SOUTH BEAVER TOWNSHIP UNIFORM CONSTRUCTION CODE APPLICATION

Application No.

Application Date: _____

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NOTE:	This Application to be submitted with Building/Zoning Permit for new construction or alteration of, remodeling of or addition to existing structure when provisions of the Uniform Construction Code are applicable. As to existing Commercial, Industrial, or other buildings primarily used for public invitee purposes, when no Building/Zoning Permit is necessary this Application is to be submitted separately when the Uniform Construction Code is
	applicable.

UNIFORM CONSTRUCTION CODE DATA Name of Applicant: Address of Applicant: Telephone No. () FAX No. () Location of Property upon which construction, remodeling or other applicable activity regulated by the Uniform Construction Code is proposed to occur. Tax Parcel No. 77 -Zoning Use of Premises:

Commercial/Industrial/Public Use building

Residential Zoning District _____ NOTE AS TO NEW CONSTRUCTION, ALTERATION OF EXISTING FLOOR PLAN OF BUILDING and/or REMODELING ALTERATION OF STRUCTURAL SUPPORT and/or ENTRY WAYS: Complete Building/Structure Plans must be submitted with this Application. [See "Check/Review Lists at Page 2] Name of Plan designer/preparer: Address of Plan designer/preparer: ______ Telephone No. (______ Fax No. (_____) Contact person: Proposed Improvement: ☐ New Building > involving ☐ Standard on-site construction, or ☐ Mobile Home/Mfg. Unit ☐ New Unit ☐ Used Unit 1 ☐ Addition ☐ Interior Remodeling/Alterations ☐ Exterior Remodeling/Alterations ☐ Relocation ☐ Demolition ☐ Other (Specify) _____ **Building Dimensions:** Existing Building Area: ______sq. ft. Number of Stories: Proposed Building Area: _______sq. ft. Height of Structure above grade: ______ ft. sq. ft. Area of the largest floor: _____sq. ft. Total Building Area: Exterior dimensions of Building at ground or grade level: If Residential Use, number of bedrooms per dwelling unit:

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Mechanical Features:									
Electrical Service:	Electrical Service: Amps								
Heating System:	Heating System: BTUs Forced Air, or Hot-Water/radiant, or Other (Specify) Hother								
☐ Gas, or ☐ Oil, or ☐ Electric, or ☐ Other (Specify)									
Cooling System: BTUs Describe nature of system: Other (Specify)									
	Water/Plumbing System: Public Water Supply Service Private well/spring Water Supply Other (Specify)								
Sewage Disposal: Public Sewage Service On-Lot Sewage System Other (Specify)									
Dana an aill the building/otm	acture contain any o	f the following:							
Does of will the bunding suc	Does or will the building/structure contain any of the following: Fireplaces > Number:; Type of Fuel:; Method of Venting:;								
☐ Elevators/Escalators > □	Describe:								
	☐ Bui	ld-in Refrigerat	ion Systems	**					
Any Other Special Mechanic		res No							
If "Yes", describe:									
			_ .	_					
PROJECT DOCUMENTS,	PLANS, DRAWII	NGS & CALC	ULATIONS:						
TYPE OF DOCUMENT:	SUBMITTED		& SEALED	DATE	REVISION DATE				
Foundation Plans	□ Yes □ No		□ No						
Construction Drawings	□ Yes □ No	□ Yes	□ No						
Electrical Drawings	□ Yes □ No	□ Yes	□ No	·					
Plumbing Drawings	□ Yes □ No	□ Yes	□ No						
Mechanical Drawings	□ Yes □ No	☐ Yes	□ N o						
Other (Specify)									
	☐ Yes ☐ No	☐ Yes	□ No						
	·								
									
COMPLETE THIS BLOCK	if this Application is	s not submitted	with an Applicat	tion for a Building/Z	Coning Permit.				
General Contractor:									
Address of Contractor: _				Те	elephone No				
	e Emplover Identif	ication No							
Contractor's Pennsylvania									
Workers' Comp Policy C	Tartificate must be	attached to ex	idence existenc	e of currently in ef	fect policy.				
workers Comp roncy	Set tilleate must be	attached, to c	Idonoo omoo	Telen	hone No				
Company/rigont:									
NOTE: If Contractor claims exemption from PA Workers' Compensation Law [Complete/Include Affidavit on Page 4]									
Exemption Certificate No () No employees and/or () Religion exemption NOTICE: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless									
NOTICE: Contractor prol	hibited by law from	employing any	individual to per	form work pursuant	to this building permit unless				
contractor provides proof of worker's compensation to South Beaver Township. Contractor also prohibited by law as to									
building or remodeling under subject Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to subcontractor's employees. Failure of Contractor and Applicant for this									
Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania, and as to said									
insurance, naming South Beaver Township as a named insured, requires stoppage of all construction/work under									
Building/Zoning Permit issued and/or Uniform Construction Code Permit may be revoked.									

