

# 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

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 Municipal Authority  
893 Mercer Road  
Beaver Falls, PA 15010

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

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

\_\_\_\_\_

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

Township: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**BELOW IS TO BE COMPLETED BY THE NORTH SEWICKLEY TOWNSHIP MUNICIPAL 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 sewage are 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 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 property is vacant property 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

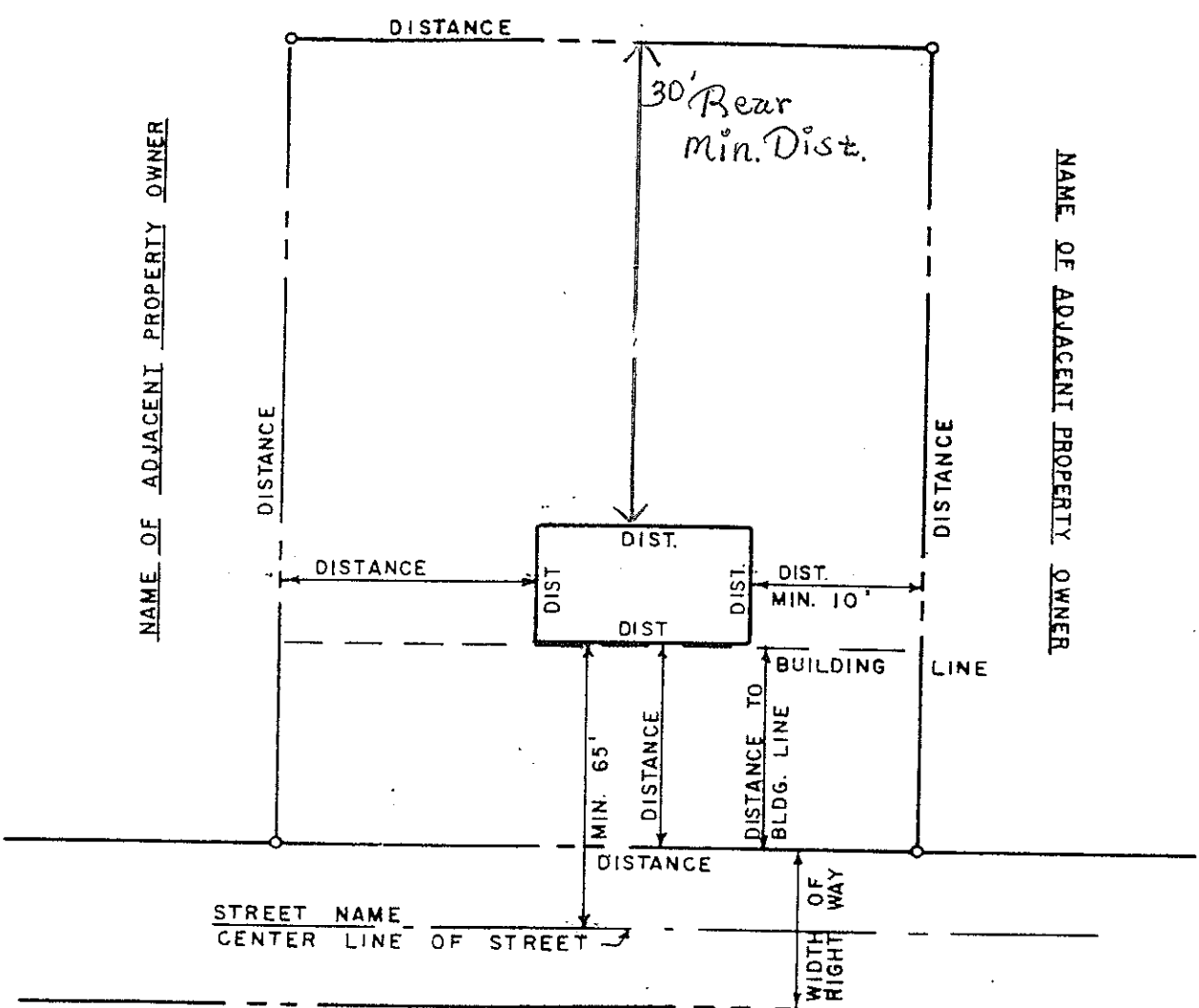
\_\_\_\_\_  
Date

*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