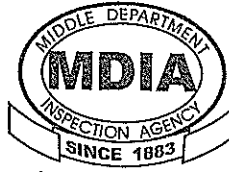


Permit Application



Customer Number
if known

--	--	--	--	--	--

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

Name of Company: _____

Contact Name: _____

Address: _____

Email: _____

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

Option A.

- _____ 1. 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).**

Subscribed, sworn to and acknowledged

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)



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 E-MAIL ADDRESS: receptionist@bailyagency.com	FAX (A/C, No): 724-627-7005
	INSURER(S) AFFORDING COVERAGE	
License#: 65153 NORTSEW-01	INSURER A: Insurance Company	NAIC # 55423
	INSURER B: Insurance Company	NAIC # 55433

INSURED
 ABC Contracting LLC
 123 Happy Lane
 Pittsburgh, PA 1522

ALL HIGHLIGHTED AREAS REQUIRED FOR APPROVAL OF YOUR PERMIT.*

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB58-725	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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 Number #:

CERTIFICATE HOLDER

North Sewickley Township
 893 Mercer Road
 Beaver Falls PA 15010

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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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

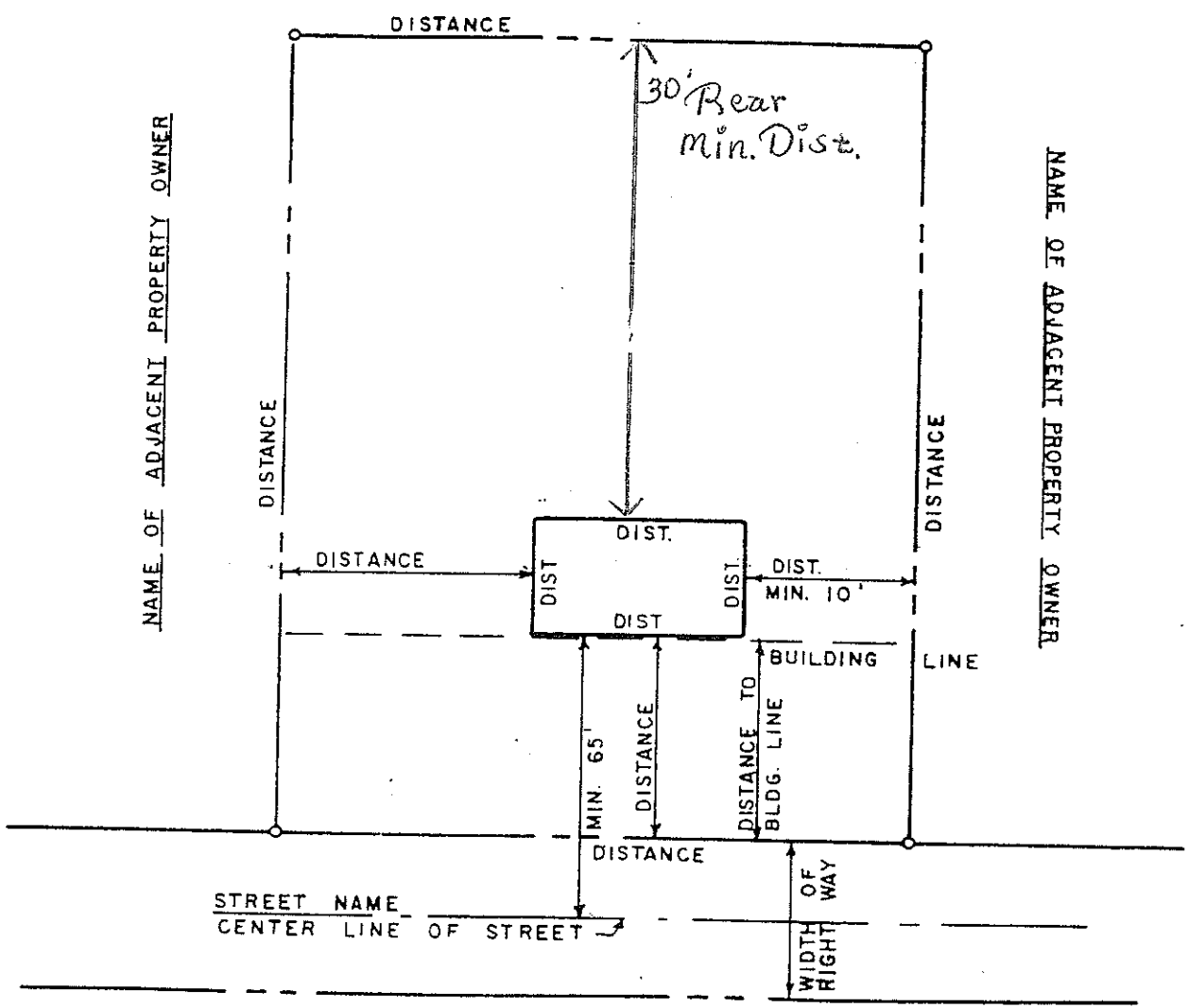
Date

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

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

COMMERCIAL AND MULTI-FAMILY

- 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

_____ Sub-division and land development approval, if required.

_____ Complete Construction plans must be stamped and signed by a Pennsylvania Registered Design Professional (Architect or Engineer). Plans **MUST** be PDF Format, unsecured, unencrypted, and no digital signatures attached to file. **ALL PLANS MUST INCLUDE** Construction Type and Use Group as determined by the design professional.

