

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

**SWIMMING POOLS (IN-GROUND OR ABOVE-GROUND),
SPAS AND HOT TUBS (CONTAINS WATER OVER 24 INCHES DEEP)**

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

A site plan showing the proposed pool, hot tub or spa location including the distances in feet, to the front, sides and rear property lines.

Two (2) sets of complete construction documents that **show in detail** code compliance for all of the work proposed to include **but not limited** to the following information;

Safety barrier – show type for your specific pool installation, (fence, walls, etc.) including height. (Barrier requirements attached).

If installing deck at pool – take submittal requirements for deck also.

Electrical service (pump, filter, receptacles, etc.) show location and type of wiring method. (Electrical requirements attached).

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 SWIMMING POOLS, SPAS AND HOT TUBS

- 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 Code Official.
- The permit applicant or authorized agent is responsible for scheduling all 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.

ALL POOLS:

1. Electrical Inspection – A. Bonding all metal parts (rebar if concrete, ladder, etc) associated with pool prior to placing concrete. B. Underground to be inspected prior to cover.
Inspector: Keith Reiser **Phone: 1-800-608-6342**
2. If Installing Deck Around Or Next To Pool – Use inspection procedure for decks also.
Inspector: Keith Reiser **Phone: 1-800-608-6342**
3. Safety Barrier Inspection – Done prior to filling pool with water.
Inspector: Keith Reiser **Phone: 1-800-608-6342**
4. Final Electrical
Inspector: Keith Reiser **Phone: 1-800-608-6342**
5. Final Inspection – When job is completely finished, prior to occupancy permit and after electrical inspection.
Inspector: Keith Reiser **Phone: 1-800-608-6342**

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE



**Safe digging is
no accident!**

**Know what's
below.**

TEMPORARY MARKING GUIDELINES	
	WHITE Proposed Excavation
	PINK Temporary Survey Markings
	RED Electric Power Lines, Cables, Cord and Lighting Cables
	YELLOW Gas, Oil, Steam, Petroleum or Hazardous Materials
	ORANGE Communication, Alarm or Sprinkler Lines, Cables or Cables to a Telephone Loop
	BLUE Potable Water
	PURPLE Reclaimed Water, Irrigation and Sewer Lines
	GREEN Sewer 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 excavation; its length and width or diameter

THE METHOD OF EXCAVATION - How will the earth be moved

WHO'S 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 - The time you request from the locator to answer will be set to you

REQUESTED EXCAVATION DATE AND START TIME - 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 data via fax or email

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

www.pa811.org

APPENDIX G

SWIMMING POOLS, SPAS AND HOT TUBS

(The provisions contained in this appendix are not mandatory unless specifically referenced in the adopting ordinance.)

SECTION AG101 GENERAL

AG101.1 General. The provisions of this appendix shall control the design and construction of swimming pools, spas and hot tubs installed in or on the *lot* of a one- or two-family dwelling.

AG101.2 Pools in flood hazard areas. Pools that are located in flood hazard areas established by Table R301.2(1), including above-ground pools, on-ground pools that involve placement of fill, shall comply with Sections AG101.2.1 or AG101.2.2.

Exception: Pools located in riverine flood hazard areas which are outside of designated floodways.

AG101.2.1 Pools located in designated floodways. Where pools are located in designated floodways, documentation shall be submitted to the *building official*, which demonstrates that the construction of the pool will not increase the design flood elevation at any point within the *jurisdiction*.

AG101.2.2 Pools located where floodways have not been designated. Where pools are located where design flood elevations are specified but floodways have not been designated, the applicant shall provide a floodway analysis that demonstrates that the proposed pool will not increase the design flood elevation more than 1 foot (305 mm) at any point within the *jurisdiction*.

SECTION AG102 DEFINITIONS

AG102.1 General. For the purposes of these requirements, the terms used shall be defined as follows and as set forth in Chapter 2.

ABOVE-GROUND/ON-GROUND POOL. See "Swimming pool."

BARRIER. A fence, wall, building wall or combination thereof which completely surrounds the swimming pool and obstructs access to the swimming pool.

HOT TUB. See "Swimming pool."

IN-GROUND POOL. See "Swimming pool."

