

NEW SALEM BOROUGH APPLICATION FOR BUILDING PERMIT & PLAN REVIEW

Mike Hammers (717-870-7753)

Mail to: New Salem Borough, PO Box 243, York New Salem, PA 17371

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

- New Construction
- Electrical
- Mechanical
- Addition
- Structural Alteration
- Accessory Building
- Moving / Relocating
- Demolition
- Foundation / Slab
- Deck Over 30 Inches
- Other Explain:

USE OF PROPOSED

RESIDENTIAL

- Change of Use Created: Yes No
- Attached: Detached:
- One Family Dwelling
 - Two Family Dwelling
 - Multi Family - # of Units
 - Accessory Building
 - Other Explain:

NON-RESIDENTIAL

- Change of Use Created: Yes No
- Industrial
 - Commercial
 - Hospital, Institutional
 - Office, Professional
 - Transient Hotel, Motel, Dormitory, # of Transient Units =
 - Service Station, Repair Garage
 - Other Explain:

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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 Industrailized</p> <p><input type="checkbox"/> Other Explain: <input style="width:100%;" type="text"/></p>	<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: <input style="width:100%;" type="text"/></p>	<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: <input style="width:100%;" type="text"/></p>
<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: <input style="width:100%;" type="text"/></p>	<p>SEWAGE DISPOSAL</p> <p><input type="checkbox"/> Public System</p> <p><input type="checkbox"/> Private on Lot System</p> <p>Type: <input style="width:100%;" type="text"/></p> <p>Permit: <input style="width:100%;" type="text"/></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: <input style="width:100%;" type="text"/></p>
<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: <input style="width:100%;" type="text"/></p>	<p>Electrical Service</p> <p><input style="width:50px;" type="text"/> Amp. Service</p> <p><input style="width:50px;" type="text"/> # Meters Serving Building</p> <p>Other Explain: <input style="width:100%;" type="text"/></p>	<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><input style="width:80px;" type="text"/> Total Building Area</p> <p><input style="width:80px;" type="text"/> Lot Size <input style="width:50px;" type="text"/> Acres</p> <p><input style="width:80px;" type="text"/> Building Height Above Ground</p> <p><input style="width:50px;" type="text"/> Number of Stories Overall Size <input style="width:50px;" type="text"/> x <input style="width:50px;" type="text"/></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 Sysem <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 style="width:50px;" type="text"/> <input type="checkbox"/> Solar Equipment</p> <p>Fuel Type <input style="width:80px;" type="text"/> Vent Type <input style="width:80px;" type="text"/> Other: <input style="width:100%;" type="text"/></p>	

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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.**

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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!