

**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" on 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 1/4" 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 1/4" 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.

INSPECTION PROCEDURES DECKS

- 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 inspections. These are the plans that were submitted with your application and were marked “Approved” by the Building Inspection Agency.
- The permit applicant or authorized agent is responsible for scheduling all inspections.
- To schedule an inspection call the inspector listed below.
- **DO NOT schedule an inspection if the work is not ready!!!!**
- When scheduling an inspection, you must supply your permit number and phone 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** – Holes must be dug for support posts below frost line. The inspection must be approved prior to placing of concrete.
Inspector: Keith Reiser **Phone: 1-800-608-6342**
2. **Framing Inspection** – At the time of inspection all framing members must be visible. Such as floor joists, joist hangers, attachment to dwelling. (lag bolts etc.)
Inspector: Keith Reiser **Phone: 1-800-608-6342**
3. **Electrical if applicable.**
Inspector: Keith Reiser **Phone: 1-800-608-6342**
4. **Final inspection** – All railings, steps, handrails, guardrails, and decking shall be completed. Inspections #2, #3 and #4 may be conducted at the same time, if all portions of the framing and electrical installation are visible upon completion of the deck.
Inspector: Keith Reiser **Phone: 1-800-608-6342**

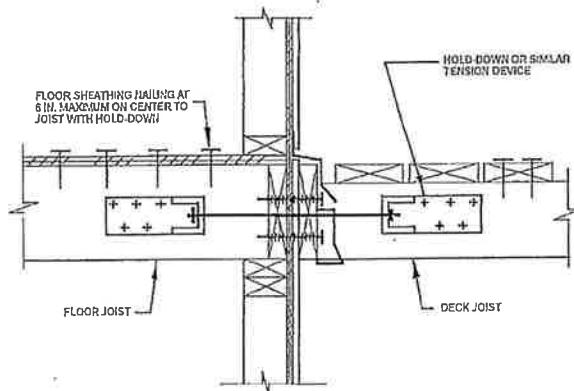
BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

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^{c,f,g}
(Deck live load = 40 psf, deck dead load = 10 psf)

JOIST SPAN	6' and less	8'1" to 8'	8'1" to 10'	10'1" to 12'	12'1" to 14'	14'1" to 16'	16'1" to 18'
Connection details							
$\frac{1}{2}$ inch diameter lag screw with $\frac{15}{32}$ inch maximum sheathing ^a	30	23	18	15	13	11	10
$\frac{1}{2}$ inch diameter bolt with $\frac{15}{32}$ inch maximum sheathing	36	36	34	29	24	21	19
$\frac{1}{2}$ inch diameter bolt with $\frac{15}{32}$ inch maximum sheathing and $\frac{1}{2}$ inch stacked washers ^{b,h}	36	36	29	24	21	18	16

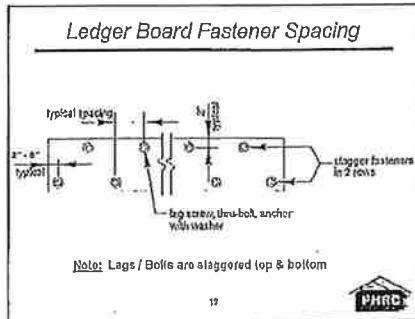
For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm, 1 pound per square foot = 0.0479 kPa.

- a. The tip of the lag screw shall fully extend beyond the inside face of the band joist.
- b. The maximum gap between the face of the ledger board and face of the wall sheathing shall be $\frac{1}{2}$ inch.
- c. Ledgers shall be flashed to prevent water from contacting the house band joist.
- d. Lag screws and bolts shall be staggered in accordance with Section R502.2.2.1.
- e. Deck ledger shall be minimum 2×8 pressure-preservative-treated No. 2 grade lumber, or other approved materials as established by standard engineering practice.
- f. 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.
- g. A minimum 1× $9\frac{1}{4}$ Douglas Fir laminated veneer lumber climb board shall be permitted in lieu of the 2-inch nominal band joist.
- h. 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.**

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

TEMPORARY MARKING GUIDELINES	
WHITE	Proposed Excavation
PINK	Temporary Survey Markings
RED	Electric, Power Lines & Cables, Control and Lighting Cables
YELLOW	Gas, Oil, Steam, Petroleum or Gasous Materials, Hazardous Materials
ORANGE	Communication, Alarm or Signal Lines, Cables or Cordan and Hand-Loop
BLUE	Possible Water
PURPLE	Reclaimed Water, Irrigation and Sewer Lines
GREEN	Sewers and Drain Lines

YOUR TELEPHONE NUMBER
YOUR MAILING ADDRESS
COUNTY - The name of the county where the work will
be done 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 - Claritying information to
specify the exact location of the dig
THE TYPE OF WORKING 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

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.

For more information, visit www.pab811.org

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.

- 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 underground utility markings.

- Respect the markings by not removing flags or disturbing the actual markings.
- Exercise care around the marked utility markings.
- Underground utility equipment is buried in the ground. If it is disturbed, it can damage the lines or equipment.
- Respect markings by staying 24 inches away from them.

Homeowner Quick Tips

The Excavator's Responsibility



2

3

4

5

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) \$ _____

2 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.

