

**A Residential Building and Zoning Permit is required prior to the construction of the following:**

**ZONING PERMITS ARE REQUIRED FOR ALL STRUCTURES OVER 100 square feet**

\*Please check with your Homeowner’s Association prior to applying for any building/zoning permits.

1. New Homes, additions to homes, attached garages and decks/ porches over 30 inches above grade.
2. Detached garages/pole buildings (over 1000 square feet cumulative), and sheds (over 1000 square feet cumulative),
3. Deck roof, Porch roof
4. Chimneys and built-in fireplaces
5. Remodeling – Any remodeling or alterations of the house which involves changing the structure or supporting members, such as creating new window or door openings, as opposed to replacing windows or doors.
6. Roof – Changes to the roof (such as adding dormers or in changing from a flat roof to a gable roof)
7. Sheds – Utility sheds and greenhouses (over 1000 square feet)
8. Swimming Pools – In-ground and above ground
9. Spas/Hot tubs – Indoors and outdoors
10. Finished Basements – Permits are required when new walls, doors, windows, bedrooms, or other passageways are created
11. Changes/installations to plumbing/mechanical/electrical – additions to, alterations of, or relocations.

**Climatic and Geographic Design Criteria**

Ground Snow Load	Wind Speed (mph)	Seismic Design Category	Subject to Damage From				Winter Design Category	Ice Shield Under-lyment Required	Flood Hazards	Air Freezing Index	Mean Annual Temp
			Weathering	Frost Line Depth	Termite	Decay					
25	90	A	Severe	36"	Mod/Hvy	Slt/Mod	0-20	Yes	FEMA	1500 or less	50

# Approval for a Residential Building Permit Consists of the Following Four (4) Requirements:

\* Please check with your Homeowner's Association prior to applying for any building/zoning permits.

## I. ZONING REGULATIONS / COMPLIANCE

Height and Yard Setback Requirements (Distances from property lines)

- A. PLOT PLAN OR LOT SURVEY – A drawing of the lot that shows its dimensions and bearings, the existing house, or proposed house or new structure and its distance from the property lines.
1. Also shown are the building line and any easements or right-of-ways.
  2. The plot plan makes it possible to determine the distance of any proposed addition or structure to any building line or property line.
  3. It is the responsibility of the Applicant to provide the Plot Plan when making application for a Residential Building Permit.

## II. BUILDING CODES / COMPLIANCE

STRENGTH, STABILITY AND SAFETY OF THE STRUCTURE by regulating the size and spacing of beams, floor joists, headers, roof rafters, etc.

- A. TWO (2) SETS OF CONSTRUCTION DRAWINGS OR BLUEPRINTS must be submitted with the Residential Building Permit Application. Plans shall be drawn to scale and be of sufficient clarity to indicate the nature and extent of the work proposed and conformance to the provisions of this code.
1. Drawings may not need to be prepared by an architect or engineer, but must be drawn clearly, accurately to scale, and with sufficient detail. Sketches and doodles cannot be accepted.
  2. If stressed concrete deck/floor (not supported by the ground) or any construction method which is outside the scope of the code used, drawings and design must be prepared by a **Pennsylvania registered architect or engineer.**
  3. Details that must be shown:
    - a. Footer – size of the footer, which must be below the frost line of thirty-six (36") inches; reinforcing size and spacing as required.
    - b. Foundation wall – size of block, course height, reinforcing as required, and anchor bolts size and spacing.
    - c. Floor joists – size and spacing of floor joists; floor sheathing – type & thickness.
    - d. Walls – Type of construction of walls, such as 2" x 4" wood stud spacing; interior finish, such as 5/8" gypsum board.
    - e. Walls exterior coverings – Exterior covering of walls, such as brick or siding.

- f. Floor or wall beams – size and material of any beam supporting floors or walls.
- g. Doors, windows (headers or lintels) – size and type of header or lintel over any opening such as doors and windows.
- h. Ceiling joists – size and spacing of ceiling joists.
- i. Rafters – size, space of rafters, and type of wood.
- j. Roof or floor trusses – size and spacing of roof or floor trusses; pre-manufactured truss details.
- k. Roof – Pitch or slope of the roof and type of wood sheathing, type of covering shingles, etc.
- l. Elevations – front, side, and rear elevations (if applicable)
- m. Energy requirements (Res-Check calculations – see <www.energycodes.gov> or provide required energy specifications).

