

PAXTANG BOROUGH

3/16

PERMIT # _____

3423 DERRY STREET
HARRISBURG, PA 17111

Tax Parcel # _____

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 _____ **COMPLETION DATE** _____
(mm/dd/yy) (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

- Single Family
- Two-Family Dwelling
- Multifamily

Non-Residential

Specific Use _____
 Max Occupancy _____
 Max Live Load _____

IBC Use Group _____

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 _____

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 provisions of 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 _____