

## Requirement checklist to obtain a building permit for a:

## **RESIDENTIAL DECK**

Building Permit is required when attached to existing structure **AND/OR** over 30" high at any point around the perimeter, measured from ground to top of finished floor.

Completed two-page application (must be legible and signed) [2 COPIES]
Land Use Permit (signed/approved by the Municipality) [2 COPIES]
Site Plan (include all existing structures, proposed structure, and their distances to all lot lines) [2 COPIES]
Deck plan / drawings detailing the deck construction [2 SETS]
Copy of Contractors Certificate of Insurance for Workers Compensation <u>OR</u> If doing the work yourself submit Workers Compensation Insurance Coverage Waiver [refer to the attached document].
Driving directions from a known landmark or intersection

- ✓ After submitting all required documents your application will be reviewed.
- ✓ PMCA will contact you to let you know if your application has been approved or denied.
- ✓ When the project is approved you will be notified the Building Permit is ready. Prior to obtaining the building permit all charges (i.e. administrative, inspections fees) must be paid.
- ✓ Be advised additional fees may be applied, throughout the project, for failed or missed inspections.

### If more detailed guidance on deck construction would be helpful – please ask our staff for the:

2015 IRC Wood Deck Construction Guide (44 pages).

	PA MUNICIPAL CODE
	ALLIANCE, Inc.
A SAFEbu	uilt <sup>®</sup> COMPANY

Chambersburg Office: 380 Wayne Ave. Chambersburg, PA 17201Phone: 717 496-4996Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522Phone: 814 310-2326Somerset Office: 510 Georgian Place, Somerset, PA 15501Phone: 814 444-6112Adams Office: 1895B York Road, Gettysburg, PA 17325Phone: 717 321-9046Email: pmca@pacodealliance.comWebsite: <a href="https://pacodealliance.com/">https://pacodealliance.com/</a>

## **APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE**

Rcvd. Date Stamp Here

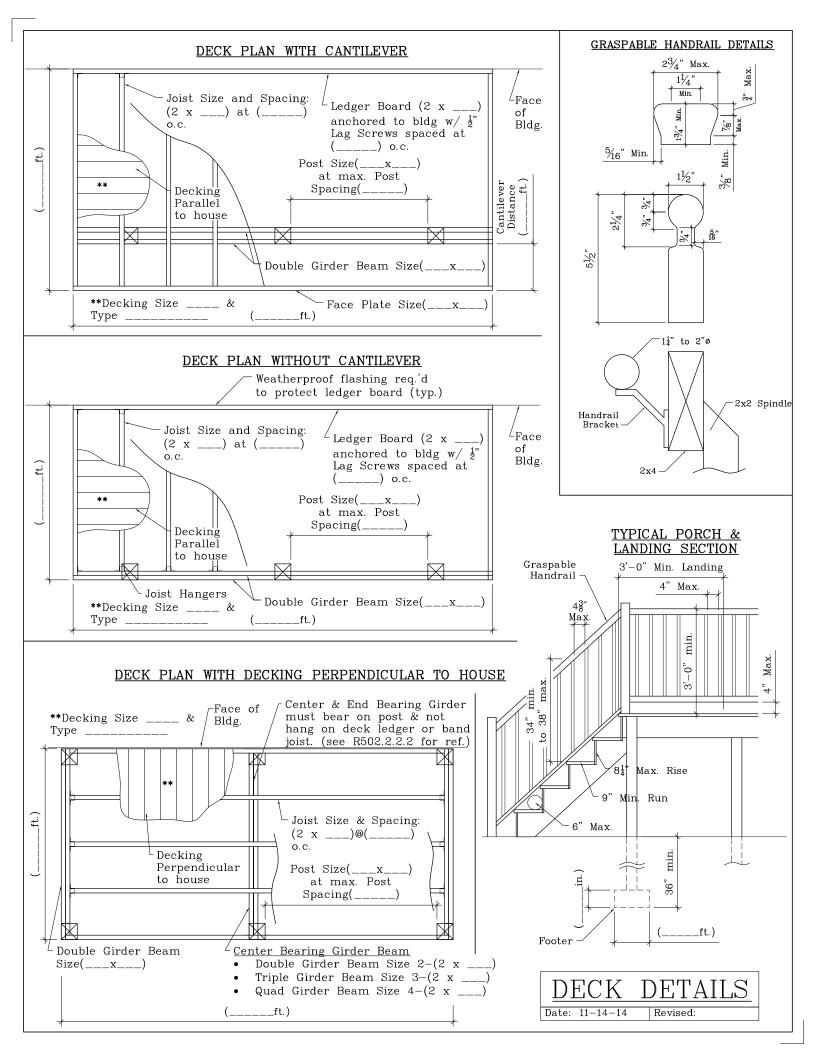
Please print legibly -	<ul> <li>failure to do so m</li> </ul>	ay result in a denial,	delay or rejection	of this application.
------------------------	--	------------------------	--------------------	----------------------