RESIDENTIAL. That which is situated on the premises of a detached one- or two-family dwelling or a one-family *town house* not more than three stories in height.

SPA, NONPORTABLE. See "Swimming pool."

SPA, PORTABLE. A nonpermanent structure intended for recreational bathing, in which all controls, water-heating and water-circulating *equipment* are an integral part of the product.

SWIMMING POOL. Any structure intended for swimming or

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recreational bathing that contains water over 24 inches (610 mm) deep. This includes in-ground, above-ground and on-ground swimming pools, hot tubs and spas.

SWIMMING POOL, INDOOR. A swimming pool which is totally contained within a structure and surrounded on all four sides by the walls of the enclosing structure.

SWIMMING POOL, OUTDOOR. Any swimming pool which is not an indoor pool.

SECTION AG103 SWIMMING POOLS

AG103.1 In-ground pools. In-ground pools shall be designed and constructed in conformance with ANSI/NSPI-5 as listed in Section AG108.

AG103.2 Above-ground and on-ground pools. Above-ground and on-ground pools shall be designed and constructed in conformance with ANSI/NSPI-4 as listed in Section AG108.

AG103.3 Pools in flood hazard areas. In flood hazard areas established by Table R301.2(1), pools in coastal high hazard areas shall be designed and constructed in conformance with ASCE 24.

SECTION AG104 SPAS AND HOT TUBS

AG104.1 Permanently installed spas and hot tubs. Permanently installed spas and hot tubs shall be designed and constructed in conformance with ANSI/NSPI-3 as listed in Section AG108.

AG104.2 Portable spas and hot tubs. Portable spas and hot tubs shall be designed and constructed in conformance with ANSI/NSPI-6 as listed in Section AG108.

SECTION AG105 BARRIER REQUIREMENTS

AG105.1 Application. The provisions of this chapter shall control the design of barriers for residential swimming pools, spas and hot tubs. These design controls are intended to provide protection against potential drownings and near-drownings by restricting access to swimming pools, spas and hot tubs.

AG105.2 Outdoor swimming pool. An outdoor swimming pool, including an in-ground, above-ground or on-ground pool, hot tub or spa shall be surrounded by a barrier which shall comply with the following:

1. The top of the barrier shall be at least 48 inches (1219 mm) above *grade* measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be 2 inches (51 mm) measured on the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above grade, such as an above-ground pool, the barrier may be at ground level, such as the pool structure, or mounted on top of the pool structure.

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Where the barrier is mounted on top of the pool structure, the maximum vertical clearance between the top of the pool structure and the bottom of the barrier shall be 4 inches (102 mm).

2. Openings in the barrier shall not allow passage of a 4-inch-diameter (102 mm) sphere.
3. Solid barriers which do not have openings, such as a masonry or stone wall, shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints.

4. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches (1143 mm), the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1 $\frac{3}{4}$ inches (44 mm) in width. Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1 $\frac{3}{4}$ inches (44 mm) in width.
5. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45 inches (1143 mm) or more, spacing between vertical members shall not exceed 4 inches (102 mm). Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1 $\frac{3}{4}$ inches (44 mm) in width.
6. Maximum mesh size for chain link fences shall be a 2 $\frac{1}{4}$ inch (57 mm) square unless the fence has slats fastened at the top or the bottom which reduce the openings to not more than 1 $\frac{3}{4}$ inches (44 mm).
7. Where the barrier is composed of diagonal members, such as a lattice fence, the maximum opening formed by the diagonal members shall not be more than 1 $\frac{3}{4}$ inches (44 mm).
8. Access gates shall comply with the requirements of Section AG105.2, Items 1 through 7, and shall be equipped to accommodate a locking device. Pedestrian access gates shall open outward away from the pool and shall be self-closing and have a self-latching device. Gates other than pedestrian access gates shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54 inches (1372 mm) from the bottom of the gate, the release mechanism and openings shall comply with the following:
 - 8.1. The release mechanism shall be located on the pool side of the gate at least 3 inches (76 mm) below the top of the gate; and
 - 8.2. The gate and barrier shall have no opening larger than 1/2 inch (12.7 mm) within 18 inches (457 mm) of the release mechanism.
9. Where a wall of a dwelling serves as part of the barrier, one of the following conditions shall be met:
 - 9.1. The pool shall be equipped with a powered safety cover in compliance with ASTM F1346; or
 - 9.2. Doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and/or its screen, if present, are opened. The alarm shall be listed in *and labeled* in accordance with UL 2017. The deactivation switch(es) shall be located at least 54 inches (1372 mm) above the threshold of the door; or

