PAXTANG BOROUGH

3/16

PERMIT #_____

Tax Parcel #_____

3423 DERRY STREET
HARRISBURG, PA 17111
Phone: 717-564-4770 Fax: 717-561-2020
OFFICE HOURS: Monday through Friday 9:00 AM to 4:00 PM

APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT APPROVAL

SECTION I: **All Information Must Printed Legibly** **All fees should be submitted with application.**

Site Address _____

Owner _____ **Day Time Phone** _____

Mailing Address _____ City _____ State _____

Contractor _____ Cell _____ Phone _____

Mailing Address _____ City _____ State _____

Home Improvement Consumers Protection Act Contractor Number _____ (Only needed for 2 residential units or less)

Architect or Engineer _____ Phone _____ Fax _____

Applicant _____ Phone _____ Fax _____

SECTION II: **Check** ☐ **1 & 2 Family Dwelling** ☐ **Multifamily & Commercial**

TYPE OF IMPROVEMENT (Check All That Apply)

☐ Plumbing* ☐ Electrical* ☐ Mechanical * ☐ Demolition* ☐ Public Sidewalk* ☐ Addition ☐ Sign ☐ Alteration

☐ Foundation Only ☐ Change of Use ☐ New Construction ☐ Relocation ☐ Other _____

*** Does not require a Zoning Permit**

Describe the proposed work in detail: _____

_____

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) $_____

Cost of construction subject to verification by the Building Official based on current valuation tables.

ESTIMATED START DATE OF PROJECT _____ (mm/dd/yy) **COMPLETION DATE** _____ (mm/dd/yy)

SECTION III: Trade Services

Plumbing

Will there be any plumbing work? ☐ Yes ☐ No If yes, complete information below

Plumber and/or Company Name _____ Phone _____

Address _____ Insurance Attached: ☐ Yes ☐ No

Paxtang Borough License # _____

Electrical

Will there be any electrical work? ☐ Yes ☐ No If yes, complete information below

Electrician and/or Company Name _____ Phone _____

Address _____ Insurance Attached: ☐ Yes ☐ No

SECTION IV: New Construction (Including Decks and Patios), Additions and Major Renovations Only

DESCRIPTION OF BUILDING USE(S): (Check all that apply) Change of Use? ☐ Yes ☐ No If Yes, Indicate Former _____

Residential	Non-Residential	
☐ Single Family	Specific Use_____	IBC Use Group_____
☐ Two-Family Dwelling	Max Occupancy _____	
☐ Multifamily	Max Live Load _____	

Describe, in detail, the present and proposed use of the building or structure

_____

_____

BUILDING DIMENSIONS: Stories Above Grade: _____ Below Grade: _____

Height Above Grade (Measured to mean height of roof): _____ Width: _____ Length: _____

BUILDING AREA (based on actual square footage, not based on living space): Existing (Sq. Ft.) _____

Total (Sq. Ft.) _____ Largest Floor Area (Sq. Ft.) _____ Proposed (Sq. Ft.) _____

LOT SIZE (Must be completed for deck / patio): Square Feet _____

Percentage of Building Coverage on Lot: Existing _____ Proposed _____

FLOODPLAIN: Is the site located within an identified flood prone area? (Check) ☐ Yes ☐ No

Will any portion of the flood prone area be developed? (Check) ☐ Yes ☐ No ☐ N/A

If any construction or development will be within a flood prone area the "Supplement to Building Permit Application Form for Development in the Floodplain" must be completed and submitted along with this application.

Residential Construction

RESIDENTIAL USE GROUPS: Number of Units/Suites/Rooms_____ Number of Dwelling Units_____

PARKING: Number of off-street parking spaces: -Existing _____ Proposed _____

HVAC: Type of Heating/Ventilating/Air Conditioning System (i.e.: electric, gas, oil, etc.) _____

WATER SERVICE: (Check One) ☐ Public ☐ Private

SEWER: (Check One) ☐ Public ☐ Private

FIREPLACE(S): Number _____ Type of Fuel _____ Type Vent _____

Commercial Construction

PARKING: Number of off-street parking spaces: Existing _____ Proposed _____

Handicap Accessible _____ Van Accessible Handicap _____

Total Occupancy Loads (Maximum): Existing: _____ Persons Proposed: _____ Persons

Total Number of Employees (Maximum): Existing: _____ Persons Proposed: _____ Persons

SPRINKLER SYSTEM ☐ Yes ☐ No **PRESSURE VESSELS** ☐ Yes ☐ No

ELEVATOR: ☐ Yes ☐ No **REFRIGERATION SYSTEMS** ☐ Yes ☐ No

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and all applicable codes, ordinances and regulations of Paxtang Borough and all applicable State and Federal regulations. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of Paxtang Borough or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations. The applicant acknowledges Paxtang Borough may charge an additional fee for the failure of a party scheduling an inspection to appear, or to cancel or reschedule an appointment for work that is otherwise not ready for inspection.