_____ Plans **AND** Application must be submitted electronically by going to our website, **www.mdia.us**, and click on Offices, and then the “Submit Plans” icon next to Wexford Office address. Once the plans are approved, they will be returned to the design professional and/or applicant, and it will be their responsibility to make as many hard copies as needed and provide them to the BCO and the municipality so the permit can be issued. No permits will be issued, and construction **shall not** start until all applicable fees are paid. It is then required that a completed set of MDIA stamped and approved plans be on the jobsite and made available to the field inspector during the entire course of construction.

_____ A site plan showing the outside dimensions of the proposed structure, including distances in feet to the front, sides and rear property lines.

_____ Sewer permit.

_____ Workers’ compensation insurance certificate or an affidavit of exemption.

_____ Location of parking spaces, accessible routes, public transportation stops and other required accessibility features.

_____ Highway access permit Penn Dot/Municipal, if required.

_____ Plan review/fee (permit clerk will calculate).

_____ Automatic fire sprinkler system designed in accordance with NFPA 13 where applicable.

_____ 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 COMMERCIAL AND MULTI-FAMILY CONSTRUCTION

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

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

MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

1. Footing – To be done after forming and prior to placing of concrete.
Inspector: Patrick Duffy Phone: 1-800-922-6342
2. Foundation inspection – French drain and water-proofing prior to backfilling.
Inspector: Patrick Duffy Phone: 1-800-922-6342
3. Plumbing under slab (rough-in) done prior to placing concrete floor.
Inspector: Patrick Duffy Phone: 1-800-922-6342
4. Electrical – Rough in to be done prior to insulating.
Inspector: Phillip McCartney Phone: 1-800-608-6342
5. Framing inspection – Done prior to insulating, but after heating, plumbing and wiring are roughed in, and prior to any exterior finishes being applied.
Inspector: Patrick Duffy Phone: 1-800-922-6342
6. Energy conservation.
Inspector: Patrick Duffy Phone: 1-800-922-6342
7. Wallboard- Only needed if there is an integral or attached garage.
Inspector: Patrick Duffy Phone: 1-800-922-6342
8. Final Electrical – When job is completely finished.
Inspector: Phillip McCartney Phone: 1-800-608-6342
9. Final inspection – When job is completely finished, prior to occupancy permit and after plumbing, mechanical and electrical.
Inspector: Patrick Duffy Phone: 1-800-922-6342

BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE

Safe digging is
no accident!

Know what's
below.

Dial 8-1-1
before you dig.



TEMPORARY MARKING GUIDELINES

WHITE	Proposed Excavation
PINK	Temporary Survey Markings
RED	Electric Power Lines, Cables, Conduit and Lighting Cables
YELLOW	Gas, Oil, Steam, Petroleum or Gaseous Materials, Hazardous Materials
ORANGE	Communications, Alarm or Signal Lines, Cables or Conduits and Traffic Lamps
BLUE	Possible Water
PURPLE	Reclaimed Water, Irrigation and Slurry Lines
GREEN	Sewers and Drain Lines

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

YOUR TELEPHONE NUMBER

YOUR MAILING ADDRESS

COUNTY - The name of the county where the work will take place.
MUNICIPALITY - City, Township or Borough where the work will take place.

THE ADDRESS WHERE THE WORK WILL TAKE PLACE
THE NEAREST INTERSECTING STREET TO THE WORK SITE
THE NAME OF A SECOND INTERSECTION NEAR THE WORK SITE

IS THE PROPOSED EXCAVATION AREA (WORK BITE) MARKED IN WHITE - Yes or No

OTHER INFORMATION THAT WOULD HELP THE LOCATOR FIND THE SITE - Clarifying information to specify the exact location of the dig

THE TYPE OF WORK BEING DONE

WHETHER THE WORK WILL TAKE PLACE IN: Street, Sidewalk, Public or Private Property

THE APPROXIMATE DEPTH YOU ARE DIGGING

THE EXTENT OF THE EXCAVATION - The approximate size of the opening: the length and width or diameter

THE METHOD OF EXCAVATION - How will the earth be moved

WHO IS THE WORK BEING DONE FOR

PERSON TO CONTACT IF THE UTILITIES HAVE QUESTIONS

THE CONTACT PERSON'S PHONE NUMBER - The phone number with area code for daytime contact

THE BEST TIME TO CALL

FAX NUMBER AND/OR EMAIL ADDRESS - The responses from the facility owners will be sent to you

SCHEDULED EXCAVATION DATE AND START TIME - not less than 3 business days or more than 10 business days.

DURATION OF A JOB - How long will the job take

ANY ADDITIONAL REMARKS YOU MAY HAVE

You will be given a 10 digit serial number as confirmation of your call and our system will send you the responses from the utilities on the morning of your scheduled excavation date via fax or email

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.

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 drain cleared be sure to check www.paonecall.org/crossbore or Call Before You Clear information at call811 for more 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.

CONSTRUCTION DOCUMENTS REQUIRED

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

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

- SPECIAL INSPECTIONS AS PER IBC SECTION 1704 & 1710.