#### **PERMIT APPLICATION**

BUILDING PERMIT		<b>ELECTRICAL PERN</b>	/IIT			
Municipality	County Tax Parcel					
	Date Received					
Owner						
Address						
State Zip Phone						
Front Yardft (front of building						
Rear Yardft (rear of building		c proposed from				
Side Yardft Side Yard						
State Class.: New Commercial		New Resider		Other Residential		
State class New commercial	Other commercial	New Resider		Other Residential		
BUILDING PERMIT		ELECTRICAL	PERMIT			
Contractor		_ Contractor _				
(if owner, put same name		(if owner, put same name as above)				
Address		Address				
City State	Zip			State Zip		
Phone Cell _				Cell		
Fed Employee No		_   ' '	ee No			
(Certificate of Insurance for Workers Co	mpensation needed or			or Workers Compensation needed		
signed exemption form)		_	emption form)			
Estimate of total costs for all work		_		all work		
Total square feet: Use Group		Technical Si				
Type Construction		Data No.	Size	Items		
No. of Stories Height of	Structure			Lighting Fixtures		
Description of work:				Receptacles		
		-		Switches		
Tune of works			LID	Detectors		
Type of work: Alterations/Additions of:	Square Et		HP	Motor-Fractional Communication Devices		
Roofing – Total square feet	Square Ft	_		Alarm Devices/Systems		
Fencing, supply height if it exce				Emergency & Exit Lights		
Sign – Total Square feet				Pool Bonding		
Pool – Total Square feet			•	Service		
Decks – Total Square feet				Sub-Panels		
Demolition – Total Square feet				Feeders		
Accessibility				Baseboard Heater		
Other:			•	Dryer Receptacles		
		Rai	ngeDis	shwasherGarbage Disposal		
I hereby acknowledge that I have read	his application and state		Heater	Central A/C Units		
the above is correct to comply with all I	Municipal ordinances and			Signs		
state laws regarding construction.				Survey Fee		
Signature				·		
	ner Representative		Contractor			
Building Code Official Use Only			de Official Use			
Plans Approved Plans Approv	ed with Comments					
UCC Building Fee			UCC Building Fee			
Plan Review Fee			Plan Review Fee			
Admin Fee		Admin Fee _	Admin Fee			
State Fee		State Fee	State Fee			
Total Cost	Cort #	I Otal Cost _	Total Cost State Cost #			
Code Official: State			Code Official: State Cert. # Date Issued:			
Date Issued:	_	Date issued:		COPYRIGHTED		

#### **PERMIT APPLICATION**

MECHANICAL PERMIT _		PLUMBING PERMIT			
Municipality	County	Tax	Parcel		
Construction Site Locati	ion	Date Received			
Owner	Ter	nant			
	Add				
	Phone # 9				
Describe proposed wor					
State Class.: New Comr	mercial Other Commercial	New Residential	Other Re	sidential	
MECHANICAL PERMIT Contractor	•	PLUMBING PERMIT Contractor			
(if own	er, put same name as above)		vner, put same na	me as above)	
City	State Zip	City	State	Zip	
	Cell				
Fed Employee No.		Fed Employee No.			
(Certificate of Insurance for Workers Compensation needed or signed exemption form)  Estimate of total costs for all work		(Certificate of Insurance for Workers Compensation needed or signed exemption form)			
Tankai ad Cita		Tarkettark Cita	Taskaisa	l Cit-	
Technical Site	First one /Farriage and	Technical Site	Technical		
Data No.	Fixture/Equipment	Data No. Ite	ems Data No	. Items	
	Water Heater	Mator	Clasat	Daaleflaur proventer	
	Fuel Oil Piping Gas Piping	Water ( Urinal/	/D:-I-+	C	
	Steam Boiler	Bath tu			
<del></del>	Hot Water Boiler	Lavato			
	Hot Air Furnace				
	Oil Tank	Showe		=	
	LPG Tank	Sink		_ 30181	
	Fireplace	Dishwa	asher		
	Hydronic Piping		ng fountain		
	Appliances		ng Machine		
	Solar	Hose B	_		
	Heat Pump		Heater		
	Fire Dampers		il Piping		
	Exhaust Hood Sys	Gas Pig			
	HVAC	Steam	•		
Others:			ater Boiler		
			Service Connectio	n	
Signature			eptor/Separator		
Owner Conti	ractor Owner Representative	Others:			
		Signature			
		Owner Cor	itractorO	wner Rep	
Mechanical Code Offi	cial Use Only	Plumbing Code Offi	cial Use Only		
Plans Approved	Plans Approved with Comments			with Comments	
UCC Building Fee		UCC Building Fee			
Plan Review Fee		Plan Review Fee			
Admin Fee		Admin Fee			
State Fee	· <del></del>	State Fee			
Total Cost		Total Cost			
Code Official:	State Cert. #	_ Code Official:	State C	ert. #	
Date Issued:		Date Issued:	<del></del>		