APPLICATION FOR ZONING/CONSTRUCTION PERMIT
NORTH SEWICKLEY TOWNSHIP
BEAVER COUNTY, PENNSYLVANIA
PAGE 3 of 3

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 P.A.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

5

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 of 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

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

Address _____

County of _____
Municipality of _____

Signature of Notary Public

My Commission expires: _____

(SEAL)

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).

PRODUCER Baily Insurance Agency, Inc. PO BOX 1070 Waynesburg PA 15370	CONTACT NAME: Dawn Singleton
	PHONE (A/C, No. Ext): 724-627-6121
INSURED ACORD 101 FORM 2016 4/12/2022 NORTSEW-01	E-MAIL ADDRESS: receptionist@bailyagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Company
INSURER B: Insurance Company	NAIC # 55433

ALL HIGHLIGHTED AREAS REQUIRED FOR APPROVAL OF YOUR PERMIT.*

COVERS

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	ADD'L SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		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 OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				
	DED <input type="checkbox"/> RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY SALARIES & RETIREMENT ACCOUNTS NOTICE OF EMPLOYER SOURCE BY (NAME AND STATE) DESCRIPTION OF OPERATIONS (ACORD 101)	Y/N	UB5L 725	7/1/2021	7/1/2022	X PER STATUTE LAW EMPLOYEE INJURY EMPLOYEE DISEASE EMPLOYEE \$ 100,000 \$ 100,000 \$ 100,000 \$ 100,000

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 num: #

CERTIFICATE HOLDER

CANCELLATION

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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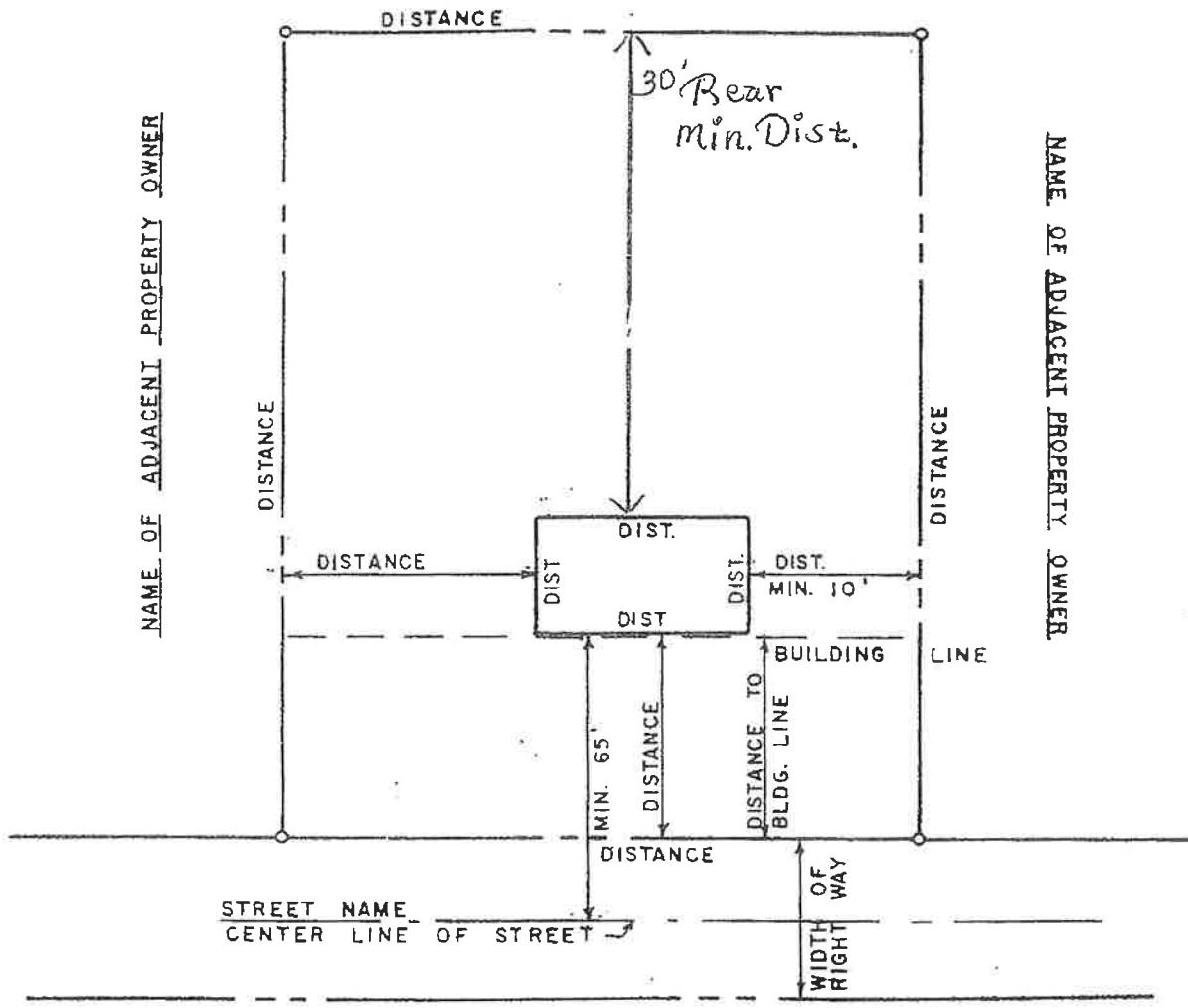
Example

8

NAME OF ADJACENT PROPERTY OWNER

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**