**III. RESIDENTIAL BUILDING PERMIT FEES, ZONING APPROVAL FEES, AND ADMINISTRATIVE FEES** are due at time of permit issuance.

- A. **BUILDING PERMIT FEE FOR NEW BUILDINGS OR STRUCTURES** – The Building Permit fee shall be based upon the estimated cost of construction with respect to new buildings or structures. The estimated cost of construction shall be based on the current permit fee schedule and type of construction factor table published by the ICC.
- B. **BUILDING PERMIT FEE FOR RECONSTRUCTION, ALTERATIONS, OR ADDITIONS** – When the proposal involves reconstruction, alteration or additions to an existing structure, the permit fee shall be based upon the estimated cost of the physical value of such alterations, additions or repairs.
- C. **ZONING APPROVAL** – \$100 for Residential and \$200 for commercial.

**IV. REQUIRED INSPECTIONS**

- A. Depending on the nature of work performed, a variety of inspections are required. The attached “Required Residential Inspections” sheet is provided at the time of building permit issuance with the appropriate inspections indicated.
- B. Footer inspections may not be scheduled until required fees are paid and permit is issued.

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

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

# Residential Building Permit Application

1. Location of Property  
 \_\_\_\_\_  
 Street Address City / Township / Penn Township
2. DESCRIPTION OF CONSTRUCTION ACTIVITY \_\_\_\_\_
3. TYPE OF PERMIT(S) REQUESTED:  
 (check all that apply)      BUILDING      PLUMBING      MECHANICAL      DEMOLITION
4. ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_
5. \_\_\_\_\_  
 (Owner Name)
6. \_\_\_\_\_  
 (Contractor/Company)
- \_\_\_\_\_  
 (Street Address)      \_\_\_\_\_  
 (Street Address)
- \_\_\_\_\_  
 (City, State, and Zip Code)      \_\_\_\_\_  
 (City, State, and Zip Code)
- \_\_\_\_\_  
 (Phone)      (Fax)      \_\_\_\_\_  
 (Phone)      (Fax)
7. Applicant is HOMEOWNER: YES      NO  
 Worker's Compensation Certificate Provided with this Application: YES      NO  
 Applicant is Exempt (No Employees-Form Completed with this Application): YES      NO

**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.**

\*Please check with your Homeowner's Association prior to applying for any building/zoning permits.

\_\_\_\_\_  
 Applicant Signature      \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name      \_\_\_\_\_  
 E-mail Address (optional)

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

AP # _____ Map & Parcel # _____ Zoning District: _____ Number of Stories: _____ NAICS: _____ Desc of Constr Activity: _____	Total Square Footage: _____ BCAB/ZHB # If Applicable: _____ Construction Type Classification: _____ Floodplain:      Yes      No Building Use Classification: _____
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Conditions of Issuance _____	
Fees: Building Permit Fee: _____ Occupancy Permit: _____ Road Occupancy Permit Fee: _____ Transportation Impact Fee: _____	Recreation Fee In Lieu: _____ Miscellaneous Improvement Fee: _____ Septic Fee: _____ PA State Administration Fee \$4.50 per req. inspection Total: _____
_____ Code Official	_____ Approval Date

# 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       Two Family Dwelling       Commercial Use \_\_\_\_\_

New Construction       Alteration       Repair       Demolition

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

TOTAL SQ. FT. OF CONSTRUCTION: \_\_\_\_\_ ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

Plan Review Required      ARCHITECT/ENGINEER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

BUILDER NAME: \_\_\_\_\_ (REG #) \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

APPLICANT 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). 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    \$ 4.50

**TOTAL PERMIT FEE**    \$ \_\_\_\_\_

REASON(S) FOR DENIAL: \_\_\_\_\_

**PLUMBING PERMIT**

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (REG #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

