

# 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

Subscribed, sworn to and acknowledged

before me on this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
County Of: \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Municipality of: \_\_\_\_\_

(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).

|   |  |                                    |
|---|--|------------------------------------|
| <b>PRODUCER</b><br>Baily Insurance Agency, Inc.<br>PO BOX 1070<br>Waynesburg PA 15370 | <b>CONTACT NAME:</b> Dawn Singleton<br><b>PHONE (A/C No. Ext):</b> 724-627-6121<br><b>E-MAIL ADDRESS:</b> receptionist@bailyagency.com | <b>FAX (A/C, No):</b> 724-627-7005 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                    |
| License#: 65153<br>NORTSEW-01   | <b>INSURER A:</b> Insurance Company  | <b>NAIC #</b><br>55423             |
|   | <b>INSURER B:</b> Insurance Company  | <b>NAIC #</b><br>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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 680-J56892    | 7/1/2021                | 7/1/2022                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>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<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>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.

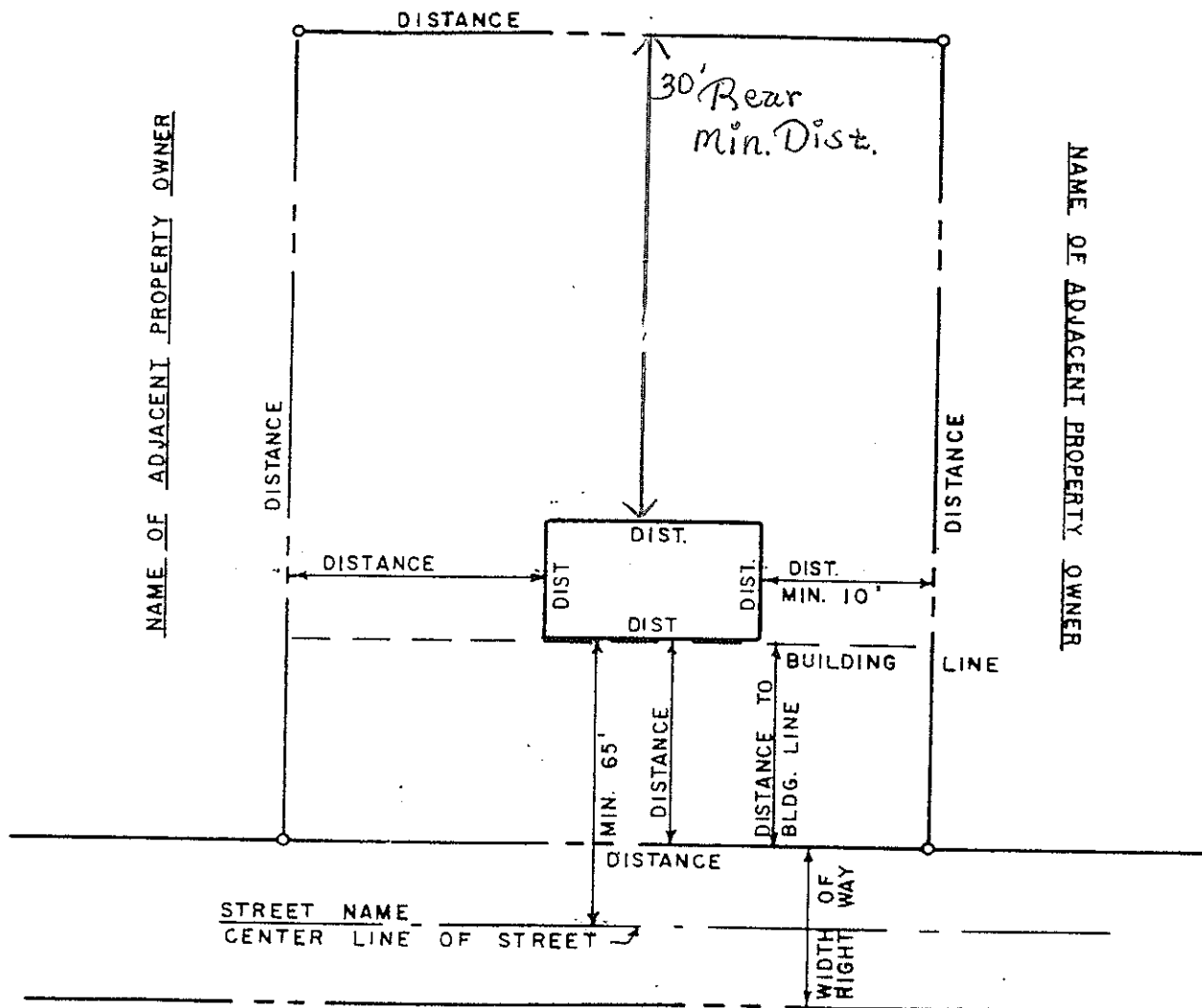
\_\_\_\_\_  
North Sewickley Township Municipal Authority Signature

