

**CUSTOMER ASSISTANCE GUIDE  
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

**DETACHED STRUCTURES (1000 SQ FT OR MORE)  
ACCESSORY TO DETACHED ONE FAMILY DWELLING**

(Shed – Detached Garage – Pavilions – Etc)

- 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.

\_\_\_\_\_ A site plan showing the proposed detached accessory structure, the outside dimensions of the structure, the distances in feet, to the front, sides, and rear property lines.

\_\_\_\_\_ Three (3) sets of construction drawings that show in detail code compliance for all of the work proposed, to include but not limited to the following information;

- \_\_\_\_\_ Footing detail including depth below frost line.
- \_\_\_\_\_ Type of foundation.
- \_\_\_\_\_ Roof rafter size (2x6, 2x8, 2x10, etc).
- \_\_\_\_\_ Rafter spacing (16" on center, 24" on center, etc).
- \_\_\_\_\_ Thickness and type of roof sheathing.
- \_\_\_\_\_ Ceiling joist size and spacing.
- \_\_\_\_\_ Floor joist size and spacing.
- \_\_\_\_\_ Wall sections showing top, bottom plates and headers.
- \_\_\_\_\_ Location and size of all beams, girder/headers.
- \_\_\_\_\_ Sizes of all doors.
- \_\_\_\_\_ Plumbing if applicable.
- \_\_\_\_\_ Mechanical if applicable.
- \_\_\_\_\_ Electrical if applicable.

\_\_\_\_\_ Completed building 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 building 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.

**IF UNDER 1,000 SQ. FT. & PLACING ELECTRICAL IN STRUCTURE, SHOULD  
CONSULT W/OUR ELECTRICAL INSPECTOR & BUILDING INSPECTOR.**



**ZONING/CONSTRUCTION PERMIT APPLICATION**  
**NORTH SEWICKLEY TOWNSHIP, BEAVER COUNTY, PENNSYLVANIA**

APPLICATION NO. \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

1. APPLICANT \_\_\_\_\_

2. APPLICANT IS OWNER \_\_\_\_\_ CONTRACTOR OR AGENT \_\_\_\_\_ OTHER \_\_\_\_\_

3. NAME/ADDRESS OF OWNER: \_\_\_\_\_ NAME/ADDRESS OR CONTRACTOR OR OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. TELEPHONE NO. \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

5. LOCATION/STREET ADDRESS \_\_\_\_\_ TAX PARCEL NO. 70- \_\_\_\_\_

6. SUBDIVISION NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

7. COST OF CONSTRUCTION \_\_\_\_\_ TOTAL SIZE/ACREAGE OF TRACT \_\_\_\_\_

8. ZONING DISTRICT IN WHICH LOCATED: \_\_\_\_\_

Type of Zoning use proposed: \_\_\_\_\_  
\_\_\_\_\_

9. DESCRIPTION:

Please state or describe generally the nature of proposed building, structure, alteration or addition and/or change in use:

\_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate designation of building or structure:

**Residential** \_\_\_\_\_

\_\_\_\_ One Family Dwelling

\_\_\_\_ Two Family Dwelling

\_\_\_\_ More than Two Family Dwelling

\_\_\_\_ Accessory Building/Structure to existing Residential Use

**Non-Residential** \_\_\_\_\_

Describe intended non-residential use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Accessory Building/Structure to existing Non-Residential Use

10. ZONING:

Setbacks: Front \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_ Rear \_\_\_\_\_

Number of stories \_\_\_\_\_ Height of Structure \_\_\_\_\_ Having dimensions of \_\_\_\_\_

And proposed floor area of \_\_\_\_\_ square feet Decks only: \_\_\_\_\_ inches above grade of deck floor]

11. ACCESS: \_\_\_\_\_ To public road \_\_\_\_\_ to private road \_\_\_\_\_ to private right of way \_\_\_\_\_

If private road/right of way, Owner \_\_\_\_\_ Parcel No. \_\_\_\_\_

12. PLOT PLAN ATTACHED: DATED \_\_\_\_\_ PREPARED BY \_\_\_\_\_

13. DRAWING ATTACHED: \_\_\_\_\_ WORKERS' COMPENSATION INSURANCE CERTIFICATE  
ATTACHED  YES  NO

14. WATER SOURCE: Public \_\_\_\_\_ Well \_\_\_\_\_ SEWAGE: Public \_\_\_\_\_ On lot System \_\_\_\_\_

15. THIS PROJECT INCLUDES: Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_

**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

NOTE: THIS FORM MUST BE NOTARIZED

(attach to building permit application)

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

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 Township.

Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exception letters for all employees)

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.

Subscribed and sworn to before me this

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

(signature of Notary Public)

My Commission expires: \_\_\_\_\_

(SEAL)

Signature of applicant: \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_

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

**North Sewickley Township Sewer Authority**

1160 Mercer Road - Beaver Falls, PA 15010

Phone 724-846-8502 Fax 724-847-9397

**Building Permit Release Form**

This notice hereby verifies that the property of:

Name \_\_\_\_\_

Address \_\_\_\_\_

Parcel # \_\_\_\_\_ Township \_\_\_\_\_

Is within \_\_\_\_\_ Is not within \_\_\_\_\_ the boundaries of the public sewer area.