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Appendix G

- 9.3. Other means of protection, such as self-closing doors with self-latching devices, which are *approved* by the governing body, shall be acceptable as long as the degree of protection afforded is not less than the protection afforded by Item 9.1 or 9.2 described above.
10. Where an above-ground pool structure is used as a barrier or where the barrier is mounted on top of the pool structure, and the means of access is a ladder or steps:
 - 10.1. The ladder or steps shall be capable of being secured, locked or removed to prevent access; or

10.2. The ladder or steps shall be surrounded by a barrier which meets the requirements of Section AG105.2, Items 1 through 9. When the ladder or steps are secured, locked or removed, any opening created shall not allow the passage of a 4-inch-diameter (102 mm) sphere.

AG105.3 Indoor swimming pool. Walls surrounding an indoor swimming pool shall comply with Section AG105.2, Item 9.

AG105.4 Prohibited locations. Barriers shall be located to prohibit permanent structures, equipment or similar objects from being used to climb them.

AG105.5 Barrier exceptions. Spas or hot tubs with a safety cover which complies with ASTM F 1346, as listed in Section AG107, shall be exempt from the provisions of this appendix.

SECTION AG106 ENTRAPMENT PROTECTION FOR SWIMMING POOL AND SPA SUCTION OUTLETS

AG106.1 General. Suction outlets shall be designed and installed in accordance with ANSI/APSP-7.

SECTION AG107 ABBREVIATIONS

AG107.1 General.

ANSI-American National Standards Institute
11 West 42nd Street
New York, NY 10036

APSP-Association of Pool and Spa Professionals
NSPI-National Spa and Pool Institute
2111 Eisenhower Avenue
Alexandria, VA 22314

ASCE-American Society of Civil Engineers
1801 Alexander Bell Drive
Reston, VA 98411-0700

ASTM-ASTM International
100 Barr Harbor Drive
West Conshohocken, PA 19428

UL-Underwriters Laboratories, Inc.
333 Pfingsten Road
Northbrook, IL 60062-2096

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SECTION AG108 STANDARDS

AG108.1 General.

ANSI/NSPI

ANSI/NSPI-3-99 Standard for
Permanently Installed Residential Spas.....AG104.1

ANSI/NSPI-4-99 Standard for Above-ground/
On-ground Residential Swimming Pools.....AG103.2

ANSI/NSPI-5-2003 Standard for

Residential In-ground Swimming Pools.....AG103.1

ANSI/NSPI-6-99 Standard for
Residential Portable Spas.....AG104.2

ANSI/APSP

ANSI/APSP-7-06 Standard for Suction Entrapment
Avoidance in Swimming Pools, Wading Pools, Spas,
Hot Tubs and Catch Basins.....AG106.1

ASCE

ASCE/SEI-24-05 Flood Resistant
Design and Construction.....AG103.3

ASTM

ASTM F 1346-91 (2003) Performance
Specification for Safety Covers and Labeling
Requirements for All Covers for Swimming Pools,
Spas and Hot
Tubs.....AG105.2,AG105.5

