

NEW SALEM BOROUGH

APPLICATION FOR BUILDING PERMIT & PLAN REVIEW

Submit to Jeff Koons, 717-891-7661, zoning@newsalemborough.com) For BCO code questions refer to New Salem Borough BCO Mike Hammers(717-870-7753, newsalembco@gmail.com)

LOCATION OF BUILDING PROJECT

Site Address: City State Zip Code

Property Owner (s):

Owners Address: City State Zip Code
(if different)

Owners Home Phone: Owners Cell Phone: Owners Email:

CONTRACTORS INFORMATION

General Contractor: Phone: Fax:

Contact Person: Phone: Fax:

Plumber: Phone: Fax:

Electrician: Phone: Fax:

HVAC: Phone: Fax:

Additional Specialty: Phone: Fax:

MUST BE COMPLETED

ESTIMATED COST OF IMPROVEMENT:

OWNERSHIP: Private Public

TYPE OF WORK	USE OF PROPOSED	
	RESIDENTIAL	NON-RESIDENTIAL
<input type="checkbox"/> New Construction	Change of Use Created: Yes <input type="checkbox"/> No <input type="checkbox"/>	Change of Use Created: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Electrical	Attached: <input type="checkbox"/> Detached: <input type="checkbox"/>	<input type="checkbox"/> Industrial <input type="text"/>
<input type="checkbox"/> Mechanical	<input type="checkbox"/> One Family Dwelling	<input type="checkbox"/> Commercial <input type="text"/>
<input type="checkbox"/> Addition	<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Hospital, Institutional <input type="text"/>
<input type="checkbox"/> Structural Alteration	<input type="checkbox"/> Multi Family - # of Units <input type="text"/>	<input type="checkbox"/> Office, Professional <input type="text"/>
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Transient Hotel, Motel, Dormitory # of Transient Units = <input type="text"/>
<input type="checkbox"/> Moving / Relocating	<input type="checkbox"/> Other Explain: <input type="text"/>	<input type="checkbox"/> Service Station, Repair Garage
<input type="checkbox"/> Demolition		<input type="checkbox"/> Other Explain: <input type="text"/>
<input type="checkbox"/> Foundation / Slab		
<input type="checkbox"/> Deck Over 30 Inches		
<input type="checkbox"/> Other Explain: <input type="text"/>		

BUILDING PERMIT APPLICATION PAGE 2

CHARACTERISTICS OF BUILDING

<p>CONSTRUCTION TYPE</p> <p><input type="checkbox"/> Stick Built on Site</p> <p><input type="checkbox"/> Manufactured Modular Home</p> <p><input type="checkbox"/> Manufactured Mobile Home</p> <p><input type="checkbox"/> Manufactured Industrialized</p> <p><input type="checkbox"/> Other Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>PRINCIPAL TYPE OF FRAME</p> <p><input type="checkbox"/> Wood Framed</p> <p><input type="checkbox"/> Masonry (Wall Bearing)</p> <p><input type="checkbox"/> Structural Steel</p> <p><input type="checkbox"/> Reinforced Concrete</p> <p><input type="checkbox"/> Other Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>PRINCIPAL ROOF TYPE</p> <p><input type="checkbox"/> Asphalt Shingle</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Rubber</p> <p><input type="checkbox"/> Other Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>TYPE OF FUEL</p> <p><input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Propane Tank</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Coal or Wood</p> <p><input type="checkbox"/> Other Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>SEWAGE DISPOSAL</p> <p><input type="checkbox"/> Public System</p> <p><input type="checkbox"/> Private on Lot System</p> <p>Type: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>Permit: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p>	<p>SIDING TYPE(S)</p> <p><input type="checkbox"/> Vinyl</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Metal or Aluminum</p> <p><input type="checkbox"/> Masonry - Brick, Stone, Block</p> <p><input type="checkbox"/> Stucco or Dryvit</p> <p><input type="checkbox"/> Other Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>WATER SUPPLY</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private on Lot System</p>	<p>NUMBER OF BEDROOMS</p> <p><input type="checkbox"/> Basement</p> <p><input type="checkbox"/> First Floor</p> <p><input type="checkbox"/> Second Floor</p> <p><input type="checkbox"/> Third Floor</p> <p><input type="checkbox"/> TOTAL</p>	<p>NUMBER OF BATHROOMS</p> <p><input type="checkbox"/> Basement</p> <p><input type="checkbox"/> First Floor</p> <p><input type="checkbox"/> Second Floor</p> <p><input type="checkbox"/> Third Floor</p> <p><input type="checkbox"/> TOTAL</p>
<p>FOUNDATION / FOOTER TYPE</p> <p><input type="checkbox"/> Concrete Poured</p> <p><input type="checkbox"/> Monolithic Slab</p> <p><input type="checkbox"/> Superior Wall or Similar</p> <p><input type="checkbox"/> Pole Construction</p> <p><input type="checkbox"/> Other Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Electrical Service</p> <p><div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Amp. Service</p> <p><input type="checkbox"/> # Meters Serving Building</p> <p>Other Explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>OFF STREET PARKING SPACES</p> <p><input type="checkbox"/> Enclosed Spaces (Garage)</p> <p><input type="checkbox"/> Outdoor Spaces</p> <p><input type="checkbox"/> Handicapped if Required</p> <p><input type="checkbox"/> Van Accessible if Required</p> <p><input type="checkbox"/> TOTAL</p>

