

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____ Tel. (____) _____
 Address _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (____) _____
 Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp Date _____
 Federal Employee No. _____ FAX (____) _____

5. Architect or Engineer _____ Tel. (____) _____
 Address _____

6. Responsible Person in Charge of Work _____ FAX (____) _____
 Tel. (____) _____

V. FEE SUMMARY (for office use only)

1. Building Electrical	\$	Update
2. Plumbing		
3. Fire Protection		
4. Mechanical		
5. Subtotal	\$	
6. Plan Review		
7. Administrative Fee	\$	
8. L & I Training Fee		
9. Subtotal	\$	
10. Cert. of Occupancy		
11. Other		
12. TOTAL	\$	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____ no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

II. PROPOSED WORK

1. <input type="checkbox"/> Minor Work	Est. Cost
2. <input type="checkbox"/> New Building	
3. <input type="checkbox"/> Addition	
4. <input type="checkbox"/> Alteration	
5. <input type="checkbox"/> Fire Protection	
6. <input type="checkbox"/> Plumbing	
7. <input type="checkbox"/> Electrical	
8. <input type="checkbox"/> Elevator Devices	
9. <input type="checkbox"/> Asbestos Abat	
10. <input type="checkbox"/> Lead Hazard Abatement	
11. <input type="checkbox"/> Demolition	
TOTAL COSTS	

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
					Approval	Rejection

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	5. <input type="checkbox"/> Cross-Connectors/Backflow Preventers
2. <input type="checkbox"/> High Pressure Boilers	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly
3. <input type="checkbox"/> Pressure Vessels	7. <input type="checkbox"/> Sprinklers
4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells
	9. <input type="checkbox"/> Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. 1-2 Family/R-3

4. Residential Care <17 (R4)

5.

6.

No. of dwelling units: _____

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

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	
Contractor _____ <small>(if owner, put same name above)</small>		Contractor _____ <small>(if owner, put same name above)</small>	
Address _____		Address _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Phone _____ Cell _____		Phone _____ Cell _____	
Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>		Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>	
Estimate of total costs for all work _____		Estimate of total costs for all work _____	
Technical Site	Fixture/Equipment	Technical Site	Items
Data No.		Data No.	
_____	Water Heater	_____	Water Closet
_____	Fuel Oil Piping	_____	Urinal/Bidet
_____	Gas Piping	_____	Bath tub
_____	Steam Boiler	_____	Lavatory
_____	Hot Water Boiler	_____	Shower
_____	Hot Air Furnace	_____	Floor drain
_____	Oil Tank	_____	Sink
_____	LPG Tank	_____	Dishwasher
_____	Fireplace	_____	Drinking fountain
_____	Hydronic Piping	_____	Washing Machine
_____	Appliances	_____	Hose Bibb
_____	Solar	_____	Water Heater
_____	Heat Pump	_____	Fuel Oil Piping
_____	Fire Dampers	_____	Gas Piping
_____	Exhaust Hood Sys.	_____	Steam Boiler
_____	HVAC	_____	Hot Water Boiler
Others: _____		_____	Water Service Connection
Signature: _____		Signature: _____	
Owner () Contractor () Owner Representative ()		Owner () Contractor () Owner Representative ()	

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

MUNICIPALITY: KENNEDY TWP.

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.

