

ATTENTION:

Please be advised that if all information is not complete on the Building Permit Application folder and **ALL** provided applications, and 2 complete sets of construction drawings are not submitted, your building permit will **NOT** be approved and therefore will delay your project.

Thank you, your cooperation is appreciated.

NAME: _____ DATE: _____

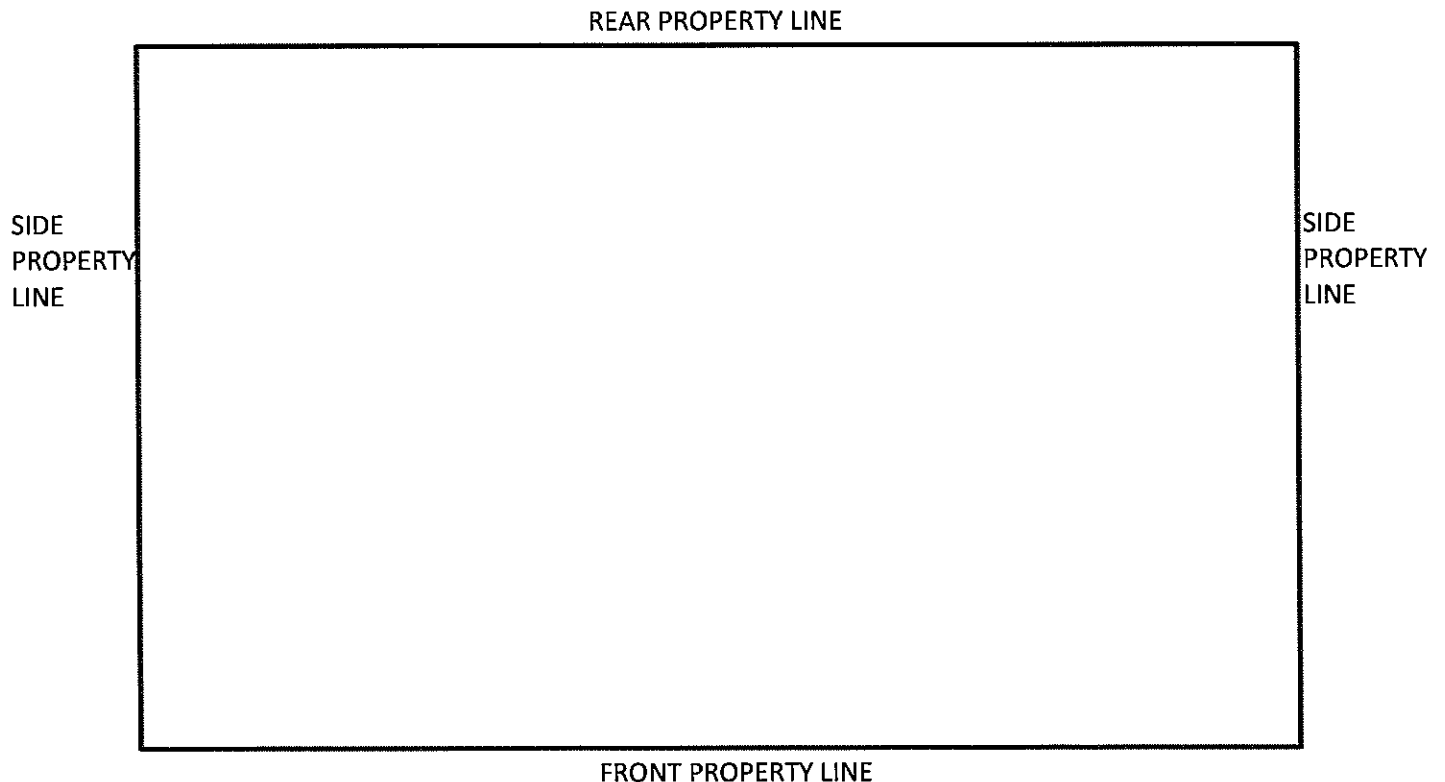
All of the following information **MUST** be provided to obtain a permit.

- 1) Building permit/Zoning permit application filled out completely including the parcel I.D. number, square footage of project and cost of construction.
- 2) 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.

- 3) The Crescent Township Release and Indemnification form signed and notarized
- 4) The Worker's Compensation Insurance-Coverage Information form signed and notarized
- 5) *A completed site plan/survey. (If not attached, please use the space below.) The site plan below represents your property. Draw all existing building(s), any new projects including decks, attached garages, sheds, fences, swimming pools, etc. Must include utility easements (contact PA One Call ; dial 811) and setbacks from all property lines.*



PERMIT APPLICATION

BUILDING PERMIT _____ **ELECTRICAL PERMIT** _____

Municipality _____ County _____ Lot# _____ Block _____ 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 sign 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 sign 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 _____
_____	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: _____

PERMIT APPLICATION

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																																																																																																										
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Worker's 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 (If the answer is "yes" complete Sections B & D below as appropriate).

_____ NO (If the answer is "no" complete Sections C & D below as appropriate).

B. Insurance Information

Contractor: _____
Name

Federal or State Employer Identification No _____

Applicant is a qualified self-insurer for workers' compensation _____ Certificate attached

Name of Workers' Compensation Insurer _____

_____ Certificate Attached Policy No. _____ 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 worker's 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

(seal)

_____ day of _____

Notary Public



OFFICIAL
TOWNSHIP OF CRESCENT
RELEASE AND INDEMNIFICATION

I/We, the undersigned owner(s) of the property located at _____
_____ Crescent Township, Allegheny County,

Pennsylvania do hereby declare, depose and agree as follows:

1. That I/We are the owners of record of the real property which is captioned above.
2. That I/We have made application to the Township to have certain work performed on the real property which is captioned above.
3. That I/We understand and agree that it is my/our responsibility to ascertain the existence of and the location of any and all easement(s) or right(s)-of-way which may encumber the aforesaid real property and that it is my/our legal obligation to not interfere with, harm or otherwise take any action inconsistent with any easement(s) or right(s)-of-way that may be present on the aforesaid real property.
4. That I/We hereby release and indemnify the Township of Crescent and its officers, official, agents, servants, workmen and employees from any and all actions, causes of action, claims and damages that may arise as a result of my/our activity on the above-captioned real property vis-à-vis any easement or right-of-way situated thereon.
5. That the within Release and Indemnification shall run with the land and shall bind my successors in interest of the subject real estate.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ Yes, there are Utility easements on property. They include _____
They are also shechted on the site plan.

_____ No, there are no Utility easements on my property

Notary Seal

Sworn to and subscribed to
before me, a Notary Public
on this _____ day of

_____ 20 _____

Signature

Notary Public

Print Name