UNIFORM CONSTRUCTION CODE "SMALL PROJECTS" BUILDING PERMIT APPLICATION PLEASE PRINT LEGIBLY To be completed in lieu of regular permit application – For decks, porches and pools

LOCATION OF PROPOSED WORK OR IMPROVEMENT

County:T	ownship or Borough:		
Site Address:	City & Zip:	City & Zip:	
	Area Code & Phone #	_	
Complete Mailing Address:			
Principal Contractor:	Area Code & Ph	Area Code & Phone #	
Mailing Address:		Cell #	
CONSTRUCTION PLANS	AND SPECIFICATIONS		
For Above Ground Pools: No additional documentation inspection is required.	n is necessary for an above the ground p	ool. Only a <i>Final</i>	
porch or deck and the size a	on documents. We need to know the ove and placement of the structural members a and a Framing/Final inspection. The ra	. The required inspections	
Are plans and/or specification	ons attached? YES NO		

FLOODPLAIN YES NO Is the site located within an identified flood hazard area? (*Check one*) NO Will any portion of the flood hazard area be developed? (*Check one*) YES | | 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. 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 ON 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 on page 10. Note: Contractors may fax or mail Workman's Compensation Insurance Coverage directly to Light-Heigel. Be sure to note the job name on the fax. Fax # 570-385-5788 Worker's Compensation Insurance Coverage Worksheet attached.

ESTIMATED FAIR MARKET VALUE OF CONSTRUCTION \$