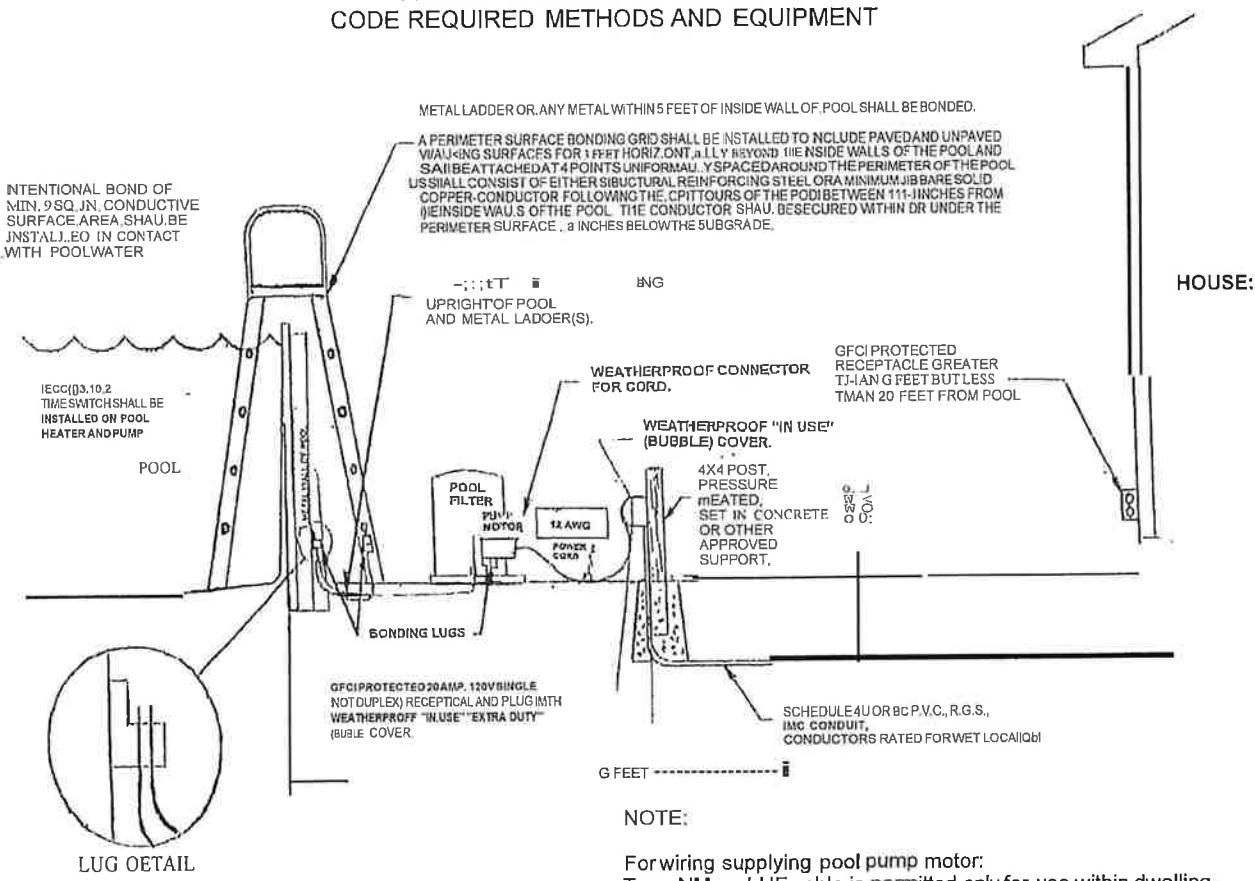
UL

UL 2017-2000 Standard for General-purpose
Signaling Devices and Systems-with Revisions
Through June 2004.....AG105.2

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APPENDIX G

**TYPICAL WIRING DIAGRAM FOR AN
ABOVE-GROUND POOL SHOWING
CODE REQUIRED METHODS AND EQUIPMENT**



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)

2

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 do so.

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 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

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

Address _____

Signature of Notary Public

County of _____
Municipality of _____

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 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



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 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

INSURED
ABC Contracting LLC
123 Happy Lane
Pittsburgh, PA 15222

ALL HIGHLIGHTED AREAS REQUIRED FOR APPROVAL OF YOUR PERMIT.*

COVERAGES C

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

INSR LTR	TYPE OF INSURANCE	ADDL 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 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	DED RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY DUTYHOLDER PARTNER/EXECUTIVE DIRECTOR/MEMBER/EXECUTIVE (Mandatory in NH) No. of employees: 0 DESCRIPTION OF OPERATIONS: None	N/A	UB58-725	7/1/2021	7/1/2022	X REP STATUTE \$ 100,000 INC. FACILITY/AGENT \$ 100,000 EL. DISEASE - EA EMPLOYEE \$ 100,000 EL. DISEASE - POLICY LIMIT \$ 500,000

