

**CUSTOMER ASSISTANCE GUIDE  
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS  
MANUFACTURED AND INDUSTRIALIZED HOUSING**

- Please read all of the following information.
- The following is a checklist. 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 dwelling, the outside dimensions of the structure, distances in feet to the front, side and rear property lines; and the height of floor surface above grade at highest point on deck or landing on exterior of main exit door.
- \_\_\_\_\_ Septic permit if applicable. \_\_\_\_\_ Sewer permit if applicable.
- \_\_\_\_\_ 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. Thickness and depth below frost line.
  - \_\_\_\_\_ Size of masonry units for foundation (piers or full foundations).
  - \_\_\_\_\_ Type, size, and placement of anchorage for the structure to the foundation.
  - \_\_\_\_\_ A copy of the manufacturer's specifications and installation instructions.
  - \_\_\_\_\_ Electrical. Service size \_\_\_\_\_ and location
  - \_\_\_\_\_ Plumbing.
  - \_\_\_\_\_ Mechanical if applicable.
  - \_\_\_\_\_ Main exit door – 36" x 36" landing on exterior (required).

**EXTERIOR DECK WHERE REQUIRED:**

- \_\_\_\_\_ Floor joist size, species and grade of wood.
- \_\_\_\_\_ Floor joist spacing (16" or center, 24" on center etc.).
- \_\_\_\_\_ Span of floor joist (clear distance between supports).
- \_\_\_\_\_ Depth of post footing below finished grade.
- \_\_\_\_\_ Guardrail height from floor or deck, and/or stairs.
- \_\_\_\_\_ Spacing of balusters. (maximum 4").
- \_\_\_\_\_ Stairs – Riser height and tread depth (riser 8 1/4" max tread 9" min.).
- \_\_\_\_\_ Stairs – Handrail height (from nose of tread). (minimum 34", maximum 38")
- \_\_\_\_\_ Handrail grip size – must have a circular cross section of 1 1/4" minimum to 2" maximum.
- \_\_\_\_\_ Width of stairs (36" minimum)
- \_\_\_\_\_ Guardrail (34" minimum measured vertically from nose of thread )

**Type of Foundation (circle the type you are using)**

- |                                                         |                       |                     |
|---------------------------------------------------------|-----------------------|---------------------|
| <u>1. Set on full basement</u>                          | <u>2. Crawl space</u> | <u>3. Piers</u>     |
| A. Heated yes _____ (provide wall R-values)<br>no _____ | A. Cross ventilation  | A. Spacing          |
| B. Garage in basement                                   |                       | B. Diameter         |
| C. Stairs                                               |                       | C. Depth            |
| _____ Completed building permit application.            |                       | D. Type of skirting |

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.



## Manufactured and Industrialized Housing

No building or structure shall be used or occupied until the Building Code Official has issued a certificate of occupancy.

A certificate of occupancy will not be issued until all utilities are connected and approved.

Also, decks and stairs that are required to be installed at egress (exit) doors shall be installed and approved prior to a certificate of occupancy being issued.

EFFECTIVE AS OF AUGUST 23, 2006:

THE ATTACHED INFORMATION PERTAINS ONLY TO NEW MOBILE HOMES OR DOUBLEWIDES.

The above is a manufactured home and inspected at the factory.

A MODULAR HOME IS A 3 OR 4 SECTION HOME BROUGHT IN BY COMPANY AND IS NOT INCLUDED IN THIS INFORMATION.



DEPARTMENT OF COMMUNITY  
& ECONOMIC DEVELOPMENT

## Commonwealth of Pennsylvania New Manufactured Home Installation Requirements

The Pennsylvania Manufactured Housing Improvement Act (Act 158 of 2004) requires that all new manufactured homes installed in the Commonwealth be subject to certain provisions of the law and regulations, all designed to assure proper installation and completion of every new manufactured home. Listed below are the key elements of the law that every homeowner, code official, retailer and installer should know:

- Every new manufactured home must be installed consistent with the manufacturers' approved designs and instructions for installation of the home.
- Code officials operating under the Pennsylvania Uniform Construction Code, may not reject the manufacturers' approved designs or require review, approval or a seal by engineer or architect licensed in Pennsylvania.
- Persons wishing to install new manufactured housing must successfully complete one of the DCED-approved training courses and apply for certification by DCED as a "*Manufactured Home Installer.*" Effective August 23, 2006
- A "Certificate of Compliance" must be completed by the above referenced installer and provided to the purchaser, code official and DCED. The code official may not issue an Occupancy Permit until a completed Certificate of Compliance form is received. Effective August 23, 2006
- No person may represent himself as a "manufactured home installer" or sign a Certificate of Compliance form, until such time as they receive written certification from DCED.
- If the retailer has not agreed to provide installation of the new manufactured home, prior to the execution of the sales documents the retailer must provide the purchaser with a written statement that outlines the Pennsylvania Manufactured Housing Installation program, and that the home must be installed consistent with the manufacturers' approved designs. The statement must also inform the purchaser that the Certificate of Compliance form must be completed by a certified installer. The retailer must then provide the purchaser with a list of certified installers.

This synopsis of the Pennsylvania new manufactured home installation program is not intended to replace or restate the applicable laws or regulations, copies of which will be provided upon request. For more information, feel free to contact this office.

