

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

# **Uniform Construction Code Permit Package**

For

## **Wahington 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](mailto:jeffk@light-heigel.com)

**Additional Information available at our web site:**

[www.light-heigel.com](http://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
- Zoning or Administrative Permit from: Kyle Kehoe (570.524.7742)
- Completed Worker's Compensation Insurance Coverage Form
- Completed Fee Schedule Worksheet
- Municipal Fee (made payable to Washington Township) = \$100.00
- Total Permit Fee enclosed (made payable to Light-Heigel & Associates, Inc.)

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Completeness Signature of Building Code Official

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Date Submittal Determined Complete

**UNIFORM CONSTRUCTION CODE**  
**PORCH & DECK PERMIT APPLICATION**  
PLEASE PRINT LEGIBLY

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

County: \_\_\_\_\_ Township, Borough or City: \_\_\_\_\_

Site Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Subdivision/Land Development & Lot#: \_\_\_\_\_ Tax Parcel ID: \_\_\_\_\_

Directions to Worksite: \_\_\_\_\_

**Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Principal Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

The *Building Permit* and *Occupancy Permit* should be sent to:      Owner      Contractor (please check)

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

**ESTIMATED FAIR MARKET VALUE OF CONSTRUCTION \$** \_\_\_\_\_

**BUILDING DIMENSIONS**

Proposed Building Area: \_\_\_\_\_ sq. ft.

Height of Structure Above Grade: \_\_\_\_\_ ft.

**FLOODPLAIN**

Is the site located within an identified flood hazard area? (*Check one*)     | YES |     | NO |  
Will any portion of the flood hazard area be developed? (*Check one*)     YES     NO     N/A

If checked yes, applicant must submit certification that lowest floor elevation is at or above the design 100-year flood elevation, as required in the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*. All living spaces and mechanical equipment shall be placed above the 100-year flood elevation.

Note: The National Flood Insurance Program recommends that residential and non-residential structures be elevated 1.5' above the 100-year flood elevation. Many municipalities have adopted all or part of these recommendations in their zoning ordinances, in which case the most restrictive regulation will apply.

Lowest Floor Level: \_\_\_\_\_

**CONSTRUCTION PLANS AND SPECIFICATIONS**

Are construction plans and/or specifications attached, illustrating elevations, floor plans, electrical, plumbing, mechanical layouts, energy code compliance data, design loads and calculations, window and door schedule, typical cross sections, typical footer and foundation details, etc.?

YES    NO

**SITE PLAN**

Is a site plan attached, showing the size and location of the new construction and existing structures on the site and the structure's distance from the property lines?

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 PA Act 45 (Uniform Construction Code) 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.

Authorized Agent Acknowledgement – 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.

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B. 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: \_\_\_\_\_

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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.

Deck/Porch Permit Fee: \$150.00

Government Surcharge: \$4.50

Total Permit Fee: \$154.50

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 \_\_\_\_\_