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

Contractors License Number #

CERTIFICATE HOLDER

CANCELLATION

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

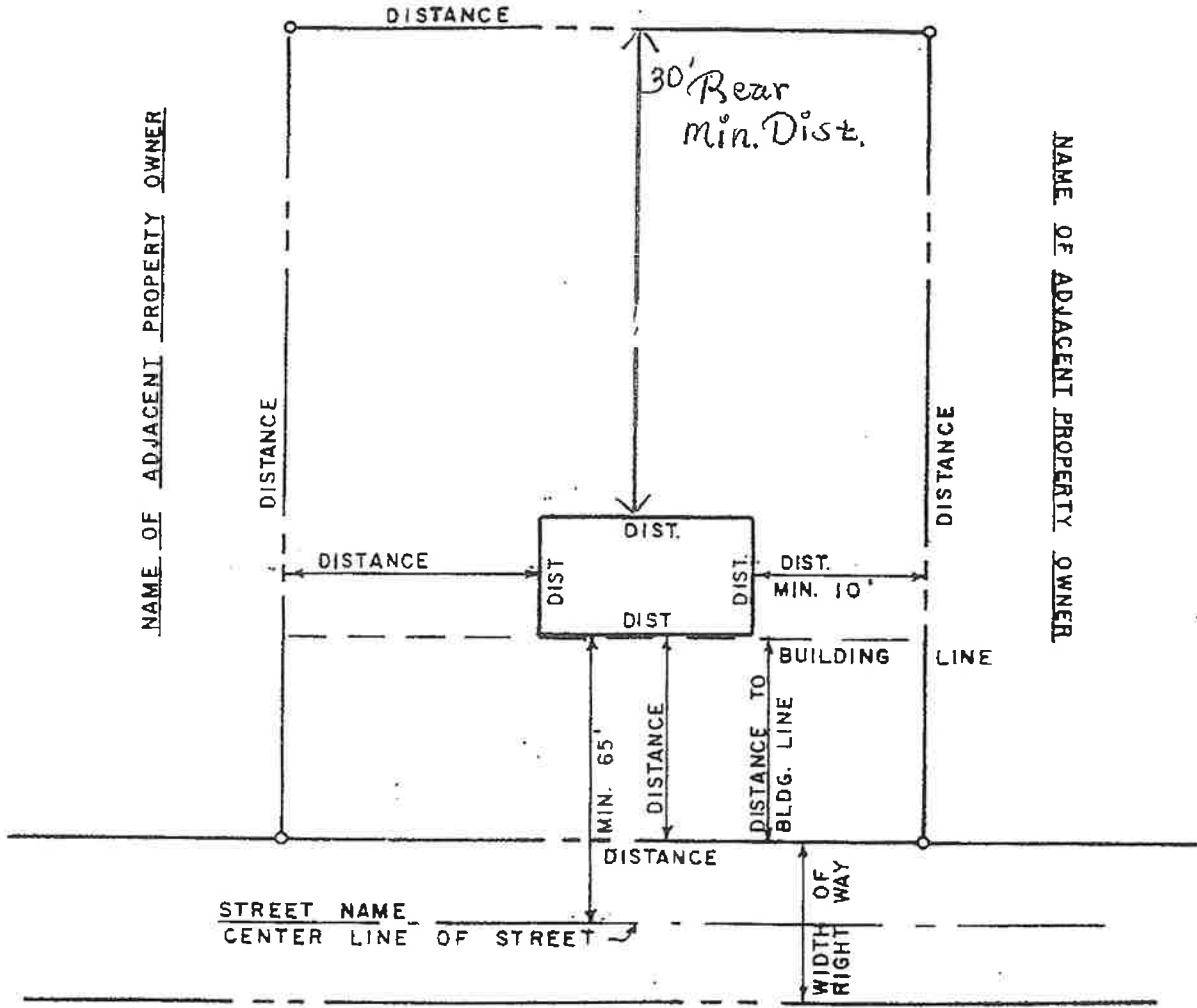
AUTHORIZED REPRESENTATIVE

Dawn Singleton

Example

8

NAME OF ADJACENT PROPERTY OWNER



WATER SUPPLY
 WELL CITY

SEWAGE DISPOSAL
 SEPTIC PUBLIC

NAME OF APPLICANT... _____

DATE ... _____

**TYPICAL SKETCH
for
BUILDING PERMIT**