STATEMENT AND VERIFICATION BY APPLICANT

I/We do hereby agree to observe and adhere to any and all provisions of the South Beaver Township Zoning Ordinance and the South Beaver Township Construction Code Ordinance, and do further agree and understand that my failure to do so shall constitute a violation as to any Permits issued per this Application, which violation shall cause any Permits to become Null and Void, and revocable by the Township of South Beaver Township via its Zoning Officer, its Building Code Official, or other designated agent.

I or we the undersigned Applicant(s), completed and read the foregoing Application. The statements and data set forth

therein is true and correct to the best of my (our) knowledge, information and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I or we knowingly make false statements or averments, I or we may be subject to criminal penalties. Applicant Co-Applicant APPROVAL or DENIAL of CONSTRUCTION CODE PERMIT: CONSTRUCTION CODE PERMIT APPROVED: Date: ______, 20 PERMIT # _____ BUILDING CODE ADMINISTRATOR/OFFICIAL: (Signature) ______, 20 ___. Date Expires: ___ Date Construction Code Permit issued: Construction Code Permit/Inspection Fees: Plan Review Fee: □ No. Receipt # Building Inspection Fees: □ No. Receipt #_ Electrical Inspection Fees: \$_ Receipt/Paid: □ Yes ☐ No. Receipt #___ Plumbing Inspection Fees: \$____ □ No. Receipt # Mechanical Inspection Fees: \$____ ☐ No. Receipt #___ Other Inspection Fee(s) (Specify) ___ □ No. Receipt # Township General Fee: Receipt #____ □ No. TOTAL: { or } CONSTRUCTION CODE PERMIT DENIED: Date: __, 26 ____, Date Returned: ______, 20 Written explanation or reasons for denial of Construction Code Permit issued to Applicant(s) BUILDING CODE ADMINISTRATOR/OFFICIAL: (Signature)

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AFFIDAVIT BY CONTRACTOR

COM	MONW	EALTH OF PEN	NSYLVANIA) (SS:				
COUN	NTY OI	F BEAVER)				
does h	nereby d ensation	leclare and affirm and insurance or cove	that the undersigned is ex	construction, remodeling and/or alteration of buildings, xempt from providing and/or maintaining workers' to the laws of the Commonwealth of Pennsylvania, as			
the un	dersign	ed:	. 1 *11	described of any amployees relative to the			
does not have any employees and will not engage the services of any employees rel construction, remodeling and/or alteration of building to be done per this permit, and the services of any employees rel construction, remodeling and/or alteration of building to be done per this permit, and the services of any employees released to the services of th							
(religion, as per Section 304.2 of the Pennsylvania Workers' Compensation Act, as amended, (77 P.S. 484); Application for, and Exemption Certificate issued by PA Department of Labor attached.						
nersor	n that f	ail to qualify and r	naintain workers' compe	affirms that no subcontractor or subcontractors, or ensation insurance or coverage for employees shall be or alteration of a building to be done per this permit.			
issuan coven	ants to	ne subject building hold harmless the elative to the under	permit, intending to be le Township of South Bearsigned's failure, or the fa	related consideration and benefit inuring relative to the legally bound hereby, hereby agrees, declares and ever, its employees or agents, from any claim or liability failure of any subcontractor engaged by the undersigned a Workers' Compensation Act" (77 P.S. §§ 1 et seq.).			
Date:							
			Con	ntractor			
		the undersigned,		day of, 20, known to me or satisfactorily prover			
to me	, to be t	he person whose n	name is subscribed to the nents therein are true and	foregoing Affidavit, and who being duly deposed and l correct, and did acknowledge execution thereof for the same can be relied upon and recorded as such.			
IN W	ITNESS	S WHEREOF, I ha	ave hereunto set my hand	l and official seal.			
Му С	ommiss	sion Expires:	Notary Pub	blic			