

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

**SINGLE FAMILY DWELLING
(OTHER THAN MANUFACTURED OR INDUSTRIALIZED HOUSING)**

- 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 dwelling, 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 dwelling, the attached form must be completed and notarized.

_____ Sewer permit if applicable. _____ Septic permit if applicable.

_____ A site plan showing the outside dimensions of the proposed dwelling, including distances in feet to the front, sides and rear property lines.

_____ Three (3) sets of complete construction documents that show in detail code compliance for all of the work proposed to include but not limited to the following information;

- _____ Floor plan showing sizes of all rooms.
- _____ Footing detail including depth below frost line, thickness, width, and rebar.
- _____ Type of foundation, showing type of masonry, waterproofing and anchorage of home to foundation.
- _____ Roof rafter size – species and grade of wood.
- _____ 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 and bottom plates and headers.
- _____ Location and size of all beams.
- _____ Sizes of all doors.
- _____ Window type – including sizes and the net clear opening dimensions of all sleeping room windows (emergency egress).
- _____ Smoke alarms - number and placement.
- _____ Insulation – U - Values for windows, R – Values for exterior walls, attic and foundation.
- _____ Heating if applicable.
- _____ Plumbing (if any).
- _____ Electrical.
- _____ Stairs (riser height maximum 8 ¼" tread depth minimum 9")
- _____ Stairs – handrail (height from nose of thread min 34" max 38")
- _____ Guardrail (34" minimum measured vertically from nose of thread)
- _____ Width of stairs (36" minimum)

_____ 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 stamped "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.

INSPECTION PROCEDURES SINGLE FAMILY DWELLING

- Building permit must be posted on the site of the work and clearly visible from the road until completion of the project.
- Your approved plans must be available at time of the inspection. These are the plans that were submitted with your application and were marked "Approved" by the building inspection agency.
- **DO NOT schedule an inspection if the work is not ready!!!!**
- When scheduling an inspection, you must supply your permit number to the inspector.

MINIMUM OF 24 HOUR NOTICE REQUIRED TO MIDDLE DEPARTMENT INSPECTION AGENCY, INC.

1. Footing inspection – To be done after forming and prior to placing of concrete.
Inspector, Mark Reese Phone, 1-866-884-6343
 2. Foundation inspection – French drain and water-proofing prior to backfilling.
Inspector, Mark Reese Phone, 1-866-884-6343
 3. Plumbing under slab (rough-in) done prior to placing concrete floor.
Inspector, Mark Reese Phone, 1-866-884-6343
 4. Electrical inspection – Rough-in to be done prior to insulating.
Inspector, Mark Reese Phone, 1-866-884-6343
 5. Mechanical inspection – Rough-in to be done prior to insulating.
Inspector, Mark Reese Phone, 1-866-884-6343
 6. Plumbing inspection – Rough-in to be done prior to insulating.
Inspector, Mark Reese Phone, 1-866-884-6343
 7. Framing inspection – Done prior to insulating, but after heating, plumbing and wiring are roughed in and approved, and prior to any exterior finishes being applied.
Inspector, Mark Reese Phone, 1-866-884-6343
- NOTE: COMBINE INSPECTIONS 4, 5, 6 AND 7 IF POSSIBLE.
8. Energy conservation.
Inspector, Mark Reese Phone, 1-866-884-6343
 9. Wallboard.
Inspector, Mark Reese Phone, 1-866-884-6343
 10. Final inspection – When job is completely finished, prior to occupancy permit and after final plumbing, mechanical and electrical inspection.
Inspector, Mark Reese Phone, 1-866-884-6343

4/16/09
2/10/10

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 P.A.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.

