

BUILDING PERMIT _____ **ELECTRICAL PERMIT** _____

Municipality _____ County _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____

Rear Yard _____ Ft. (Rear of building to property line) _____

Side Yard _____ Ft. Side Yard _____ FT. _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Total square feet: _____ Use Group _____ Type Construction _____

No. of Stories: _____ Height of Structure _____

Description of work: _____

Type of work:

Alterations/Additions of: _____ Square Ft. _____

() Roofing - Total square feet _____

() Fencing, supply height if it exceeds 6 foot _____

() Sign - Total Square feet _____

() Pool - Total Square feet _____

() Decks - Total Square feet _____

() Demolition - Total Square feet _____

() Accessibility _____

Other: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
Owner () Contractor () Owner Representative ()

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Building Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

ELECTRICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

ELECTRICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Electrical Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

MECHANICAL PERMIT

PLUMBING PERMIT

Municipality _____ County _____ Tax Parcel _____
 Construction Site Location _____ Date Received _____
 Owner _____ Tenant _____
 Address _____ Address _____
 State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____
 Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

MECHANICAL PERMIT	PLUMBING PERMIT																																																																																																										
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MECHANICAL CODE OFFICIAL USE ONLY
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 UCC Mechanical Fee: _____
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 Code Official: _____ State Cert.# _____
 Date Issued: _____

PLUMBING BUILDING CODE OFFICIAL USE ONLY
 Plans Approved _____ Plans Approved with Comments _____
 UCC Plumbing Fee: _____
 Plan Review Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____

MUNICIPALITY:

DATE:

All of the following information must be provided to obtain a permit.

Building permit application filled out completely including the parcel I.D. number, square footage of project and cost of construction.

A site plan showing your project, existing building and set backs from all four property lines in the box below.

Detailed drawings to include all elevations, overhead view, roof details, and side view starting with the footer and ending with the roof.

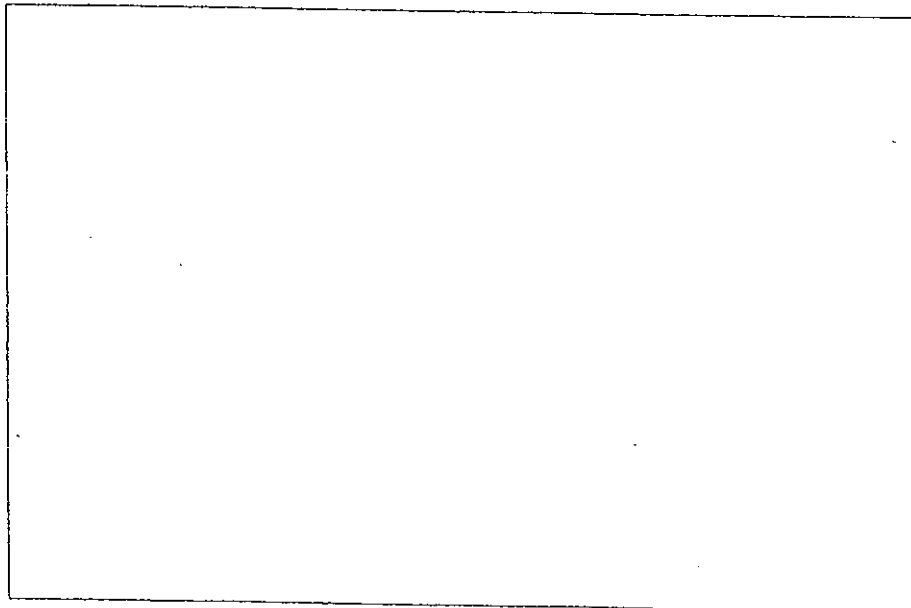
Residential: Two sets of detailed drawings including building, plumbing, electrical and mechanical plans according to the 2009 International Residential Code (IRC).

Commercial: Three sets of detailed drawings including building, plumbing, electrical and mechanical plans according to the 2009 International Building Codes (IBC), UCC of PA, and the 2008 National Electrical Code (NEC). Drawings must be done by a registered engineer or architect.

If you are using a contractor, he/she must provide proof of insurance: a certificate of liability insurance and proof of Workers Compensation Insurance or a completed and notarized Workers Compensation waiver form (Provided with application).

REAR PROPERTY LINE

SIDE
PROPERTY
LINE



SIDE
PROPERTY
LINE

FRONT PROPERTY LINE

This diagram represents your property. Draw all existing buildings and any new projects including decks, attached garages, sheds, fences, swimming pools, etc. Include setbacks from all property lines to new projects.

Workers' Compensation Insurance – Coverage Information Form
(attach to Building Permit Application)

A. Name of Applicant _____

Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation Law?

Yes _____ No _____

If the answer is "yes", complete Sections B & D below as appropriate.

If the answer is "no", complete Sections C & D below as appropriate.

B. Insurance Information

Contractor _____
Name

Federal or State Employer Identification Number _____

Applicant is a qualified self-insurer for Workers' Compensation _____ Certificate attached.

Name of Workers' Compensation Insurer _____

Certificate Attached _____ Policy Number _____ Expiration Date _____

C. Exemption (complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance).

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

_____ Property owner doing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of Workers' Compensation Insurance.

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance.

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from Workers' Compensation Insurance (attach copies of religious exemption letters for all employees).

