



BUREAU VERITAS NORTH AMERICA INC.
PO Box 243, 271 Route 715
Brodheads ville, PA 18322
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Building Permit Application

Residential or Non-Residential

UCC Building Permit # _____ Zoning Permit # _____
(Issued by the Building Code Official) (Issued by the Zoning Officer)

LOCATION of PROPOSED CONSTRUCTION or IMPROVEMENT:

Site Address: _____ Tax Parcel # _____

Owner: _____ Phone # _____

Mailing Address: _____ Email: _____

_____ Fax # _____

Principal Contractor: _____ Phone # _____

Mailing Address: _____ Email: _____

_____ Fax # _____

TYPE OF WORK OR IMPROVEMENT (*Check One*)

- ☐ New Building ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition ☐ Deck ☐ Fence
☐ Foundation Only ☐ Change of Use ☐ Above ground Pool ☐ Inground pool ☐ Electric Service
☐ Sign *Sign permit applications must include a site plan showing the location of the sign and measurements from any road or driveway, a detailed drawing of the sign showing all dimensions, and if the sign is internally or externally lighted. The sign must meet the Township Driveway Ordinance for sight distances from any driveway or intersecting road.*

Describe the proposed work: _____

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

DESCRIPTION OF BUILDING USE (*Check One*)

RESIDENTIAL

- ☐ One-Family Dwelling
☐ Two-Family Dwelling

NON-RESIDENTIAL

Specific Use: _____
☐ Updated Certificate of Occupancy

LIST ALL BUILDINGS CURRENTLY ON THE PROPERTY (*include pools*)

Use Group: _____ Construction Type: _____ Occupancy Load: _____ Codes Used: _____

BUILDING / SITE CHARACTERISTICS

Terrain: ☐ Flat ☐ Moderate Slopes ☐ Steep Slopes
Mechanical: Indicate Type of Heating (i.e., electric, gas, oil, etc.) _____ Air Conditioning ☐ Yes ☐ No
Water Service: (Check) ☐ Public ☐ Private
Sewer Service: (Check) ☐ Public ☐ Private (Septic Permit # _____)

Does or will your building contain any of the following:

Fireplace(s) : Number _____ Type of Fuel _____ Type Vent _____
Elevator/Escalator/Lifts/Moving Walks: (Check) ☐ Yes ☐ No
Sprinkler System: ☐ Yes ☐ No

FLOODPLAIN *(The Floodplain Maps can be found at the Township Building or online: www.floodmaps.fema.gov)*

Is the site located within an identified flood hazard area? (Check One) ☐ 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 PA Act 45 (Uniform Construction Code) and any additional approved permit required by the Township. The property owner/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 the Township or Regulatory Agencies. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the design professional or contractor employed in connection with the proposed work.

I certify that the Building Code Official or the Construction Code Official or their Authorized Representatives shall have the authority to enter areas covered by this permit at any reasonable or mutually agreed time to enforce the provisions of the code(s) applicable to this permit.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Reviewed By and Date	Description	
	Permit Fee	
	Administration Fee	
	State Fee	
	Total	

WORKERS COMPENSATION AFFIDAVIT

I, _____, 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
Township Office and provide proof of Workers Compensation coverage within three (3)
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.).

Signature

Subscribed and sworn to before me this _____ day of
_____, 20____

(Signature of Notary Public)

My Commission expires