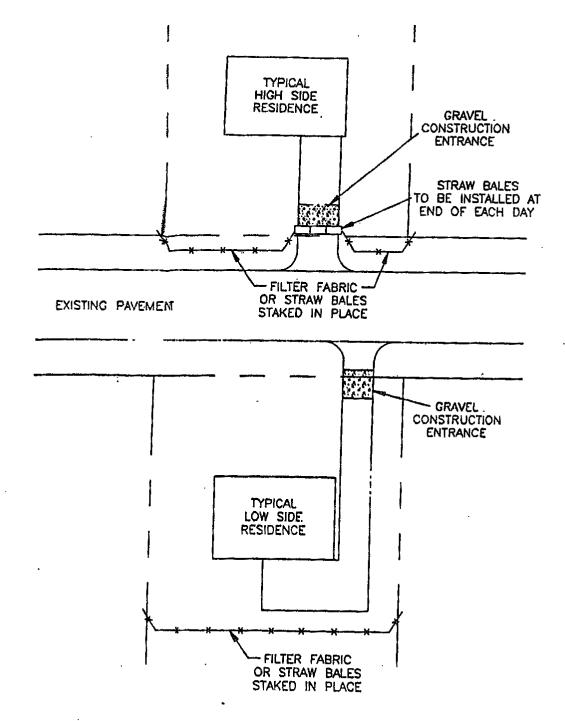
MUNICIPALITY	: DATE:	
All of the follow	ing information <u>must</u> be provided to obtain a permit.	
Building permit and cost of cons	application filled out completely including the parcel I.D. number, square footage truction.	ge of project
A site plan show	ring your project, existing building and set backs from all four property lines in th	ne box below.
<u>Detailed</u> drawin and ending with	gs to include all elevations, overhead view, roof details, and side view starting which the roof.	vith the footer
	Residential: Two sets of detailed drawings including building, plumbing, electric mechanical plans according to the 2018 International Residential Code (IRC).	cal and
	<u>Commercial</u> : <u>Three</u> sets of detailed drawings including building, plumbing, electromechanical plans according to the 2018 International Building Code (IBC), UCC the 2017 National Electrical Code (NEC). Drawings <u>must</u> be done by a registered architect.	of PA, and
-	a contractor, he/she must provide proof of insurance: a certificate of liability ins rs Compensation Insurance or a completed and notarized Workers Compensatio application).	
	REAR PROPERTY LINE	
SIDE PROPERTY LINE		SIDE 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.

FRONT PROPERTY LINE

# 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.						
В.	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						
	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 followin reasons, as indicated:						
	Property owner doing own work. If property owner does hire contractor to perform an 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).						
D.	Signatures						
	Applicant Municipality of						
	Address County of						
	Subscribed, sworn to and acknowledged before me by the above this day of, 20						



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

## INDIVIDUAL LOT SEDIMENT AND EROSION CONTROL SEQUENCE

- INSTALL ROCK CONSTRUCTION ENTRANCE INSTALL 18" HIGH SILT FENCE AND STRAW BALES EXCAVATE FOUNDATION CONSTRUCT HOUSE

- BACKFILL FOUNDATION
- INSTALL UNDERGROUND UTILITIES
- INSTALL ROOF LEADERS AND SUMPS
- SPREAD TOP SOIL
- PAVE DRIVEWAY
- 10. SEED AND MULCH WITH PERMANENT SEEDING
- 11. REMOVE SEDIMENT AND EROSION CONTROL

# KENNEDY TOWNSHIP



**BOARD OF COMMISSIONERS** 

# KENNEDY TOWNSHIP ALLEGHENY COUNTY, PENNSYLVANIA

#### ON LOT SEDIMENTION 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.