

Requirement checklist to obtain a Building Permit for:

## RESIDENTIAL RE-ROOF

• A Building Permit is required if there is a <u>structural repair</u>.

## OR

## MINIMAL COMMERCIAL RE-ROOF

• This Application may be used ONLY if there are minimal Structural Repairs, No Roof Line Changes, or Change in Material

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) [2 COPIES]

Show structure and what portion of the roof to be worked on.

	Framing plans (fo	Residential and	l minimal Comm	ercial structural	repair only) [2 SETS]
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Include a descriptive narrative which must indicate existing and proposed materials.

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.

	PA MUNICIPAL CODE ALLIANCE, Inc.~
A SAFEb	uilt <sup>e</sup> COMPANY

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

Rcvd. Date Stamp Here

Please print legibly -	<ul> <li>failure to do so</li> </ul>	may result in a denia	al, delay or rejectior	n of this application.
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	Permit Application No		
	1. PROPERTY / SITE I	FORMATION	
Site Address: Complete Address / Street /	Lot #	Tax Map / P	Parcel No.:
City	State		Zip
		l and l lag	
Municipality:	County		
Use: Residential Single-Family D	welling / Duplex 🗌 Multi Family	New / Relocated	I Manufactured Home 🗌 Modular
Commercial Other	Alteration Repair/Repl	•	ain present: 🗌 Yes 📄 No
2. LAND / PROP	PERTY OWNER'S INFORMATION	(Complete Section 5 for Co	ontractor's Info)
First Name Mi.	Last Name	Phone No:	Cell No.:
Street Address	City	State Zip	Email:
<u>3.</u> <u>BUILD</u>	ING / STRUCTURE OWNER'S INF	ORMATION [If Different Fro	m Above]
First Name Mi.	Last Name	Phone No:	Cell No.:
Street Address	City	State Zip	Email:
	4. BUILDING PERMIT		
Provide below description of Work: (Also prov	vide details on plot plan: Show all in	provements on lot & appro	ox. distances to lot lines)
Total Lot Area: Acres/Sq. F	t. ESTIMATED COST OF CON	STRUCTION: \$	
ICC Use Group:	ICC Cor	struction Type:	
ESTIMATED START DATE://_	ESTIMAT	ED COMPLETION DATE:	I

### 5. CONTRACTOR INFORMATION

		Phone No:		
Contractor Street Address		City	State	Zip
		Phone No.:		•
Email:		Cell No.:		
		Exempt PA Home Improvement Contr. F	Reg. #	
► ► THIS SECTION MU	ST BE FULLY COMPLETED OR	THE APPLICATION MAY BE REJECTED AS		
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 responsibility form to all applicable local, state, and thority to enter the areas in which thi	<b>EXTIFICATION</b> owner of record to submit this application and t for the establishment of official property lines for d federal laws governing the execution of this pro s work is being performed, at any reasonable ho e & correct to the best of my knowledge and beli	required setbacks prior oject. I certify that the Co our, to enforce the provisi	to the de officia ons of
Applicant Signature	P	rint 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			
	o maining / laar ooo			
Business Phone Number (Land Line and				
	Cell)	JECT DETAILS		
Business Phone Number (Land Line and	Cell) 7. PRC		re Alarm System	
Business Phone Number (Land Line and	Cell) <u>7.</u> PRC Nork Plumbing Work Me	chanical Work (HVAC)	re Alarm System	
Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable)	Cell)	chanical Work (HVAC)		
Business Phone Number (Land Line and Trades:  Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace	Cell)	chanical Work (HVAC)	re Alarm System	
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Business Phone Number (Land Line and	Cell) <u>7. PRC</u> Work  Plumbing Work  Me : Fuel Type D Foundation  Slab	chanical Work (HVAC)		
Business Phone Number (Land Line and Trades:  Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace	Cell) <u>7. PRC</u> Work  Plumbing Work  Me : Fuel Type D Foundation  Slab	chanical Work (HVAC) Fire Suppression/Fire Suppression/Fi		
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► ► 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
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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

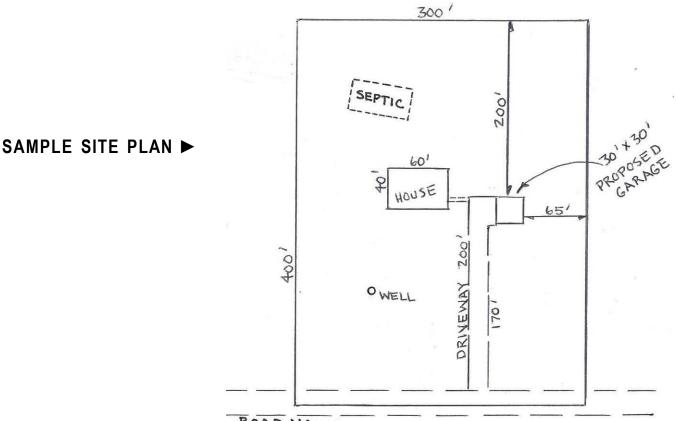
- o Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- Acreage (Refer to deed or survey drawing)
- o Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- Parcel Number (Not mandatory obtained from deed or property tax notice)

#### 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

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ROAD NAME