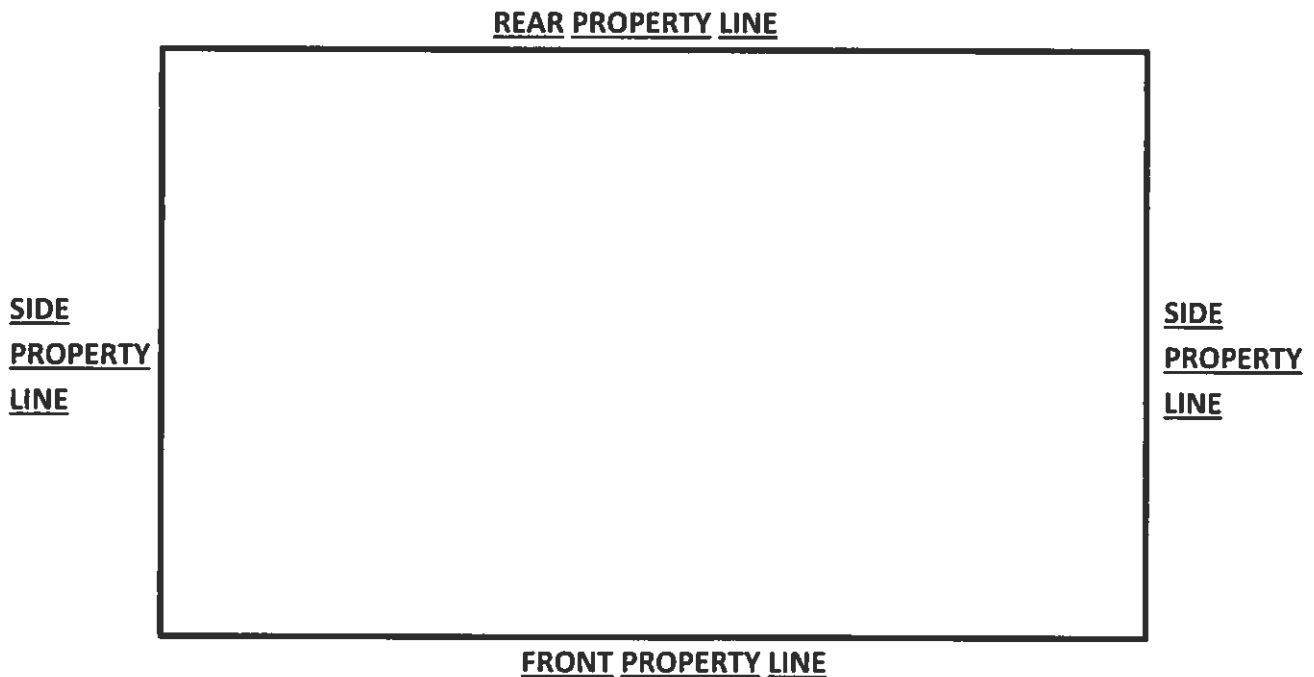
A site plan showing your project, existing building and set-backs from all four property lines in the box below.

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 a 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).



This diagram represents your property. Draw all existing buildings and any new projects, including decks, attached garages, sheds, fences, swimming pools, etc. Include set-backs 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 co;pies 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

TOWNSHIP OF KENNEDY
RIGHT-OF-WAY RELEASE OF LIABILITY

This agreement, being a full and complete waiver and release, set forth herein, by and between the Township of Kennedy, a municipal entity existing in Allegheny County, Pennsylvania, and _____, the owner(s) of certain property known and identified as _____, do specifically acknowledge, agree and set forth as follows:

The undersigned are the owners of certain property, identified above, being property located in the Township of Kennedy, Allegheny County, Pennsylvania. There is existing on, to and as part of the subject property, certain public easement and/or right-of-way, which inures to the benefit of the Township of Kennedy.

The undersigned owners acknowledge that there is a prohibition to the construction of any form of accessory structure over the easement or right-of-way at issue, and that there is a prohibition to the construction of any form of accessory structure over any Township sewer line, public utility line or the like.

Notwithstanding the general prohibition against the placement or construction of an accessory structure on such easement and right-of-way, the Township of Kennedy, so as to provide a benefit to the property owners and residents of the community, have, in certain situation and will, with regard to the subject property, allow the property owner(s) to place or maintain limited accessory structures, such as a fence, storage building, swimming pool or the like, on the part of the property located in such easement or right-of-way. In consideration of this courtesy, and in consideration of the mutual covenants, agreements and provisions set forth herein, the undersigned property owners fully acknowledge, recognize and agree that it is the responsibility of the property owner to replace and/or repair, at the property owner's sole expense, and any and all conditions or damages that may occur to the area of public utility easement, or the area of easement or right-of-way, as a result of the installation and/or maintenance of such accessory structure, it being recognized that such accessory structure, within public right-of-way and/or easement, is an inherent trespass and violation.

The undersigned property owners also acknowledge, recognize and agree that, in the event that the Township of Kennedy, acting through its agents, employees, servants and/or representatives should need to perform any form of work within the easement and/or right-of-way, any and all costs associated with the removal and/or replacement of such accessory structure shall be the sole and exclusive responsibility of the property owner, and the undersigned do hereby waive and relinquish any and all claims that may exist or arise against the Township of Kennedy, its assigns, agents, employees, servants and/or representatives, as a result of any and all damage that may occur to any such accessory structure or the property itself.