

**SOUTH BEAVER TOWNSHIP
UNIFORM CONSTRUCTION CODE
APPLICATION**

Application No. _____

Application Date: _____

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. <u>77</u> - _____	
Zoning Use of Premises: <input type="checkbox"/> Commercial/Industrial/Public Use building <input type="checkbox"/> 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: _____	
Contact person: _____	Telephone No. (____) _____ Fax No. (____) _____
Proposed Improvement: <input type="checkbox"/> New Building > involving <input type="checkbox"/> Standard on-site construction, or <input type="checkbox"/> Mobile Home/Mfg. Unit [<input type="checkbox"/> New Unit <input type="checkbox"/> Used Unit] <input type="checkbox"/> Addition <input type="checkbox"/> Interior Remodeling/Alterations <input type="checkbox"/> Exterior Remodeling/Alterations <input type="checkbox"/> Relocation <input type="checkbox"/> Demolition <input type="checkbox"/> Other (Specify) _____	
Building Dimensions:	
Existing Building Area: _____ sq. ft.	Number of Stories: _____
Proposed Building Area: _____ sq. ft.	Height of Structure above grade: _____ ft.
Total Building Area: _____ sq. ft.	Area of the largest floor: _____ sq. ft.
Exterior dimensions of Building at ground or grade level: _____	
If Residential Use, number of bedrooms per dwelling unit: _____	

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.

Dated: _____, 20__.

Applicant

Co-Applicant

APPROVAL or DENIAL of CONSTRUCTION CODE PERMIT:

CONSTRUCTION CODE PERMIT APPROVED: Date: _____, 20__ PERMIT # _____

BUILDING CODE ADMINISTRATOR/OFFICIAL: _____
(Signature)

Date Construction Code Permit issued: _____, 20__ Date Expires: _____, 20__.

Construction Code Permit/Inspection Fees:

Plan Review Fee:	\$ _____	Receipt/Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Receipt # _____
Building Inspection Fees:	\$ _____	Receipt/Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Receipt # _____
Electrical Inspection Fees:	\$ _____	Receipt/Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Receipt # _____
Plumbing Inspection Fees:	\$ _____	Receipt/Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Receipt # _____
Mechanical Inspection Fees:	\$ _____	Receipt/Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Receipt # _____
Other Inspection Fee(s) (Specify) _____:	\$ _____	Receipt/Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Receipt # _____
Township General Fee:	\$ _____ 10.00	Receipt/Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Receipt # _____
TOTAL:	\$ _____				

{ or }

CONSTRUCTION CODE PERMIT DENIED: Date: _____, 20__ Date Returned: _____, 20__

Written explanation or reasons for denial of Construction Code Permit issued to Applicant(s)

BUILDING CODE ADMINISTRATOR/OFFICIAL: _____
(Signature)

AFFIDAVIT BY CONTRACTOR

COMMONWEALTH OF PENNSYLVANIA)

(SS:

COUNTY OF BEAVER)

The undersigned, being a Contractor for the purpose of construction, remodeling and/or alteration of buildings, does hereby declare and affirm that the undersigned is exempt from providing and/or maintaining workers' compensation insurance or coverage under and pursuant to the laws of the Commonwealth of Pennsylvania, as the undersigned:

- () does not have any employees and will not engage the services of any employees relative to the construction, remodeling and/or alteration of building to be done per this permit, and/or
- () 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.

The undersigned Contractor further hereby declares and affirms that no subcontractor or subcontractors, or person, that fail to qualify and maintain workers' compensation insurance or coverage for employees shall be subcontracted to perform construction, remodeling and/or alteration of a building to be done per this permit.

The undersigned, in affirmance of this declaration, and related consideration and benefit inuring relative to the issuance of the subject building permit, intending to be legally bound hereby, hereby agrees, declares and covenants to hold harmless the Township of South Beaver, its employees or agents, from any claim or liability whatsoever relative to the undersigned's failure, or the failure of any subcontractor engaged by the undersigned as a Contractor, to obey and comply with "Pennsylvania Workers' Compensation Act" (77 P.S. §§ 1 et seq.).

Date: _____, 20 ____ Contractor _____

BEFORE me the undersigned, a Notary Public, this _____ day of _____, 20 ____, personally appeared _____, known to me or satisfactorily proven to me, to be the person whose name is subscribed to the foregoing Affidavit, and who being duly deposed and sworn, did affirm that all statements therein are true and correct, and did acknowledge execution thereof for the purposes therein contained, stated and assured, and that same can be relied upon and recorded as such.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

My Commission Expires:

Notary Public