Center for Community Development  
Commonwealth Keystone Building  
400 North Street, 4<sup>th</sup> Floor  
Harrisburg, PA 17120-0225  
Tel: 717-720-7416 | Fax: 717-783-4663  
mconte@state.pa.us | [www.NewPA.com](http://www.NewPA.com)

2006-08-03



# MANUFACTURED HOME CERTIFICATE OF COMPLIANCE

## CERTIFICATION

I certify that the manufactured home referenced on this form is assembled and installed in accordance with the approved designs provided by the manufacturer. I further certify that I will provide a copy of this completed form to the purchaser, code official and DCED as required by the Act of November 29, 2004 (P.L.1282, No. 158) know as the Pennsylvania Manufactured Housing Improvement Act.

Installer Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Installer Name \_\_\_\_\_

DCED ID# \_\_\_\_\_

## HOME INFORMATION

Purchaser (if applicable): \_\_\_\_\_

Address of home installation: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Date of installation: \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_

Manufacturer Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Retailer Name: \_\_\_\_\_

Retailer Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Date of Manufacturer (from data plate): \_\_\_\_\_

Construction Code Official: \_\_\_\_\_

Municipality: \_\_\_\_\_

County: \_\_\_\_\_

### DCED USE ONLY

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Recorded Shipment Report: Label Number(s): \_\_\_\_\_

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 worker: 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.

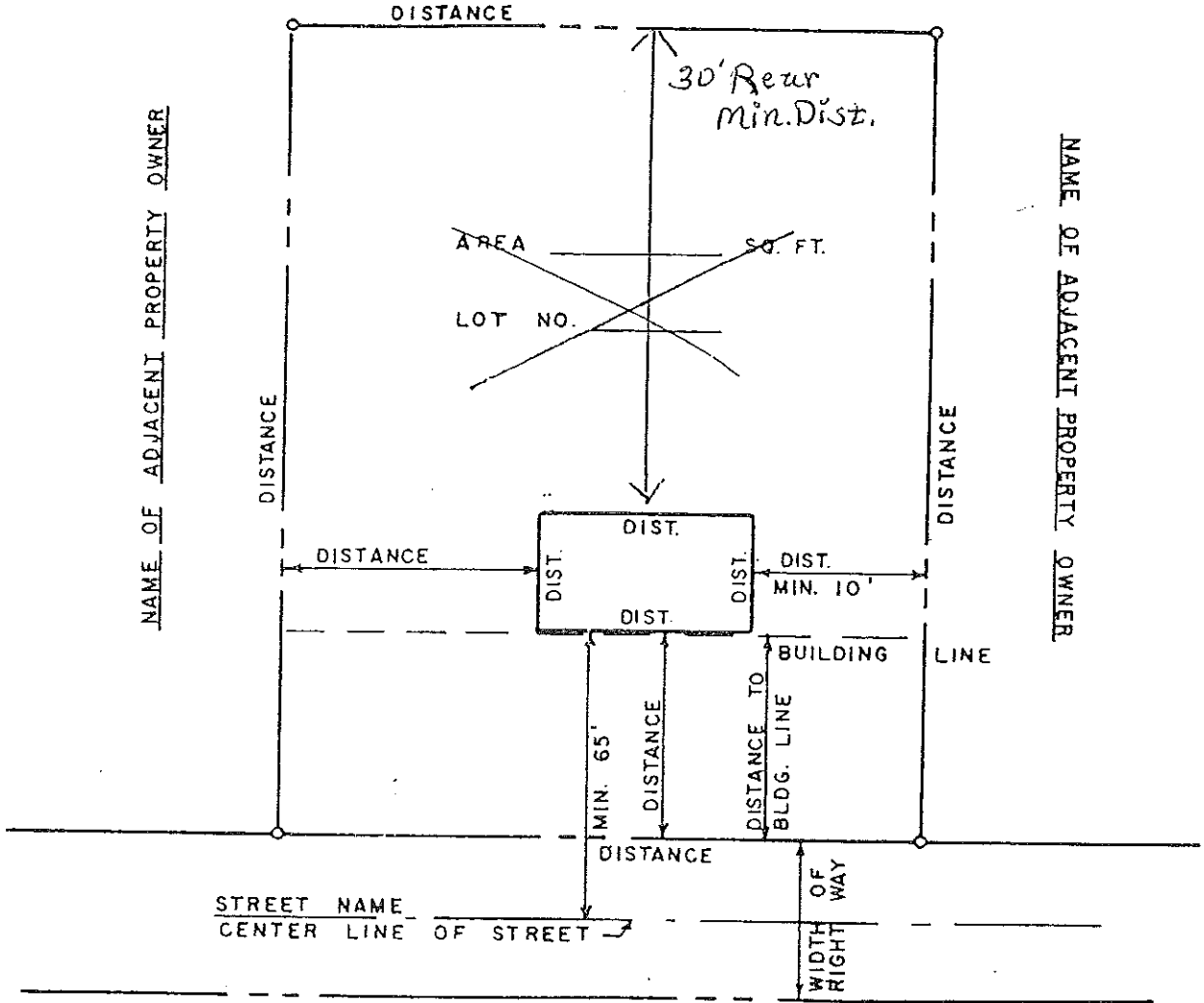
Signed \_\_\_\_\_ Date \_\_\_\_\_  
North Sewickley Township Sewer Authority

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



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

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