<p>BUILDING DIMENSIONS</p> <p><div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Total Building Area</p> <p><div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Lot Size <input type="checkbox"/> Acres</p> <p><div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Building Height Above Ground</p> <p><input type="checkbox"/> Number of Stories Overall Size <input type="checkbox"/> x <input type="checkbox"/></p>	<p>MECHANICAL SYSTEMS</p> <p><input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Alarm System</p> <p><input type="checkbox"/> Forced Hot Air / Heat Pump <input type="checkbox"/> Sprinkler System</p> <p><input type="checkbox"/> Furnace / Boiler Heating System <input type="checkbox"/> Pressure Vessels</p> <p><input type="checkbox"/> Elevators, Escalators, Lifts <input type="checkbox"/> Refrigeration System</p> <p><input type="checkbox"/> Fireplace or Stove # <input type="checkbox"/> <input type="checkbox"/> Solar Equipment</p> <p>Fuel Type <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Vent Type <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Other: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></p>
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BUILDING PERMIT APPLICATION PAGE 3

LOCATION OF BUILDING

FLOODPLAIN - Is the site located within an identified flood hazard area? YES NO

WETLANDS - Is the site located within an identified wetland area? YES NO

HISTORICAL AREA- Is the site located within a Historical District? YES NO

HOMEOWNERS - Is the site located within a Home Owners Association Community? YES NO

If yes to the above list contact information:

Name:

Phone:

DESCRIBE IN DETAIL WHAT YOU ARE PROPOSING:

The owner of this property and the undersigned agree to conform to all State, Federal and Local laws and ordinances of New Salem Borough and that by signing this application further states that any misrepresentation of the facts set forth on this application will result in criminal and civil penalties as set forth in the PA Crimes Code Title 18, Sections 4903 and 4904 dealing with false statements. I also certify that the proposed work is authorized by the property owner of record and that I have been authorized by the owner to make this application as his/her authorized agent.

I also agree and understand that I must contact the designated municipal inspector at each required inspection step throughout the construction project. It is my responsibility to contact the inspector at least 24 hours prior to the time the inspection is needed. No inspections are scheduled on weekends and holidays unless special arrangements are agreed to at least one week in advance with the inspector. Weekend and holiday inspections are not guaranteed, or required of the inspectors to schedule. If an inspection is not completed for lack of scheduling the inspection in time or at all, it is the builders responsibility and liability that those non-inspected items may need to be removed or replaced at their costs in addition to extra charges or fines being accessed.

I understand permits may be required by the County or other State and Local agencies and it is my responsibility to obtain any required permits prior to the start of construction.

Signature of Applicant / Representative: _____

Date:

Print Name:

Title/Rep:

NOTE:

A MATERIALS LIST ALONG WITH A DETAILED SITE PLAN AND THE REQUIRED CONSTRUCTION DRAWINGS MUST BE SUBMITTED WITH THIS APPLICATION.

BUILDING PERMIT APPLICATION PAGE 4

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is a contractor within the meaning of Pennsylvania Workers Compensation Law

YES NO If "yes" complete Sections B & C below as applicable

B. Insurance Information:

Name of Applicant: _____

Federal or State Employer Identification Number _____

Applicant is a Qualified Self-Insurer for Workers Compensation Certificate Attached

Name of Workers Compensation Insurer _____

Workers Compensation Insurance Policy Number _____

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.

PLEASE ATTACH COPY OF INSURANCE CERTIFICATE!