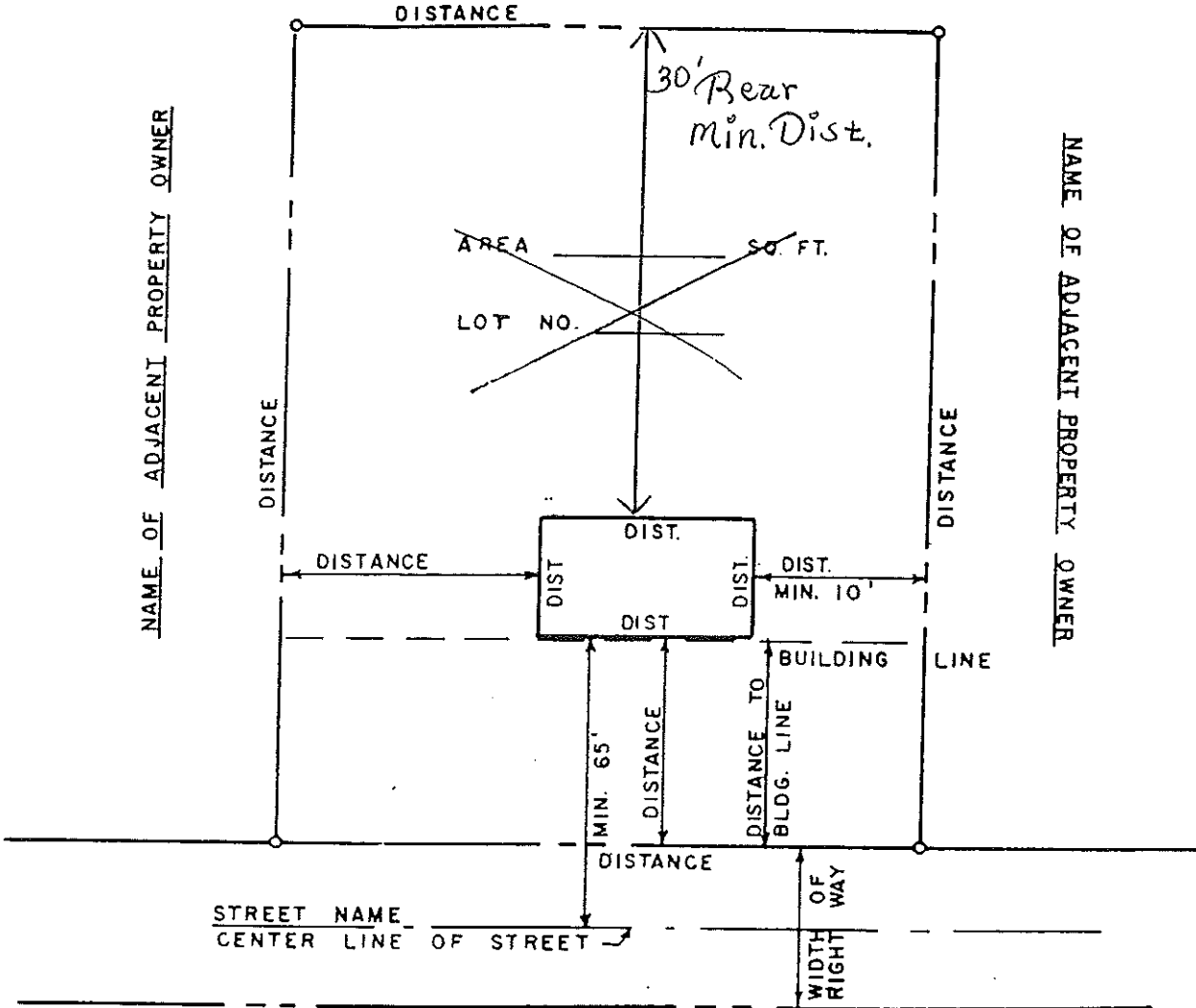
Signed _____, property owner

Example

NAME OF ADJACENT PROPERTY OWNER

NAME OF ADJACENT PROPERTY OWNER

NAME OF ADJACENT PROPERTY OWNER



WATER SUPPLY
 WELL CITY

SEWAGE DISPOSAL
 SEPTIC PUBLIC

NAME OF APPLICANT... _____

DATE ... _____

NORTH SEWIC^KLEY TOWNSHIP'S

TYPICAL SKETCH for BUILDING PERMIT

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 _____

DATE ISSUED _____

SIGNATURE OF OWNER/AGENT

ZONING AND CODES OFFICER