, prior to occupancy permit and after all other required inspections have been done and approved. Inspections #3, #4, #5 and #6 may be done at the same time.
Inspector, Patrick Duffy **Phone, 1-800-922-6342**

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

**HUD Manufactured Home
Installation Certification
And Verification Report**

**U.S. Department of Housing and Urban Development
Office of Manufactured Housing Programs**

OMB Approval No. 2502-0578
Expires 07/31/2022

The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Sections 111 and 411 require the licensed installer certify that the manufactured home has been installed and inspected in accordance with the regulations. The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Subpart F requires a qualified inspector verify that the manufactured home has been installed in accordance with the requirements of Part 3286 and Part 3285. The information collected here will ensure that the licensed installers and qualified inspectors inspect the minimum elements for compliance. The public record burden for the collection of information is estimated to average 3.5 hours per response including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collected information. Response to this information is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

Certification Label Number(s) (include all zeros and agency prefix)	Manufacturer's Serial Number(s) (include all letters and numbers)	(Installer Name)	(HUD License No.)
(Homeowner Name)	(State)	(Inspector Name)	(State)
(Street Address)	(City) (Zip)	(Street Address)	(Phone)

1. Initial Inspection

Inspection Item	Inspector Verification			Installer Certification		
	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Site location with respect to home design and construction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Consideration of site specific conditions	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart C - Site preparation and grading for drainage	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart D - Foundation construction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart E - Anchorage	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart F - Optional features (Skirting, etc.)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart G - Completion of ductwork, plumbing, and fuel supply systems	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart H - Completion of electrical systems	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart I - Exterior and interior close-up	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Completion of operational checks and adjustments	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A

2. Reinspection of Home (To be completed and initialed by the inspector)

If the inspector discovers that any item during the Initial Inspection fails to comply with the manufacturer's installation instructions or with an installation design and instructions that have been certified by a professional engineer or registered architect, the installation must be reinspected after the installation is corrected.

Briefly describe the work that did not pass the initial inspection. Upon reinspection, inspector must initial item(s) that are in compliance. Attach additional sheet(s) if necessary.

3. Inspector Verification

I have performed a visual inspection in accordance with 24 CFR § 3286.507, of the manufactured home installation identified above. I have inspected the minimum elements noted above, as required by 24 CFR § 3286.505 and the items above have been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements in any matter within the jurisdiction of the United States such as the verification statement on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Inspector Signature _____

(Date) _____

4. Installer Certification

I hereby certify, in accordance with 24 CFR §§ 3286.111 and 3286.411, that the manufactured home identified above has been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements and/or certifications in any matter within the jurisdiction of the United States such as the certification on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Installer Signature _____

(Date) _____

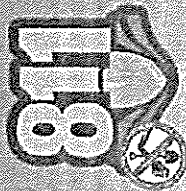
Privacy Statement: HUD is committed to protecting the privacy of individuals information stored electronically or in paper form in accordance with federal privacy laws, guidance and best practices. HUD expects its third-party business-partners who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable laws.

Distribution: Installer, Retailer, Purchaser

Safe digging is
no accident!

Know what's
below.

Dial 8-1-1
before you dig.



TEMPORARY MARKING GUIDELINES

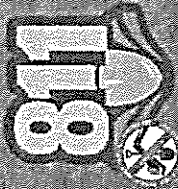
WHITE	Proposed Excavation
PINK	Temporary Survey Markings
RED	Electric Power Lines, Cables, Cords and Lighting Cables
YELLOW	Gas, Oil, Steam, Air, Ventilation, Mains and Communications, Alarm or Signal Lines, Cables or Conduits and Traffic Loops
ORANGE	Potable Water
BLUE	Recycled Water, Irrigation and Slurry Lines
PURPLE	Sewers 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 OF ANY DIGGING
THE EXTENT OF THE EXCAVATION - The approximate 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 MAIL ADDRESS - The FAX NUMBER AND/OR E-MAIL ADDRESS 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 aerial 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.pa611.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.

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 you own.
- If you need your sewer/main cleared, be sure to check www.paonecall.org/crossbars for call before you check information or call the toll-free information.

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 mishaps by dialing 8-1-1. Report emergencies by dialing 9-1-1.