

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

Uniform Construction Code

Porch & Deck Permit Application

South Manheim Township

LOCAL LIGHT-HEIGEL OFFICE CONTACT INFORMATION:

Light-Heigel & Associates, Inc. 430 East Main Street Palmyra, PA 17078 *Attn: Building Codes* Phone: (717) 838-1351 Fax: (717) 838-3820

FOR ADDITIONAL INFORMATION: Website: <u>www.light-heigel.com</u> E-mail: Permits@light-heigel.com

South Manheim Township - Schuylkill

UCC Porch & Deck 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) |
| Zoning or Administrative Permit Contact: Systems Design Engineering (610-916- |
| 8500) |
| Completed Worker's Compensation Insurance Coverage Form |
| Completed Fee Schedule Worksheet |
| Municipal Fee if required (made payable to South Manheim Township) = \$50.00 required. |
| Total Permit Fee enclosed (made payable to Light-Heigel & Associates, Inc.) |

Completeness Signature of Building Code Official

UNIFORM CONSTRUCTION CODE PORCH & DECK PERMIT APPLICATION PLEASE PRINT LEGIBLY

| LOCATION OF PROPOSED WORK OR IMPROVEMENT Tax Parcel #: | | | | | |
|---|--|---|--|--|--|
| County: | Schuylkill | Township or Borough: | South Manheim Township | | |
| Site Address: | | | City & Zip:_ | | |
| Subdivisi | ion/Land Deve | elopment: | | Lot #: | |
| Directio | ns to Work Si | ite: | | | |
| | | | | | |
| | | | | | |
| Owner: | | | Phone #: | | |
| Complete | e Mailing Addr | ess: | | | |
| Email: | | | | | |
| Principa | I Contractor: | | P | hone # | |
| Mailing A | Address: | | Ema | ail: | |
| | | | | | |
| BUILDI | Proposed B | HARACTERISTICS suilding Area: tructure Above Grade: _ | sq. ft. ft. | | |
| | Will any portion f checked yes design 100-yes Pennsylvania I spaces and mo Note: The Nat structures be e | n of the flood hazard area , applicant must submit ce ar flood elevation, as requi Flood Plain Management <i>A</i> echanical equipment shall cional Flood Insurance Pro elevated 1.5' above the 100 ese recommendations in t | od hazard area? (<i>Check one</i>) be developed? (<i>Check one</i>) rrtification that lowest floor eleva ired in the National Flood Insur- Act (Act 166-1978), specifically be placed above the 100-year gram recommends that resider 0-year flood elevation. Many m heir zoning ordinances, in whic | ance Program and the Section 60.3. All living flood elevation. ntial and non-residential nunicipalities have adopted | |

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

WORKER'S COMPENSATION INSURANCE COVERAGE

All applicants are required to submit evidence of Worker's Compensation Insurance Coverage or an exemption form as directed by PA ACT 44. Complete and attach the Worker's Compensation Insurance Coverage Worksheet.

Note: Contractor may fax or mail Workman's Compensation Insurance Coverage directly to Light-Heigel. Be sure to include the job name on the fax. Fax # (717) 838-3820

Worker's Compensation Insurance Coverage Worksheet attached.

CERTIFICATION AND/OR ACKNOWLEDGEMENT OF RESPONSIBILITY

Application for a permit shall be made by the *owner* or *lessee* of the building or structure, the *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, right-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.

Pennsylvania Act 45, Sections 403.45 & 403.46 requires that a final inspection be performed. <u>A</u> <u>building, structure or facility may not be used or occupied without a certificate of occupancy.</u> Failure to arrange for your final inspection after the project is completed is a violation that will result in possible legal action from your municipality. This action may include a fine of not more than \$1,000.00 in costs for each day the violation exists (Section 903).

Failed/Additional inspections – Permit fees are calculated based on a set number of inspections. In the event that additional inspections are required due to failed inspections, not ready, lack of access, etc., the permit holder will be billed at the full rate for that type of inspection. A Certificate of Occupancy will not be issued until all fees have been paid.

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. | he Applicant or Authorized Agent is | | |
|----|---|--|--|
| | A contractor within the meaning of the Pennsylvania Worker's Compensation Law | | |
| | | | |
| | 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. | | |
| | 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.

PORCH & DECK PERMIT FEE SCHEDULE Please use the following fee schedule. All fees should be submitted with the application. Permit will not be issued until all fees are collected.

| Porch/Deck Permit Fee | = | \$150.00 |
|---|---------|--|
| Government Surcharge | + | \$4.50 |
| Total Permit Fee | = | \$154.50 |
| TOTAL PERMIT FEE Check made payable to: <i>LIGHT-HEIGE</i> FOR OFFICE USE ONLY: CHECK # R | | = OCIATES, INC. D ON BY |
| MUNICIPAL FEE = Make <u>additional</u> check made payable to FOR OFFICE USE ONLY: CHECK # | the Mur | <u>required.</u> hicipality: <i>South Manheim Township</i> ECEIVED ON BY |

Payment methods: money order or personal check. All returned checks will be assessed a \$25.00 penalty fee.