

Requirement checklist to obtain a Building Permit for a:

RESIDENTIAL PORCH ROOF

| 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] |
| Framing Plans [2 COPIES] A Porch Roof associated with a Manufactured Dwelling may bear no weight on the Dwelling itself. The Roof must be self-supporting. |
| 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 ^e COMPANY |

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Rcvd. Date Stamp Here

| Please print legibly - | failure to do so | may result in a denia | al, delay or rejectior | n of this application. |
|------------------------|--------------------------------------|-----------------------|------------------------|------------------------|
|------------------------|--------------------------------------|-----------------------|------------------------|------------------------|

| | 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) |
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| | | | |
| | | | |
| | | | |
| 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 | EXTIFICATION 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 | |
| Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace | Cell) | chanical Work (HVAC) | | |
| 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 | | |
| Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace Details: | Cell) | chanical Work (HVAC) Fire Suppression/Fire Suppression/Fi | onal sheet(s) attached | IC # |
| Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace Details: | Cell) | chanical Work (HVAC) Fire Suppression/Fire Suppression/ | onal sheet(s) attached | |
| Business Phone Number (Land Line and Trades: Building Electrical N Heat Source (if applicable) Foundation Type: Crawlspace | Cell) | chanical Work (HVAC) Fire Suppression/Fire Suppression/ | onal sheet(s) attached | IC # |

► ► 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: | |
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| Use this space if needed to further clarify the site location: | |
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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. |
| Religious exemption 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 ¹/₂" 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

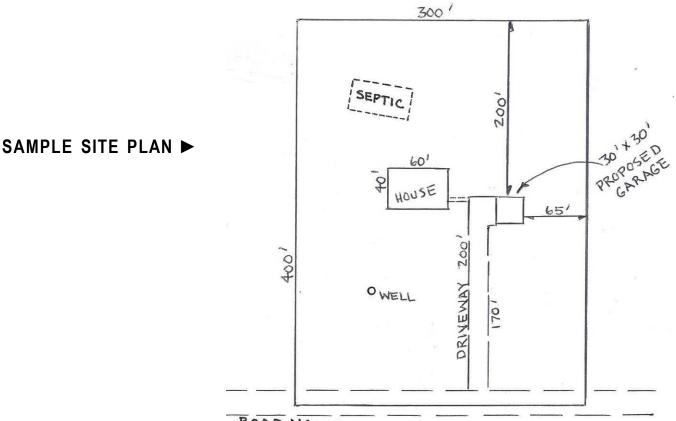
- o Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- Acreage (Refer to deed or survey drawing)
- o Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- Parcel Number (Not mandatory obtained from deed or property tax notice)

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