SIGNATURES

Applicant

Municipality of

Address

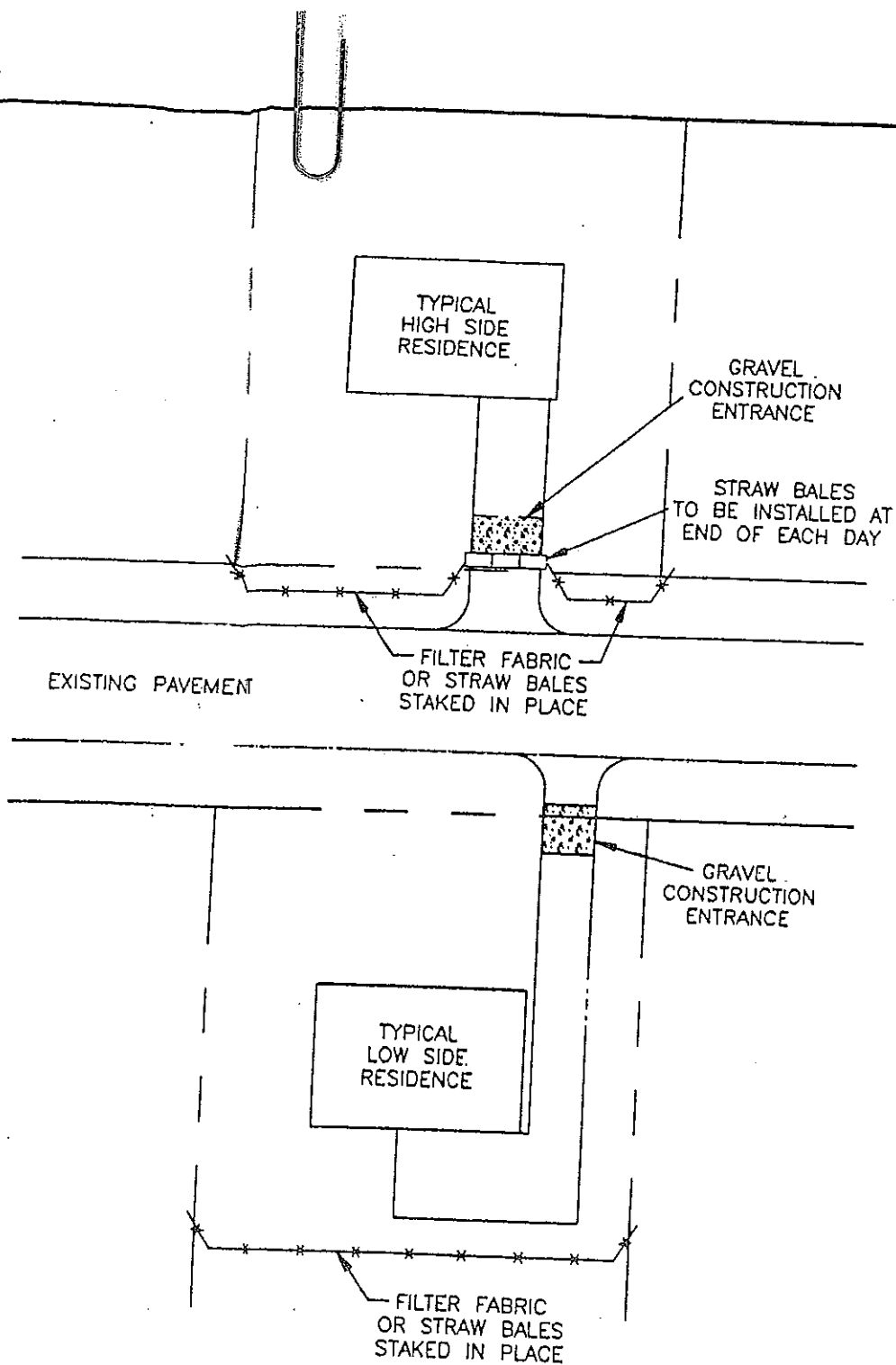
County of

Subscribed, sworn to and acknowledged before me by the above this

_____ day of _____, _____

(seal)

Notary Public



ON-LOT SEDIMENTATION CONTROL DETAIL
(N.T.S.)

INDIVIDUAL LOT SEDIMENT AND EROSION CONTROL SEQUENCE

1. INSTALL ROCK CONSTRUCTION ENTRANCE
2. INSTALL 18" HIGH SILT FENCE AND STRAW BALES
3. EXCAVATE FOUNDATION
4. CONSTRUCT HOUSE
5. BACKFILL FOUNDATION
6. INSTALL UNDERGROUND UTILITIES
7. INSTALL ROOF LEADERS AND SUMPS
8. SPREAD TOP SOIL
9. PAVE DRIVEWAY
10. SEED AND MULCH WITH PERMANENT SEEDING
11. REMOVE SEDIMENT AND EROSION CONTROL

KENNEDY TOWNSHIP
 ALLEGHENY COUNTY, PA
 BOARD OF COMMISSIONERS

KENNEDY TOWNSHIP

ALLEGHENY COUNTY, PENNSYLVANIA

ON-LOT SEDIMENTATION CONTROL REQUIREMENTS

The following requirements must be followed prior to and during new building construction of any type [utility sheds and garages excluded] within Kennedy Township.

- A gravel construction ingress/egress must be installed for the purpose of assuring that mud and/or debris is not carried from the site onto an existing Township cartway.
- Installation of eighteen inch (18") high silt fence, staked in place, and/or straw bales must be placed at construction site at the end of each day to prevent soil erosion and sedimentation being deposited onto the Township cartway and/or adjacent properties.
- All sediment and erosion control devices shall be removed upon completion of construction.

The attached Sedimentation control illustration is provided for your convenience and guidance.

Failure to comply with these requirements will result in revocation of your Building Permit until such time corrections are made.