

Application for Non-Residential Building Permit Procedure

Applicant completes item 1 – 11 of the Non-Residential Building Permit Application

Applicant provides a copy of his/her Workers Compensation Certificate or file an Affidavit of Exemption.

Provide proof of Department of Agriculture plan approval (for food handling).

Provide three (3) complete sets of building plans and specifications with registered design, professional seal, and signature.

Applicant to provide an 8 ½ x 11 sheet of paper(s) showing proposed floor plan layout of tenant space drawn to scale or adequate dimensions. Floor plan must show room/space uses, room sized, aisle way sizes, door sizes, counter areas, exits, and fire extinguisher location(s).

Applicant to submit completed fire prevention survey form.

The application is received and checked for completeness. The applicant will be notified of incomplete applications.

The applications will be reviewed for Zoning compliance and Building and Fire Prevention Code compliance.

Applicant must indicate which 3rd party inspections are required.

Applicant will be notified of permit issuance, submit applicable fees, and receive permit.

Application for Non-Residential Zoning Approval Procedure

Applicant completes items 1 – 4 of the non-residential zoning approval application

Provide two (2) copies of the approved site plan on an 8 ½” x 11” sheet

Provide two (2) copies of the floor plan layout on an 8 ½” x 11” sheet

Applicant completes the proposed use narrative on the next page

Provide the completed fire prevention survey

The application is received and checked for completeness. The applicant will be notified of incomplete applications.

The application will be reviewed for Zoning compliance and Building and Fire Prevention Code compliance.

Applicant will be notified of permit issuance, submit applicable fees. The zoning approval will be issued after passing a site inspection.

**TRAFFIC IMPACT FEES ARE REQUIRED TO BE PAID BEFORE
A BUILDING PERMIT IS ISSUED.**

THE CURRENT FEE IS \$1,426.08 PER VEHICLE TRIP

Non-Residential Building Permit Application

1. Location of Property

Development Name _____ Street Address _____ Suite # (if applicable) _____

2. Description of Building/Structure to be Constructed _____

3. Type of Permit(s) Requested:
(check all that apply)

Building

Plumbing

Mechanical

Demolition

4. Check One of the Following that Apply:

New Non-Residential Structure (NEWNRS)

Interior Build out of new space (NRSBLD)

Interior Alterations of existing tenant space (NRSALT)

Footer/Foundation Only (NRSFO)

5. Third Party Inspections Required – Check all that apply:

Soils

Concrete

Welding

Bolt Tightening

Electrical

Miscellaneous _____

6. Estimated Cost of Construction \$ _____ X .0015 = Review Fee \$ _____

7. _____
(Owner Name)

(Street Address)

(City, State, and Zip Code)

(Phone)

(Fax)

8. _____
(Contractor/Company)

(Street Address)

(City, State, and Zip Code)

(Phone)

(Fax)

9. _____
(Engineer/Architect Name)

(Street Address)

(City, State, and Zip Code)

(Phone)

(Fax)

10. Worker's Compensation Certification Provided with
this Application: ON SEY

Applicant is Exempt (No Employees-Exemption Form
Completed with this Application): YES NO

11. **I hereby acknowledge the information contained herein is true and correct, and I hereby agree that all applicable provisions of the Zoning and Building Codes shall be complied with.**

Applicant Signature

Date

Print Name

E-mail Address (optional)

CONSTRUCTION PERMIT INSTRUCTIONS

ALL INFORMATION IS REQUIRED UNDER THE COMMONWEALTH OF PENNSYLVANIA UNIFORM CONSTRUCTION CODE. ACT NO. 45 of 1999

1. Construction permit application (s) are to be completed, signed and dated.
2. Two (2) sets of building plans and/or specifications (if required) are to be submitted with the application for residential construction projects.
Three (3) sets of building plans and/or specifications are to be submitted with the application for commercial construction projects.
Building plans may be waived at the discretion of the Building Official if work is minor in nature. Information required on building plans is outlined on the "Construction Drawings Requirements" included in this package.
3. If applicable, a site plan (survey) shall be submitted with the application.
4. The Municipality MUST sign-off on the Zoning, Historical District and Flood Hazard form.
5. Provide proof of Workers Compensation Insurance or complete the addendum application stating that the work will be done solely by owner or by contractor without any employees.
6. Complete Energy Code Compliance form
7. Sign OSHA Safety Standards Signoff form
8. Return items 1 thru 7 to the municipality or contact the district inspector.

NOTE: This list is not all inclusive and the Municipality reserves the right to add, delete, and change this requirement list at any time. Additional information may be required by the Municipality in order to approve and issue a permit. You will be notified of all applicable fees per section 401.2. Once the permit fees are paid you will be given the permit placards that are to be placed in the window at the construction site and a list of all required inspections and the names and phone numbers of the inspectors

CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED: _____

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

SUBDIVISION: _____

MUNICIPALITY: _____

COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

BUILDING PERMIT

- One Family Dwelling Multi Family Dwelling Commercial Use: _____
 New Construction Alteration Repair Demolition

DESCRIPTION OF CONSTRUCTION: _____

TOTAL SQ. FT. OF CONST: _____ ESTIMATED COST OF CONST: _____

Plan Review Required ARCHITECT/ENGINEER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX _____

BUILDER NAME: _____
DBA: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

***** FOR DEPARTMENT USE ONLY *****

BUILDING PERMIT APPLICATION	APPROVED	DENIED	BUILDING PERMIT FEE	\$ _____
BY: _____			PLAN REVIEW FEE	\$ _____
DATE: _____			MUNICIPAL FEE	\$ _____
PERMIT NO. _____			TRAINING FEE	\$ 4.00
			TOTAL PERMIT FEE	\$ _____

