



BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS

SINGLE FAMILY DETACHED ACCESSORY STRUCTURES

1. What type of accessory structure is the application for?

Carport Private Garage Greenhouse Shed

Other (Please Specify) _____

2. Will the accessory structure have over 1,000 square feet of floor area?

Yes No

Dimensions: Width _____ x Length _____ x Height _____

3. Will the accessory structure have a basement?

Yes No

4. Will the accessory structure have its own electric meter?

Yes No

5. Is the accessory structure located within an identified flood plain?

Yes No

6. Is the accessory structure for other than a single family home?

Yes No

If you answered, "Yes" to any of the above questions, continue to the next page = = = = = >

If you answered "No" to all of the above questions, complete information below

Please complete and sign below. Please return the entire packet to the building inspector along **with a plot plan** showing future accessory structure location and all existing structures, with distances from property lines and rights-of-way.

Estimated Cost of Construction: _____

Name of Owner (Please Print): _____

Property Address: _____

Mailing Address: _____

Phone: _____

Property Owner Signature: _____

BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS

DETACHED ACCESSORY STRUCTURES

- Please read all of the following information.
- The following is a checklist. You must have a “checkmark” in all of the sections listed prior to submitting your application.

_____ “Affidavit of Exemption” (See attached form) – If you are hiring a contractor to construct your deck, and they have workmen’s compensation, have the contractor or their insurance carrier provide us with a “Certificate of Insurance” showing proof of such. If the homeowner or a contractor without workmen’s compensation is constructing your deck, the attached form must be completed and notarized.

_____ A plot plan showing the proposed detached accessory structure, the outside dimensions of the structure. The distances in feet to the front, side and rear property lines.

_____ Two (2) sets of construction drawings that show in detail all of the following information.

- _____ Footing detail including depth below frost line (if required).
- _____ Type of foundation (if required).
- _____ Roof rafter size (2x6, 2x8, 2x10, etc).
- _____ Rafter spacing (16” on center, 24” on center, etc).
- _____ Thickness and type of roof sheathing.
- _____ Ceiling joist size and spacing.
- _____ Wall sections showing top and bottom plates and headers.
- _____ Location and size of all beams.
- _____ Sizes of all doors.
- _____ Type and location of electrical equipment and wiring to be installed, if any (receptacles, lighting, etc)
- _____ Location of on lot sump
- _____ Completed building permit application

INSPECTION PROCEDURES

DETACHED ACCESSORY STRUCTURES

- Building permit must be posted on the site of the work until completion of the project.
- Your approved plans must be available at time of the inspection. These are the plans that were submitted with your application and were stamped "Approved" by the building inspection agency.

24 HOUR NOTICE REQUIRED TO THE CENTER TOWNSHIP OFFICE AT 724-282-7805

1. Footing inspection – Holes must be dug for support posts below frost line, if pole type building. All other footings to be done after trenching or forming and prior to placing of concrete.
Inspector: Rich Round
2. Foundation inspection – French drain and waterproofing (if required).
Inspector: Rich Round
3. On lot sump inspection – Roof and driveway drains, prior to covering.
Inspector: Olsen Engineering **Phone: 724-282-4786**
4. Framing inspection – at time of inspection all framing members must be visible.
Inspector: Rich Round
5. Electrical inspection – If any electrical work is installed.
Inspector: Rich Round
6. Mechanical inspection – Rough in to be done prior to insulating.
Inspector: Rich Round
7. Plumbing inspection – Rough in to be done prior to insulating.
Inspector: Rich Round
8. Final inspection – when job is completely finished, prior to occupancy permit and after all other required inspections have been done and approved.
Inspector: Rich Round

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

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

_____ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Home owner assumes liability for contractor compliance with this requirement.

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

_____ 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).

Signature of Applicant

County of _____

Municipality of _____

WITNESS MY HAND AND NOTARIAL SEAL this _____ day of _____, 20__.

SEAL

Notary Public

My Commission expires the _____ day of _____, 20__.

UNIFORM CONSTRUCTION PERMIT APPLICATION

Commonwealth of Pennsylvania
DCED-CLGS 01/02

LOCATION OF PROPOSED WORK OR IMPROVEMENT

County: _____ Municipality: _____

Site Address: _____ Tax Parcel # _____ Lot # _____

Lot Size _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone # _____ Fax # _____

Mailing Address: _____ E-Mail: _____

Principal Contractor: _____ Phone # _____ Fax # _____

Mailing Address: _____ E-Mail: _____

Architect: _____ Phone # _____ Fax # _____

Mailing Address: _____ E-Mail: _____

TYPE OF WORK OR IMPROVEMENT (Check One)

- New Building Addition Alteration Repair Demolition Relocation
- Foundation Only Change of Use Plumbing Mechanical Electrical

Describe the proposed work: _____

ESTIMATED COST OF CONSTRUCTION (Reasonable fair market value) \$ _____

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)

NON-RESIDENTIAL

Specific Use: _____
 Use Group: _____
 Change in Use: YES NO
 If YES, Indicate Former: _____
 Maximum Occupancy Load: _____
 Maximum Live Load: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing, _____ Proposed
Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) _____
Water Service: (Check One) Public Private
Sewer Service: (Check One) Public Private (Septic Permit # _____)

Does or will your building contain any of the following:

- Fireplace(s):** Number _____ Type of Fuel _____ Type Vent _____
- Elevator/Escalators/Lifts/Moving walks:** (Check One) YES NO
- Sprinkle System:** YES NO
- Pressure Vessels:** YES NO
- Refrigeration Systems:** YES NO