	Permit Application No.			
	1. PROPERTY / SITE IN	FORMATION		
Site Address: Complete Address / Street / L	ot #	Tax Map /	Parcel No.:	
City	State		Zip	
Municipality:	County:	Land Use	Permit No	
Use: Residential Single-Family Dv	velling / Duplex 🗌 Multi Family	New / Relocate	ed Manufactured Home 🗌 Modular	
			olain present: 🗌 Yes 🗌 No	
			Other	
<u>2. LAND / PROP</u>	ERTY OWNER'S INFORMATION (	Complete Section 5 for (	Contractor's Info)	
First Name Mi.	Last Name	Phone No:	Cell No.:	
Street Address	City	State Zip	Email:	
<u>3.</u> <u>BUILDII</u>	NG / STRUCTURE OWNER'S INFO	ORMATION [If Different Fr	rom Above]	
First Name Mi.	Last Name	Phone No:	Cell No.:	
riist name Mil.	Last Name	Phone No.	Cell No	
Street Address	City	State Zip	Email:	
	4. BUILDING PERMIT A			
Provide below description of Work: (Also provi	ide details on plot plan: Show all im	provements on lot & app	rox. distances to lot lines)	
Total Lot Area: Acres/Sq. Ft	ESTIMATED COST OF CONS	STRUCTION: \$		
ICC Use Group:	ICC Con	struction Type:		
ESTIMATED START DATE://	ESTIMATE	D COMPLETION DATE	:/	

#### 5. CONTRACTOR INFORMATION

		Phone No:		-
Contractor Street Address		City	State	Zip
		Phone No.:		
Email:		Cell No.:		
		Exempt PA Home Improvement Contr.	Reg. #	
► ► THIS SECTION MU	ST BE FULLY COMPLETED OR	THE APPLICATION MAY BE REJECTED A	S INCOMPLETE ┥ ┥	
authorized by the owner of record. I un start of construction, and agree to conf or his representative shall have the au	or that I have been authorized by the derstand and assume responsibilition form to all applicable local, state, and thority to enter the areas in which the	ERTIFICATION ne owner of record to submit this application and y for the establishment of official property lines for nd federal laws governing the execution of this pr his work is being performed, at any reasonable h ue & correct to the best of my knowledge and be	or required setbacks pric roject. I certify that the C our, to enforce the provi	r to the ode officia sions of
Applicant Signature		Print Name ( <i>legibly</i> ):	Date	
Applicant Phone (Land Line and Cell)		Applicant Email		
Business Name (if applicable)		 Email		
Business OR Applicant Complet	e Mailing Address			
	•			
	Cell)			
		OJECT DETAILS		
Business Phone Number (Land Line and	<u>7.</u> <u>PR</u>		Fire Alarm System	
Business Phone Number (Land Line and	7. PR	lechanical Work (HVAC)	Fire Alarm System	
Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable)	<u>7.</u> <u>PR</u> Nork Plumbing Work M     K Fuel Typ	lechanical Work (HVAC)	·	
Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace	<u>7.</u> <u>PR</u> Nork Plumbing Work M     K Fuel Typ	lechanical Work (HVAC)	- ire Alarm System	
Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace	<u>7.</u> <u>PR</u> Nork Plumbing Work M     K Fuel Typ	lechanical Work (HVAC)	·	
Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace	Z.     PR       Work     Plumbing Work     M       :      Fuel Typ        Foundation	lechanical Work (HVAC)	·	
Business Phone Number (Land Line and	Z.       PR         Nork       Plumbing Work       M         :        Fuel Typ         []       Foundation       []         Slab	lechanical Work (HVAC) be: be at Grade Piers Other: Other: CTOR INFORMATION	·	
Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace Details:	Z.       PR         Nork       Plumbing Work       M         :        Fuel Typ         []       Foundation       []         Slab	lechanical Work (HVAC) be: be at Grade Piers Other: Other: CTOR INFORMATION	ional sheet(s) attached	HIC #
Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace Details:	Z. PR     Nork Plumbing Work M     Kuel Typ     Foundation Slab     Subcontractors for major tr	Actor INFORMATION	ional sheet(s) attached	HIC #
Business Phone Number (Land Line and Trades:  Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace	Z. PR         Nork       Plumbing Work       M         :        Fuel Typ         □       Foundation       Slab	Iechanical Work (HVAC) Fire Suppression/F   De:	ional sheet(s) attached No Pa	

► ► IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT N/A ON THE LINE/ SPACE ◄ ◄



## DIRECTIONS TO THE SITE LOCATION

Please give directions to the work site from a known landmark and/or intersection. Use a directional drawing also in the space provided below if that would assist.