REASON(S) FOR DENIAL: _____

OVER FOR SUBCODE PERMIT

MECHANICAL PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____

HEATING SYSTEM New Replacement Electric Solar
 FUEL Gas Oil
 TYPE Hydronic Forced Air

DESCRIPTION OF CONSTRUCTION: _____

ESTIMATED COST OF MECHANICAL WORK: _____

NO.	EQUIPMENT	NO.	EQUIPMENT	NO.	EQUIPMENT
_____	Water Heater	_____	Fuel Oil Piping	_____	Gas Piping
_____	Steam Boiler	_____	Hot Water Boiler	_____	Hot Air Furnace
_____	Oil Tank	_____	LPG Tank	_____	Fireplace
_____	Other:	_____	_____	_____	_____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS

 APPLICANT/AGENT SIGNATURE

 PRINT NAME

 DATE

******* FOR DEPARTMENT USE ONLY *******

MECHANICAL PERMIT APPLICATION	APPROVED	DENIED	BUILDING PERMIT FEE	\$ _____
BY: _____			PLAN REVIEW FEE	\$ _____
DATE: _____			MUNICIPAL FEE	\$ _____
PERMIT NO. _____			TRAINING FEE	\$ 4.00
			TOTAL PERMIT FEE	\$ _____

REASON(S) FOR DENIAL: _____

OVER FOR SUBCODE PERMIT

ELECTRICAL PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____

TYPE OF ELECTRICAL WORK: New Replacement Repair /Alterations

UTILITY COMPANY: _____
 WORK ORDER NUMBER: _____

DESCRIPTION OF CONSTRUCTION: _____

ESTIMATED COST OF ELECTRICAL WORK: _____

NO.	EQUIPMENT	NO.	SIZE	EQUIPMENT	NO.	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	AMP Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	AMP Sub-Panels	_____	_____	KW Oven/Surface Unit
_____	Switches	_____	_____	AMP Sub-Panels	_____	_____	KW Electric Water Heater
_____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP/KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garbage Disposal	_____	_____	KW Electric Dryer Receptacle
_____	Spa/Hot Tub	_____	_____	KW Central A/C Unit	_____	_____	KW Baseboard Heat
_____	Swimming Pool	<input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground					
_____	Other:	_____					
_____	Other:	_____					
_____	Other:	_____					

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

******* FOR DEPARTMENT USE ONLY *******

ELECTRICAL PERMIT APPLICATION	APPROVED	DENIED		BUILDING PERMIT FEE	\$ _____
BY: _____				PLAN REVIEW FEE	\$ _____
DATE: _____				MUNICIPAL FEE	\$ _____
PERMIT NO. _____				TRAINING FEE	\$ 4.00
				TOTAL PERMIT FEE	\$ _____

REASON(S) FOR DENIAL: _____

Proposed Use Application Narrative

Please print all information

Complete the below proposed use narrative and submit with building permit applications.

Business name _____

Exact nature of business _____

Days of business _____

Hours of business operation _____

Number of employees _____

Materials/products/supplies used in conjunction with business _____

List hazardous materials used or manufactured (MSDS sheets are required)

Does the business-operation require reporting to the U.S. EPA? Yes No

Address of business main office _____

_____ Phone Number _____

Emergency contact name _____ Phone Number _____

Gross square footage of tenant space _____

Non-Residential Zoning Approval

8. Name of Property Owner _____ Phone # _____

Address _____ Fax # _____

9. Name of Applicant/Lessee _____ Phone # _____

Address _____ Fax # _____

10. Name of Business _____ Business Address _____

11. Proposed use(s) as per defined in the Zoning Ordinance

****Application Narrative must be Provided** (included in Non-Residential building package)**

I hereby acknowledge the information contained herein is true and correct, and I hereby agree that all applicable provisions of the Zoning and Building Codes shall be complied with.

Applicant-Signature _____ Date _____

Print Name _____ E-mail Address (optional) _____

(FOR TOWNSHIP USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE)

AP # _____ Map & Parcel # _____ NAICS _____

Permitted Zoning Use _____ Zoning District _____ # Employees _____

Fee: \$ _____

Code Administrator

Approval Date

ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

- ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIU OF THIS FORM
- APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P. S. § 670-420, AS WELL AS COMPLIANCE WITH THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

FOR MUNICIPAL USE ONLY

ZONING SIGNOFF

APPROVED

DOES NOT APPLY

ADDITIONAL COMMENTS: _____

HISTORICAL DISTRICT SIGNOFF

APPROVED

DOES NOT APPLY

ADDITIONAL COMMENTS: _____

FLOOD HAZARD AREA

YES NO

IF YES COMPLIANCE WITH § 403.62a(d)(1)(2)(3) IS REQUIRED

ADDITIONAL COMMENTS: _____

BY: SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

PHONE NUMBER: (_____) _____ - _____

WORKERS' COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

PART I

The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance OR Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

PART II

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain: _____

- All of the contractor/applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

- Other: Please explain: _____

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to un-sworn falsifications to authorities.

Signature: _____ Title: _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR, OCCUPATION SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS AND UNDERSTAND THAT I MUST COMPLY WITH THESE STANDARDS FOR THE DURATION OF MY CONSTRUCTION PROJECT.

SIGNATURE OF APPLICANT/OWNER

DATE SIGNED