\_\_\_\_\_  
Date



*Example*

NAME OF ADJACENT PROPERTY OWNER



WATER SUPPLY  
 WELL     CITY

SEWAGE DISPOSAL  
 SEPTIC     PUBLIC

NAME OF APPLICANT... \_\_\_\_\_

DATE... \_\_\_\_\_

TYPICAL SKETCH  
 for  
 BUILDING PERMIT

**CUSTOMER ASSISTANCE GUIDE  
PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

**SOLAR ARRAYS**

- 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 structure, and they have workers’ compensation, have the contractor or their insurance carrier provide us with a “Certificate of Insurance” showing proof of such. If the homeowner or a contractor without workers’ compensation is constructing the structure, the attached form must be completed and notarized.

\_\_\_\_\_ 2 (two) complete sets of drawings that show the design and construction including all material and system components.

\_\_\_\_\_ Site plan showing location of major components on the property: This drawing need not be exactly to scale, but it should represent relative location of components and structures at site.

\_\_\_\_\_ Electrical worksheets showing PV array configuration, wiring system, overcurrent protection, inverter, disconnects, required signs, and utility interconnection detail. Include a three line diagram. Wiring shall be in compliance with the National Electrical Code, specifically Articles 690 and 705.

\_\_\_\_\_ Specification sheets and installation manuals (if available) for all major PV system components such as, PV modules, dc-to-dc converters, inverters, and mounting systems.

\_\_\_\_\_ Where a solar array is installed on an existing structure, provide an engineering report from a Pennsylvania registered design professional verifying that the structure will safely support the additional load in compliance with International Residential Code Section R301.1. Provide an attachment detail.

\_\_\_\_\_ Workers compensation insurance certificate or an affidavit of exemption.

\_\_\_\_\_ Completed 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 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 SOLAR ARRAYS**

- 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.**

### **Free standing arrays:**

1. Footing inspection – hole must be dug for support posts. The inspection must be approved prior to placing of concrete.

**Inspector: Patrick Duffy**

**Phone: 1-800-922-6342**

2. Electrical inspection
  - Trench inspection prior to backfill (if applicable)
  - Final electrical inspection

**Inspector: Phillip McCartney**

**Phone: 1-800-608-6342**

3. Final inspection – when job is completely finished and after all other required inspections have been done and approved.

**Inspector: Patrick Duffy**

**Phone: 1-800-922-6342**

### **Structure mounted arrays:**

1. Attachment inspection

**Inspector: Patrick Duffy**

**Phone: 1-800-922-6342**

2. Electrical inspection

**Inspector: Phillip McCartney**

**Phone: 1-800-608-6342**

3. Final inspection – (may be combined with #1) when job is completely finished and after all other required inspections have been done and approved.

**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 | Communication, Alarm or Signal Lines, Cables or Conduit and Traffic Loops |
| BLUE   | Potable 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 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 opening; the length and width or diameter
- THE METHOD OF EXCAVATION** - How will this 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 anytime 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](http://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 lines checked, be sure to check [www.paonecall.org/crossore](http://www.paonecall.org/crossore) to: Call Before You Dig!
- Information provided by:

## 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 missing by dialing 8-1-1. Report emergencies by dialing 911.

## 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](http://www.pa811.org)

