

## **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 3<sup>rd</sup> 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 BULDING PERMIT IS ISSUED.**

**THE CURRENT FEE IS \$1,578.72 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)

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

AP # _____ Map & Parcel # _____ Zoning District: _____ Number of Stories: _____ NAICS: _____ Desc of Constr Activity: _____	Building Use Classification _____ Total Square Footage: _____ BCAB/ZHB # If Applicable: _____ Construction Type Classification: _____ Floodplain:        Yes                      No
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Conditions of Issuance \_\_\_\_\_  
\_\_\_\_\_

Fees:    Building Permit Fee: _____ Occupancy Permit Fee: _____ Road Occupancy Permit Fee: _____ Plan Review Fee: _____ Zoning Approval: _____ Impact Fee: _____ Zoning Fee: _____	Misc. Contribution: _____ Electrical Inspection Fee: _____ Electrical Administration Fee: _____ PA State Administration Fee: _____ \$4.00 <b>TOTAL:</b> _____  _____ Building Code Official                      Approval Date
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# Non-Residential Zoning Approval

1. Name of Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

2. Name of Applicant/Lessee \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

3. Name of Business \_\_\_\_\_ Business Address \_\_\_\_\_

4. 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

# 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 \_\_\_\_\_

# Fire Prevention Survey

DATE \_\_\_\_\_

Name of Establishment \_\_\_\_\_ Location \_\_\_\_\_

Address \_\_\_\_\_ Suite # \_\_\_\_\_

Business Phone \_\_\_\_\_

Nature of Business \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (Name) Key holder Occupant \_\_\_\_\_ (Phone #)

Emergency Contact \_\_\_\_\_ (Name) Key holder Occupant \_\_\_\_\_ (Phone #)

ICC type of Construction \_\_\_\_\_ Roof materials \_\_\_\_\_

Number of Stories \_\_\_\_\_ Number of Floors \_\_\_\_\_ Basement (Yes/No) \_\_\_\_\_

Length of Building \_\_\_\_\_ Width of Building \_\_\_\_\_ No. of Elevators \_\_\_\_\_ No. of Stairways \_\_\_\_\_

Use Group \_\_\_\_\_

Notes to Fire Department \_\_\_\_\_

## Fire Protection Equipment:

Automatic Sprinkler System Full Partial None

Number of Risers \_\_\_\_\_ Type of System: Wet Dry Combination

Fire Department Connection (Yes/No) \_\_\_\_\_ Location \_\_\_\_\_

Standpipes & Hose Cabinets (Yes/No) \_\_\_\_\_ Location \_\_\_\_\_

Fire Alarm System (Yes/No) \_\_\_\_\_ Smoke Detectors Heat Detectors

Pull Stations Duct Detectors

Fire Alarm Panel Location Remote Panel \_\_\_\_\_

Main Panel \_\_\_\_\_

## Facilities with cooking appliances:

Hood provided (Yes/No) \_\_\_\_\_ Automatic Hood suppression provided (Yes/No) \_\_\_\_\_

Last test date of hood suppression system: \_\_\_\_\_

## Utilities:

Electric \_\_\_\_\_ Panel Location \_\_\_\_\_

Gas \_\_\_\_\_ Shut off Valve Location \_\_\_\_\_

Water \_\_\_\_\_ Shut off Valve Location \_\_\_\_\_

Hazardous Materials Stored/Processed?	Yes	No
Building Placarded?	Yes	No
Explosive Materials? If yes, what type? _____	Yes	No
Flammable liquids (i.e.: Gal. Above ground) _____		
Flammable liquids (i.e.: Gal. Below ground) _____		
List of Hazardous Materials”		
_____	Quantity	_____
_____	Quantity	_____
_____	Quantity	_____
Provide complete list for additional items. Check here if additional list is provided <sup>1</sup>		
Knox Box provided (yes/no) _____ If yes, list location of box _____		

**FOR TOWNSHIP USE ONLY- PLEASE DO NOT WRITE BELOW THIS LINE**

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Site plan provided on 8 ½ x 11 sheet
Floor plan layout provided on 8 ½ x 11 sheet
Fire Prevention Survey complete
MSDS Sheets provided for HAZMAT
Locations of Knox Box, Fire Alarm panels, sprinkler valves, fire hydrants, etc. on plans.
Permits required: _____

# 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



**PLUMBING PERMIT**

CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PLUMBING SYSTEM  New  Additional  Alterations  
TYPE  Public Sewer  Private Septic  
TYPE  Public Water  Private Well

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

ESTIMATED COST OF PLUMBING WORK: \_\_\_\_\_

NO.	FIXTURE	NO.	FIXTURE	NO.	FIXTURE
_____	Water Closet	_____	Urinal/Bidet	_____	Bath Tub
_____	Lavatory	_____	Shower	_____	Floor Drain
_____	Sink	_____	Dishwasher	_____	Drinking Fountain
_____	Washing Machine	_____	Hose Bibb	_____	Water Heater
_____	Fuel Oil Piping	_____	Gas Piping	_____	Hot Water Boiler
_____	Steam Boiler	_____	Sewer Pump	_____	Interceptor/Separator
_____	Backflow Preventer	_____	Greasetrap	_____	Sewer Connection
_____	Water Service Connection	_____	Stacks	_____	
_____	Other	_____	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 \*\*\*\*\*

PLUMBING 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
			<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>

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

\_\_\_\_\_  Above Ground                       In Ground  
 \_\_\_\_\_ Swimming Pool  
 \_\_\_\_\_ 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: \_\_\_\_\_

# 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.

# 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: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

# 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