Application for a permit shall be made by the ***owner*** or lessee of the building or structure, or agent of either or by the ***registered design professional*** employed in connection with the proposed work. If the application is made by a person other than the ***owner*** in fee, it shall be accompanied by an affidavit of the ***owner*** or the qualified applicant or a signed statement of the qualified applicant witnessed by the code official or his designee to the effect that the proposed work is authorized by the ***owner*** in fee and that the applicant is authorized to make such application. The full names and addresses of the ***owner***, lessee, applicant and responsible officers, if the ***owner*** or lessee is a corporate body, shall be stated in the application.

For each review of construction plans beyond the initial review and report and one additional review, or if after the initial plan review the permit application is withdrawn, the permit applicant will be charged a plan review fee as designated by Paxtang Borough. I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

THE PERMIT APPLICATIONS WILL BE REVIEWED ON A FIRST COME, FIRST SERVE BASIS. THE TIME FRAME WILL VARY WITH OUR WORKLOAD AND THE TYPE OF CONSTRUCTION (I.E. SHEDS, ADDITIONS, LARGE PROJECTS, ETC.). A PERMIT WILL NOT BE ISSUED UNTIL THE CONSTRUCTION DOCUMENTS (APPLICATIONS AND PLANS) MEET ALL THE ORDINANCES AND CODES OF PAXTANG BOROUGH AND ALL FEES HAVE BEEN PAID. INSPECTIONS WILL NOT BE SCHEDULED PRIOR TO ISSUANCE OF A PERMIT. **THIS PERMIT IS VOID IF CONSTRUCTION IS NOT STARTED WITHIN 180 DAYS OR IS DISCONTINUED FOR A PERIOD OF 180 DAYS OR MORE.**

The cost of a 3rd party inspection, if applicable, is the responsibility of the applicant.

_____	_____	_____
Signature of Applicant	Print/Type Name	Date
_____	_____	_____
Signature of Owner	Print/Type Name	Date

BOROUGH OFFICIAL USE ONLY

BUILDING PERMIT APPROVED: ☐ DENIED: ☐ DATE ISSUED _____

PERMIT APPLICATION FEE $_____ RECEIVED BY _____ DATE _____

PERMIT APPROVED BY: _____

ZONING VARIENCE (IF NEEDED)_____

ZONING PERMIT: APPROVED ☐ DENIED ☐ N/A ☐ DATE_____

CONTRACTORS WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(attach to building permit application)

A. The Applicant is -

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

☐ YES ☐ NO (Complete Worker's Comp. Affidavit)

If the answer is "yes", complete Section B and C below as appropriate.

B. Insurance Information

Name of Applicant_____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation ☐ Certificate attached

Name of Workers' Compensation Insurer_____

Workers' Compensation Insurance Policy No._____

Certificate Attached

Policy 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 provisionsof Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated.

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 to the borough.

Religious exemption under the Workers' Compensation Law.

Signature of Applicant_____

Address_____

City_____ State _____ Zip _____

WORKER'S COMPENSATION AFFIDAVIT

I_____(Print Name) do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit if I employ any other persons I must notify the Borough Office and provide proof of Workers' Compensation coverage within three working days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained as provided by Section 302 (e) (4) of the Act of June 2, 1915 (P.L. 736) known as the Pennsylvania Workmens' Compensation Act. reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993 (P.L.)

Will there be any sub-contractors used on this job?
Yes _____ (Complete Sub-contractor form) No _____

Are the sub-contractors covered under the General Contractor's liability insurance?
Yes _____ No _____

Signature_____ Date _____

SUB-CONTRACTOR INFORMATION ADENDUM

APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT APPROVAL

Contractor Name____ HICPA #____________

Mailing Address ____ Phone _______________

City ____________________ State _________ Zip ________ Cell _________________

Insurance – Attached ______ On file _______

Portion of job being Completed ____

Contractor Name____ HICPA #____________

Mailing Address ____ Phone _______________

City ____________________ State _________ Zip ________ Cell _________________

Insurance – Attached ______ On file _______

Portion of job being Completed ____

Contractor Name____ HICPA #____________

Mailing Address ____ Phone _______________

City ____________________ State _________ Zip ________ Cell _________________

Insurance – Attached ______ On file _______

Portion of job being Completed ____

Contractor Name____ HICPA #____________

Mailing Address ____ Phone _______________

City ____________________ State _________ Zip ________ Cell _________________

Insurance – Attached ______ On file _______

Portion of job being Completed ____