### L HLIGHT-HEIGEL & ASSOCIATES, INC.

A full service provider of PA Uniform Construction Code (UCC) services.

# Uniform Construction Code Permit Package

## **Washington Township**

**Local Office contact Information:** 

142 Main St., P.O. Box 120, Montandon, PA 17850 Phone: 570-524-7742 Fax: 570-524-7746 E-mail: jeffk@light-heigel.com

Additional Information available at our web site:

www.light-heigel.com

#### **Washington Township UCC Building Permit Application**

#### **COMPLETENESS CHECKLIST**

The individual completing the application should use the checklist below to assure that all items are included in the application package. The Building Codes Officer will confirm that the required items have been included within 5 days of receipt.

Completed Application with applicant's name, signature and date			
Project plans and specifications, (including plot plan) with all required information to verify code compliance			
Engineer's Seal on drawings (required for commercial work and special residential situations)			
Completed Fee Schedule Worksheet			
Municipal Fee (made payable to Washington Township) = \$100.00			
Total Permit Fee enclosed (made payable to Light-Heigel & Associates, Inc.)			
Completeness Signature of Building Code Official			
Date Submittal Determined Complete			

## UNIFORM CONSTRUCTION CODE SOLAR PANEL PERMIT APPLICATION

PLEASE PRINT LEGIBLY

#### LOCATION OF PROPOSED WORK OR IMPROVEMENT

County:	Township, Borough	or City:	
Site Address:_		City & Zip:	
Subdivision/La	nd Development & Lot#:	Tax Parce	el ID:
Directions to W	Vorksite:		
Owner:	_Phone:	Emai	il:
Mailing Addres	ss:		
Principal Con	tractor:	Phone:	
Mailing Addres	SS:		Email:
	Permit and Occupancy Permit should be		☐ Contractor (please check)
	D FAIR MARKET VALUE OF CO		
Propo Heigh	DIMENSIONS used Building Area:s t of Structure Above Grade:s	sq. ft. ft.	
	AIN site located within an identified flood han be done of the flood hazard area be done of the flood hazard area.		YES   NO YES NO N/A
desigr Penns	cked yes, applicant must submit certific n 100-year flood elevation, as required sylvania Flood Plain Management Act (A es and mechanical equipment shall be p	in the National Flood Insu Act 166-1978), specifically	rance Program and the Section 60.3. All living
structi all or p	The National Flood Insurance Programures be elevated 1.5' above the 100-yeapart of these recommendations in their attion will apply.	ar flood elevation. Many n	nunicipalities have adopted
		Lowest Floor	Level:
Are co	CTION PLANS AND SPECIFICA onstruction plans and/or specifications a bing, mechanical layouts, energy code c w and door schedule, typical cross sect YES NO	attached, illustrating elevat compliance data, design lo	ads and calculations,
SITE PLAN			
	te plan attached, showing the size and lures on the site and the structure's distarrance YES    YES   NO		

#### CERTIFICATION AND/OR ACKNOWLEDGEMENT

Application for a permit must be made by the *owner* or lessee of the building or structure, or *agent* of either or by the *registered design professional* employed in connection with the proposed work.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and <u>PA Act 45 (Uniform Construction Code)</u> and any additional approved building code requirements adopted by the Municipality.

The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc.

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.

<u>Authorized Agent Acknowledgement</u> – I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and agree to conform to all applicable regulations set forth by PA ACT 45.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent	Print Name of Owner or Authorized Agent
Address, City, State, Zip	Date

#### **WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION**

A.	The Applicant or Authorized Agent is
	A contractor within the meaning of the Pennsylvania Worker's Compensation Law
	☐ YES ☐ NO
	If the answer is "yes" complete Section B, if "no" complete section C below.
В.	Insurance Information
	Name of Applicant
	Federal or State Employer Identification No.
	Applicant is a qualified self-insurer for Worker's Compensation.   Certificate Attached
	Name of Worker's Compensation Insurer
	Worker's Compensation Insurance Policy No Certificate Attached
	Policy Expiration Date:
C.	Exemption
	I,, do attest that I will not employ/hire any other persons for the project for which I am seeking a building permit.
	After receipt of the building permit, if I employ any other persons, I will notify this office and provide proof of workers' compensation coverage within three working days.
	I understand that failure to comply, will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended

July 2, 1993, Act 44.

Solar Panel Permit Fee: \$175.00

Government Surcharge: \$4.50

Total Permit Fee: \$179.50

MAKE CHECK PAYABLE TO: LIGHT-HEIGEL & ASSOCIATES, INC. FOR OFFICE USE ONLY: CHECK # \_\_\_\_\_ RECEIVED ON \_\_\_\_\_ BY \_\_\_\_

Municipal Fee \$100.00

MAKE ADDITIONAL CHECK PAYABLE TO: WASHINGTON TOWNSHIP

FOR OFFICE USE ONLY: CHECK # \_\_\_\_\_ RECEIVED ON \_\_\_\_\_BY\_\_\_\_