

Residential Permit Application

The following are required to be submitted with this application:

- Three (3) Sets of Site Plans
- Three(3) Complete Sets of Construction Drawings

Property Information

Project Address	City	Zip	
Owner's Name	Phone	Fax	Email
Owner's Address	City	State	Zip

Scope of Project

Description of Work: _____

Cost of Construction	Square Feet	Floors	<u>Finished / Unfinished</u> Basement	<u>Attached / Detached / No</u> Garage
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Contractor Information

General Contractor:

Company Name	Phone	Fax	
Address	City	State	Zip
Contact	Email	Cell	

Electrical Contractor:

Company Name	Phone	Fax	
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Address	City	State	Zip
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Contact	Email	Cell	

Plumbing Contractor:

Address	City	State	Zip
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Contact	Email	Cell	

Heating/Air Conditioning Contractor:

Company Name	Phone	Fax	
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Address	City	State	Zip
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Contact	Email	Cell	

As the owner, lessee, design professional employed in connection with the proposed work or agents thereof, I certify that:

- All information provided on and with this application is true and correct and that the work will be completed in accordance with the “approved” construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality;
- I understand that this permit is valid for one (1) year after its issuance by the Municipality;
- I understand that this permit shall become invalid unless the authorized construction work begins within 180 days of this permit’s issuance or if the authorized construction work is stopped for a period longer than 180 days;
- I understand that no work may be started, or continued, unless a permit is issued by, and the fees paid to, the Municipality;
- I understand that, once issued, a copy of this permit will remain on the work site until the completion of this project;
- I understand that a Building Permit Placard shall be placed on the property visible from the street;
- I am responsible for locating all property lines, setback lines, casements, rights-of-way, flood areas, etc.;
- I understand that the issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body;
- I understand all applicable codes, ordinances and regulations;
- Any changes to the approved documents will be submitted in writing and these changes will not occur until they have been reviewed and approved;
- I understand that South Penn Code Consultants, or their authorized representative, shall have the authority to enter areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit;
- I understand that I am required to apply for any required Zoning Permits;
- I understand that I am responsible for any plan review fees or any additional inspections fees, which may be required during construction, that were not identified during the initial permit approval; and,
- I understand that all fees must be paid in full before a Certificate of Use and Occupancy can be issued. Should I decide to cancel the project, I agree that I am responsible for any fees incurred in the reviewing process.

Applicant Printed Name	Phone	Email
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Address	City	State	Zip
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WORKERS' COMPENSATION INFORMATION FORM

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned affirm that he/she is not required to provide workers compensations insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

___ Property owner performing own work. If property owner does hire a 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 these requirements.

___ Contractor has 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 the municipality.

___ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and acknowledged before me by the above

_____ this _____ Day of _____ 20_____

SEAL

Notary Public

MUST BE NOTARIZED