Residential Building Permit Application

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SECTION I. • SITE LOCATION INFORMATION	ADDRESS
SITE ADDRESS: LOT & BLOCK:	SS:
BUILDING TYPE: 1-FAMILY 2-FAMILY NUMBER OF STORIES: 1 2 3 (If more than 2 family structure or more than three stories, a Commercial Building Permit must be filed.)	
SECTION II. • PROJECT DESCRIPTION	
□ NEW CONSTRUCTION □ ADDITION □ ALTERATION/RENOVATION □ RETAINING WALL (over 4 feet in height) □ SWIMMING POOL □ DECK	
GROSS FOOTAGE AREA: ESTIMATED CONSTRUCTION COST:	
ESTIMATED START DATE: ESTIMATED COMPLETION DATE:	
SECTION III. • APPLICANT/OWNER INFORMATION	
APPLICANT NAME:	
APPLICANT ADDRESS:	
PHONE: FAX: CELL:	DATE
E-MAIL	₽
PROPERTY OWNER: SAME AS APPLICANT	APPROVED
OWNER NAME:	VE
OWNER ADDRESS:	
PHONE: FAX: CELL:	
E-MAIL	
SECTION IV. • CONTRACTOR INFORMATION	
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CONTRACTOR ADDRESS.	PERMIT NO
CONTRACTOR ADDRESS:	I Z
PHONE: FAX: CELL:	
CONTACT NAME:	
E-MAIL	
PA REGISTRATION NO	
SECTION V. • DESIGN PROFESSIONAL	
(ARCHITECT or ENGINEER if applicable)	
NAME:	PLA
ADDRESS:	PLAN NUMBER
PHONE: FAX: CELL:	JMB
CONTACT NAME:	贸
E-MAIL	
PA LICENSE NO.	

QUESTIONS REGARDING THIS APPLICATION CAN BE DIRECTED TO THE BUILDING INSPECTION OFFICE AT (412) 921-0752 x 18.

APPLICANT MUST REVIEW AND SIGN THE REVERSE SIDE OF THIS APPLICATION

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SITE ADDRESS:			LOT & BLOCK:	LOT & BLOCK:		
DETAILS OF WORK TO BE	PERFORMED:					
LOT DIMENSIONS AND COV			NECESSARY TO COMPLETE DETAILS	CENTACE OF L) T)	
LOT DIMENSIONS AND COVERAGE INFORMATION LOT DIMENSIONS: x s q. Ft.			(COVERAGE AS PERCENTAGE OF LOT) EXISTING STRUCTURE:			
	x=		PROPOSED ADDITIO			
	x=		TOTAL LOT COVERA			
TROI GOLD ARLA.			ATION • PLEASE READ!			
 by me along with this application If this building, structure of 145 of the Crafton Borough This project will be construction Code and all the Any changes to the projection All plumbing work must be All electrical work shall really borough's recognized insome The owner or applicant age The Borough of Crafton and enforce applicable proposed and enforce applicable professional provide are Contractor shall provide and Applicant shall provide are Applicant shall provide are provided and provided and provide and provi	or is true and cor or unit is not currently of gh Code of Ordinances ructed in accordance valued in accordance valued in accordance valued in other applicable code of from the submitted per inspected by the Allest equire an electrical per inspection agency. In grees to provide any a send its authorized representations of the codes and attach hereto a coproroof of current general	rect to the best to a poccupied, no occupances. vith the approved drawnes and ordinances. plans or documents musegheny County Department which is not included dditional information as esentatives shall have and ordinances. y of the construction could liability insurance. med copy of the Worker	ed agent thereof and all information comy knowledge. Furthermore, I acknowledge is permitted until an occupancy permit is issurings and/or specifications and in compliance with the approved by the Building Code Official. The ment of Health Plumbing Division. The with this building permit. All electrical inspects may be required by the Building Code Official. The authority to enter areas covered by such permit authority to enter a covered by such permit authority to enter a covered by such permit authority to enter a covered by such permit authority	ledge: led in compliance with ith the Pennsylvania I tions shall be conduct	n Chapter § 225- Uniform	
SIGNATURE OF APPLICANT	OR AGENT:		DATE			
TIMITIVAIVIE.		* * * OFFICE	DATE:			
DATE RECEIVED:			PLAN REVIEW REQUIRED:	☐ YES	□ NO	
BUILDING PERMIT:	I APPROVED □	DENIED	BUILDING PERMIT FEE:	\$		
DATE ISSUED:			PLAN REVIEW FEE:	\$		
INSPECTOR:			PA UCC FEE:	\$)	
PERMIT NUMBER:			TOTAL PERMIT FEE:	\$		
REASON (S) FOR DENIAL:						
ZONING DISTRICT:	70NIN	C COMPLIANCE	E- TI VES TI NO 11SE	CDOIID.		

WORKERS' COMPENSATION ADDENDUM

(REQUIRED TO BE ATTACHED TO ALL BUILDING PERMIT APPLICATIONS)

SITE	E ADDRESS:	LOT & BLOCK:	
PAR ⁻	RTI		
	—— Applicant for the building permit, in compliance with Ac	t 44 of 1993, hereby submits (check one):	
	Certificate of Insurance OR Certificate of Self-Insu		
	Affidavit of Exemption	inalise (mast se attaches).	
PAR	<u>RT II</u>		
Basis	is and Affidavit of Exemption		
	Applicant is an Individual who owns the property.		
	Contractor/Applicant is a sole proprietorship witho	ut employees.	
	Contractor/Applicant is a corporation, and the only	employee working on the project have and are qualified as "Execut	tive
	Employees" under Section 104 of the Workers' Co	mpensation Act.	
	All of the contractor/applicant's employees on the	project are exempt on religious grounds under Section 304.2 of the	Workers
	Compensation Act.		
	Other: Please Explain:		
•	ignature on behalf of or as the contractor/applicant for this bu and that I am subject to the penalties of 18 Pa C.S.A. 4904 r	uilding permit constitutes my verification that the statements contained here elating to un-sworn falsification to authorities.	ein are
SIGN	NATURE OF APPLICANT OR AGENT:		
PRIN [°]	NT NAME:	DATE:	

SITE ADDRESS: _____ LOT & BLOCK: _____

