

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.

When applying for a building permit you need the following:

- Fill out the appropriate application answering all question applicable to your job. Application must be legible and signed. (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)
 - If you are doing the work please fill out the Workers Comp Cert of Liability OR if you will be contracting out the work PMCA needs a copy of the contractor's certificate of liability insurance.
 - A copy of the signed Land Use Permit from the Municipality (Borough or Township)
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After Building Permit Application is submitted:

- After submitting all required documents your application will be reviewed.
 - PMCA will contact you with an approval or denial.
 - If approved, your permit will be issued and 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.
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After the 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 and inspection call the office where your permit was submitted to schedule an inspection. Be prepared to have your Permit Number, address and type of inspection you are requesting. If you call on a work day and provide all the needed information prior to 3:00 p.m. every effort is made to schedule the inspection for the following work day.
- The copy of your application and approved plans are to remain on site when the building inspectors come for inspections. Be advised: we cannot 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 Building 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 ½" X 11" sheet of paper at minimum.
- 3. 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

- Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- Acreage (Refer to deed or survey drawing)
- 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)

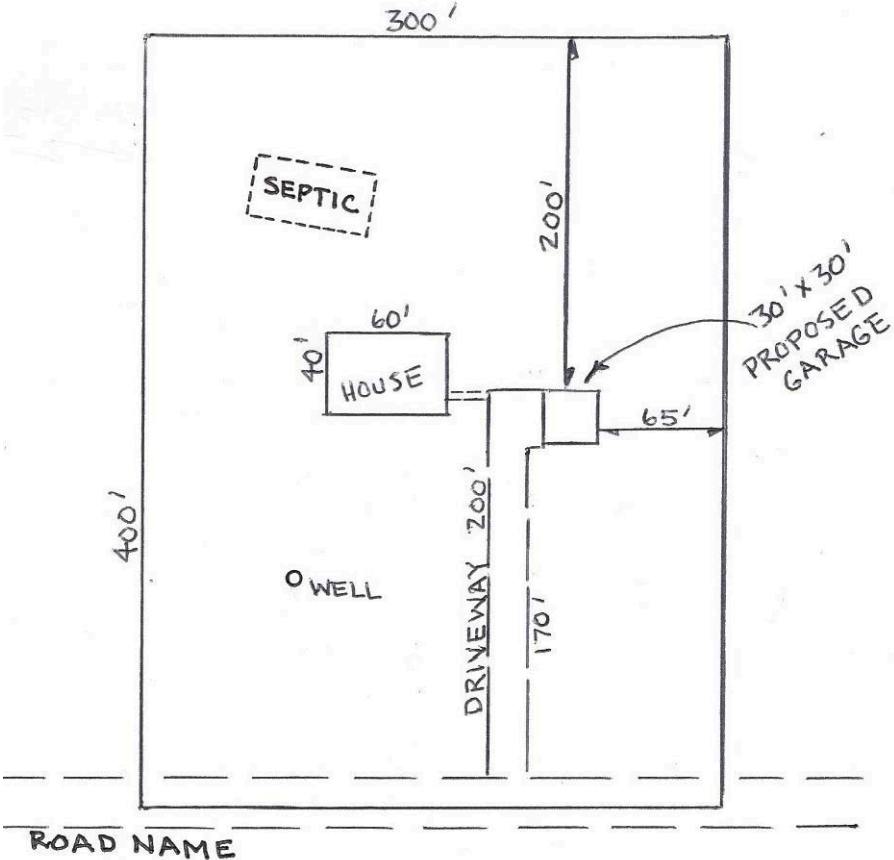
Existing Buildings / Structures with Corresponding Dimensions

- Houses
- Sheds
- Barns
- Swimming Pools
- Deck / Patios
- Other buildings or structures on the property
- Location of on lot well and septic IF applicable

Proposed Improvement(s)

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

SAMPLE SITE PLAN ►



▶ Workers' Compensation Insurance Coverage Information ◀

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes No

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.

Certificate attached

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date: _____

C. Exemption – MUST BE NOTORIZED

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)

the undersigned personally appeared _____, known to me (or satisfactorily proven)

(Signatory)

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.

Notary Public