PLUMBING SYSTEM  New  Additional  Alterations

TYPE  Public Sewer  Private Septic

TYPE  Public Water  Private Well

DESCRIPTION OF WORK: \_\_\_\_\_

**ESTIMATED COST OF MECHANICAL WORK**

NO: _____	EQUIPMENT	NO: _____	EQUIPMENT	NO: _____	EQUIPMENT
_____	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

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

PLUMBING PERMIT FEE	\$ _____
PLAN FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$ <u>4.50</u>
<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>

**ELECTRICAL PERMIT**

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (REG #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

TYPE OF ELECTRICAL WORK  New  Additional  Repair/Alterations

UTILITY COMPANY: \_\_\_\_\_

WORK ORDER NUMBER: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

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

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

ELECTRICAL PERMIT FEE \$ \_\_\_\_\_

MUNICIPAL FEE \$ \_\_\_\_\_

TRAINING FEE \$ 4.50

**TOTAL PERMIT FEE** \$ \_\_\_\_\_

# MECHANICAL PERMIT

LOCATION OF PROPERTY: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CONTRACTOR SAME AS BUILDER CONTRACTOR: \_\_\_\_\_ (REG #) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

HEATING SYSTEM

New  Replacement

FUEL  Gas  Oil  Electric  Solar

TYPE  Hydronic  Forced Air

DESCRIPTION OF WORK: \_\_\_\_\_

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

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

MECHANICAL PERMIT FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$ <u>4.50</u>
<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>



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

# ENERGY CODE COMPLIANCE 1 & 2 FAMILY DWELLING ONLY

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**IMPORTANT:** Section N1102.4 of the 2015 International Residential Code requires that: An Air Leakage Test is performed by an approved third party testing and verifying that the building has an air leakage rate of not exceeding 5\* air changes per hour. (\*as amended by PA-UCC)

\*\*\*\*\* SELECT TYPE OF ENERGY CODE COMPLIANCE \*\*\*\*\*

REScheck ATTACH COMPLIANCE CERTIFICATE

REScheck SOFTWARE CAN BE OBTAINED AT: [www.energycodes.gov](http://www.energycodes.gov)

NOTE: - Section N1101.14 of the 2015 International Residential Code requires that: A permanent certificate shall be posted on a wall in the space where the furnace is located. The certificate shall be completed by the builder or registered design professional. The certificate shall list the predominate R-values of insulation installed in or on ceiling/roof, walls, foundation (slab, basement wall, crawlspace wall and/or floor) and ducts outside conditioned spaces; U-factors for fenestration; and the solar heat gain coefficient (SHGC) of fenestration.

===== OR =====

SIMPLIFIED PRESCRIPTIVE BUILDING ENVELOPE THERMAL COMPONENT CRITERIA

## CLIMATE ZONE 5 REQUIREMENTS

FENESTRATION - (WINDOWS)	U-0.32	SKYLIGHTS	U-0.55
CEILING	R-49	WOOD FRAME WALLS	R-20 or R-13 & R-5 h
MASS WALLS	R-13/17	FLOORS	R-30 g
BASEMENTS	R-15/19c	SLABS	R-10 - 2' d
CRAWLSPACES	R-15/19c		

c. 15/19 means R-15 continuous insulation on the interior or exterior of the home or R-19 cavity insulation at the interior of the basement wall. 15/19 shall be permitted to be met with R-13 cavity insulation on the exterior of the basement wall plus R-5 continuous insulation on the interior or exterior of the home.

d. R-5 shall be added to the required slab edge R-values for heated slabs. Insulation depth shall be the depth of the footing or 2 feet, whichever is less in Zones 1 through 3 for heated slabs.

g. Or insulation sufficient to fill the framing cavity, R-19 minimum.

h. The first value is cavity insulation, the second value is continuous insulation, so "13+5" means R-13 cavity insulation plus R-5 continuous insulation.

## SIGN ENERGY COMPLIANCE FORM

*My signature on behalf of or as the contractor / applicant for this building permit constitutes that I will comply with energy code as outlined in the Rescheck certificate attached or the climate zone checked above.*

\_\_\_\_\_  
APPLICANT/AGENT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

## 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

# 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.