\_\_\_\_\_ 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 the North Sewickley Township.

\_\_\_\_\_ The above property is within the boundaries of the public sewer area and the owner is not intending to use water or public sewers; however, if illegal use of water & sewers is found, the owner will be subject to penalties relating to illegal tap-in and usage as described in the North Sewickley Township Sewer Authority's Rules & Regulations - Section 1 - 15.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
North Sewickley Township Sewer Authority

I, as property owner, have read & agree to all parts of this release form issued by the North Sewickley Township Sewer Authority.

Signed \_\_\_\_\_, property owner

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

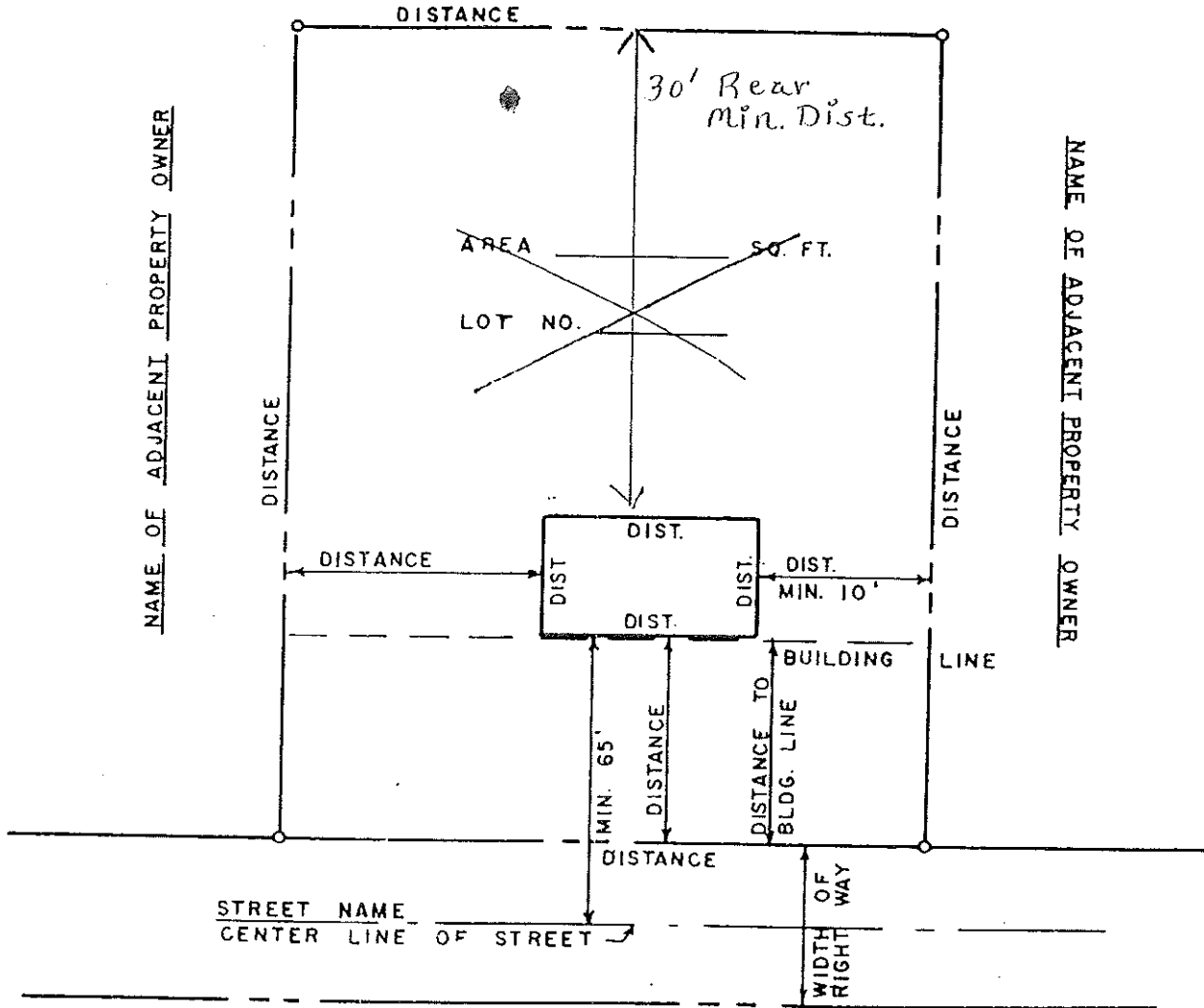
DATE ISSUED \_\_\_\_\_

\_\_\_\_\_  
ZONING AND CODES OFFICER



*Example*

NAME OF ADJACENT PROPERTY OWNER



WATER SUPPLY  
 WELL    CITY

SEWAGE DISPOSAL  
 SEPTIC    PUBLIC

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

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

NORTH SEWIC<sup>K</sup>LEY TOWNSHIP'S  
**TYPICAL SKETCH**  
for  
**BUILDING PERMIT**