Applicant:	Phone:
Site Street Address:	
Directions:	
Use this space if needed to further clarify the site location:	

Please Note: Inspectors cannot inspect what they cannot find, Be certain the directions are clear. Use Road or Street names, distances between turn offs, and the direction of that travel (North South East or West). Landmarks are very helpful.

# ► Workers' Compensation Insurance Coverage Information ◄

] No

### A. The applicant is

A contractor within the meaning	of the Pennsylvania Wo	orkers' Compensation Law

	Yes
--	-----

If the answer is "Yes," complete Sections B and C below as appropriate.

## B. Insurance Information

Name of Applicant:
Federal or State Employer Identification No.
Applicant is a qualified self-insurer for workers' compensation.
Name of Workers' Compensation Insurer:
Workers' Compensation Insurance Policy No
Policy Expiration Date:
C. Exemption – <u>MUST BE NOTORIZED</u> Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.
The undersigned swears or affirms 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:
Contractor with 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 township.
Homeowner who elects to do all work without contracting or hiring others to assist.
<b>Religious exemption</b> under the Workers' Compensation Law.
Signature of Applicant: Print Name:
Address: Date:
Commonwealth of Pennsylvania, County of
On this, the day of, 20 before me, (Notary)
( <i>Notary</i> ) the undersigned personally appeared, known to me (or satisfactorily proven) ( <i>Signatory</i> )
to be the person whose name subscribed to the within instrument, and acknowledged that he/she executed the same
for the purpose herein contained.

In Witness whereof, I hereunto set my hand and official seal.



## When applying for a Building Permit you need the following:

- Fill out the appropriate application answering all questions applicable to your job. Application must be legible and signed. (2 copies)
  - If a portion of the application is not applicable to your project put a N/A on the line.
- A copy of the signed Land Use Permit from the Municipality (Borough or Township) (2 copies)
- A Site Plan showing the location of the existing improvements/structures on your property and approx. distances to all property lines, well, septic system, driveway, etc. Also show the location of the proposed construction. (2 copies)
- Drawings showing details of the construction you want to do. (2 copies)
- Copy of Contractors Certificate of Insurance for Workers Compensation **OR** if doing the work yourself submit Workers Compensation Insurance Coverage Waiver [refer to the attached document].

### After Building Permit Application is submitted:

- After submitting <u>all</u> required documents your application and drawings will be reviewed.
- PMCA will contact you with an approval or denial.
- If approved, your permit will be issued. The inspection & administrative fees are due when you pick up the permit. You will also obtain a copy of your original application and stamped set of plans.

## After Building Permit is issued:

- The Building Permit placard and Municipal Placard are to be visible on site at all times during the construction process.
- To schedule an inspection call the office where your permit application was submitted or visit our website to schedule online. Be prepared to have your Permit Number, address and type of inspection you are requesting.
  - If you request an inspection BEFORE 3 pm, every effort is made to schedule the inspection for the next business day.
- The copy of your application and approved plans are to remain on site when the building inspectors come for inspections. Be advised: we <u>cannot</u> inspect if these are not on site and you may incur additional costs due to extra trip(s) by the inspector.

## ✓ Checklist for the Site Plan to be provided with the Permit Application

- 1. Site plans are essential and must be clearly legible and reproducible regardless of the reason for requesting the permit.
- 2. Use an 8 <sup>1</sup>/<sub>2</sub>" X 11" sheet of paper at minimum.
- After locating all the structures on your property show distances in feet to the lot lines and between the structures.

#### Provide dimensions of the property getting the proposed improvement

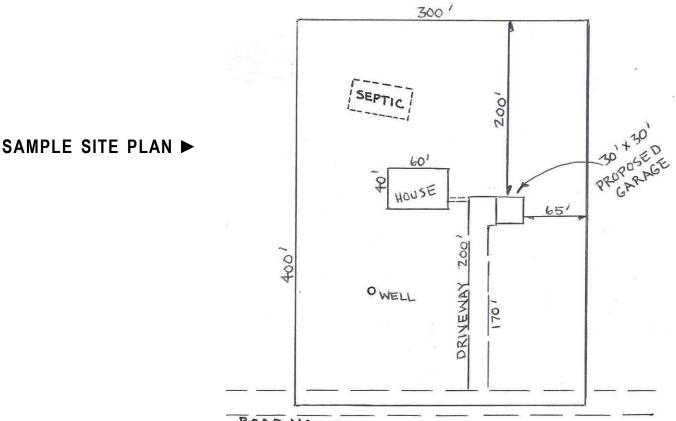
- o Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- Acreage (Refer to deed or survey drawing)
- o Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- Parcel Number (Not mandatory obtained from deed or property tax notice)

#### Existing Buildings / Structures with Corresponding Dimensions

- o Houses
- o Sheds
- o Barns
- o Swimming Pools

## Proposed Improvement(s)

- Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- Location of Proposed Driveway and Sidewalk



Deck / Patios

applicable

Other buildings or structures on the property

Location of on lot well and septic IF

0

0

0

ROAD NAME