

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: _____ Township or Borough: _____ Tax Parcel #: _____

Site Address: _____ City & Zip: _____

Directions to Work Site: _____

Owner: _____ Area Code & Phone # _____ Cell # _____

Complete Mailing Address: _____

Principal Contractor: _____ Area Code & Phone # _____

Mailing Address: _____ Cell # _____

TYPE OF WORK OR IMPROVEMENT

Describe the proposed work: _____

CONSTRUCTION PLANS AND SPECIFICATIONS

For **Above Ground** Pools:

No additional documentation is necessary for an above the ground pool. Only a *Final* inspection is required.

For **In Ground** Pools:

Please include a copy of the pool installer’s technical quote/spec sheet. The inspections that are required are: *Footing inspection, Electrical bonding and a Final inspection.*

Are plans and/or specifications attached?

YES NO

For **Porches** and **Decks**:

These do require construction documents. We need to know the overall dimensions of the porch or deck and the size and placement of the structural members. The required inspections include a *Footing inspection and a Framing/Final inspection. The railings need to be in place for the Final inspection.*

Are plans and/or specifications attached? YES NO

ESTIMATED FAIR MARKET VALUE OF CONSTRUCTION \$ _____

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.

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 on page 14.

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 # (717) 838-3820

Worker's Compensation Insurance Coverage Worksheet attached.

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.

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: _____

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.