

PEN ARGYL BOROUGH

PERMIT APPLICATION PACKET

Submission Checklist

- ☐ Application Fee/Plan Review Fee
- ☐ Application completed in ink and signed by **applicant and property owner** if the applicant is not the property owner or provide written authorization from the owner to act as their agent.
- ☐ Completed plot plan with all required information attached. (Please refer to sample provided)
- ☐ (3) Sets of detailed Construction Plans as applicable for all new construction, including additions and decks.
- ☐ Ground Coverage Percentage for new primary structures and/or additions to primary structures (impervious coverage divided by lot area), if applicable
- ☐ Contractor Certificate of Insurance naming Pen Argyl Borough as certificate holder
- ☐ Workers Compensation Certificate of Insurance or Completed & Notarized WC Exemption Form (See attached Form).
- ☐ Height and size of structure specified on application where indicated.
- ☐ Parcel ID number and property address
- ☐ Contact person and phone number
- ☐ Copy of recorded deed (if required)
- ☐ Copy of Septic or Sewage Approval Permit (if required)
- ☐ Copy of Water Supply Approval/Permit (if required)
- ☐ Copy of Driveway Permit (if required)
- ☐ Highway Occupancy Permit (if required)
- ☐ County Conservation District Approval (if required)
- ☐ Copy of Storm Water Approval/Permit (if required)
- ☐ Copy of Elevation Certificate (if required)
- ☐ All Property lines and proposed location of structure(s) must be marked on the site prior to submitting the application.
- ☐ Copy of signed contract detailing project and cost of Construction.

Pen Argyl Borough Zoning Officer
11-13 N. Robinson Ave
Pen Argyl, PA 18072
(610) 863-1821

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

- A. The applicant is a contractor within the meaning of the *Pennsylvania Worker's Compensation Law*.

____ Yes ____ No

If the answer is "yes", complete Section B or C
If the answer is "no" complete Section C below.

- B. Insurance Information:

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation

____ Original Certificate attached.

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

____ Original Certificate attached.

Policy Expiration Date

- C. Exemption. **MUST BE NOTARIALIZED...**

Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation issuance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's 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 Township.

____ Homeowner who elects to perform all of the work without contracting or hiring others to assist.

____ Religious exemption under Worker' Compensation Law.

Signatures of applicant: _____

Address: _____

Commonwealth of Pennsylvania County of _____

On this, the ____ day of _____, 20____, before me _____ the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public



Code Services

BARRY ISETT & ASSOCIATES
Multidiscipline Engineers & Consultants

ALLENTOWN, PA | FORTY FORT, PA | HAZLETON, PA | PHOENIXVILLE, PA | PHILIPSBURG, NJ

www.barryisett.com

** OFFICE USE ONLY **

Date Received: _____

Zoning District: _____

Tax Parcel No.: _____

Zoning Permit No.: _____

UCC Permit No.: _____

PERMIT APPLICATION

☐ Zoning ☐ PA UCC Construction

Application is hereby made for a permit in conformity with requirements of the PA UCC, Pennsylvania Municipalities Planning Code, Current Local Zoning Ordinance and any amendments thereto for the following described work:

I. PROPERTY INFORMATION

Residential: ☐ One Family ☐ Two Family ☐ Manufactured

☐ Non-Residential

Municipality: _____ Development: _____ Lot: _____ Section: _____

Proposed Work Site Address: _____ Tax Parcel ID: _____

Lot Width: _____ Lot Depth: _____ (Acres or Sq.ft.)
Lot Size: _____

Property within Floodplain ☐ Yes ☐ No If Yes, Market Value of Property: _____

Do you have an elevation certificate ☐ Yes ☐ No If Yes, please attach a copy with submission

Property located in Historic District ☐ Yes ☐ No If Yes, also complete the Application for COA

II. CONTACT INFORMATION

Applicant: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

(If different than Applicant)

Property Owner: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

Contractor: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

III. CONSTRUCTION

☐ Erect a Structure ☐ Principal ☐ Accessory Size (length, width and height) i.e. 20' L, 15' W, 12' H: _____

☐ Add to a Structure ☐ Principal ☐ Accessory Size (length, width and height) i.e. 20' L, 15' W, 12' H: _____

☐ Change of Use Existing: _____ Proposed: _____

☐ Erect a Fence Height: _____ (feet) ☐ Install a Swimming Pool ☐ In-ground ☐ Above-ground

☐ Erect a Sign (Provide sign proof along with plot plan) ☐ Sign Copy Change (Provide sign proof)

Type: ☐ Wall Mounted ☐ Ground ☐ Roof ☐ Other (Please Specify): _____

Height (distance from top of sign to ground): _____ (feet) Size (length and height of sign face) i.e. 6' L x 18" H: _____

☐ Off-street Parking Area or Parking Lot ☐ Establish a Home Occupation

☐ Other (Please Specify): _____

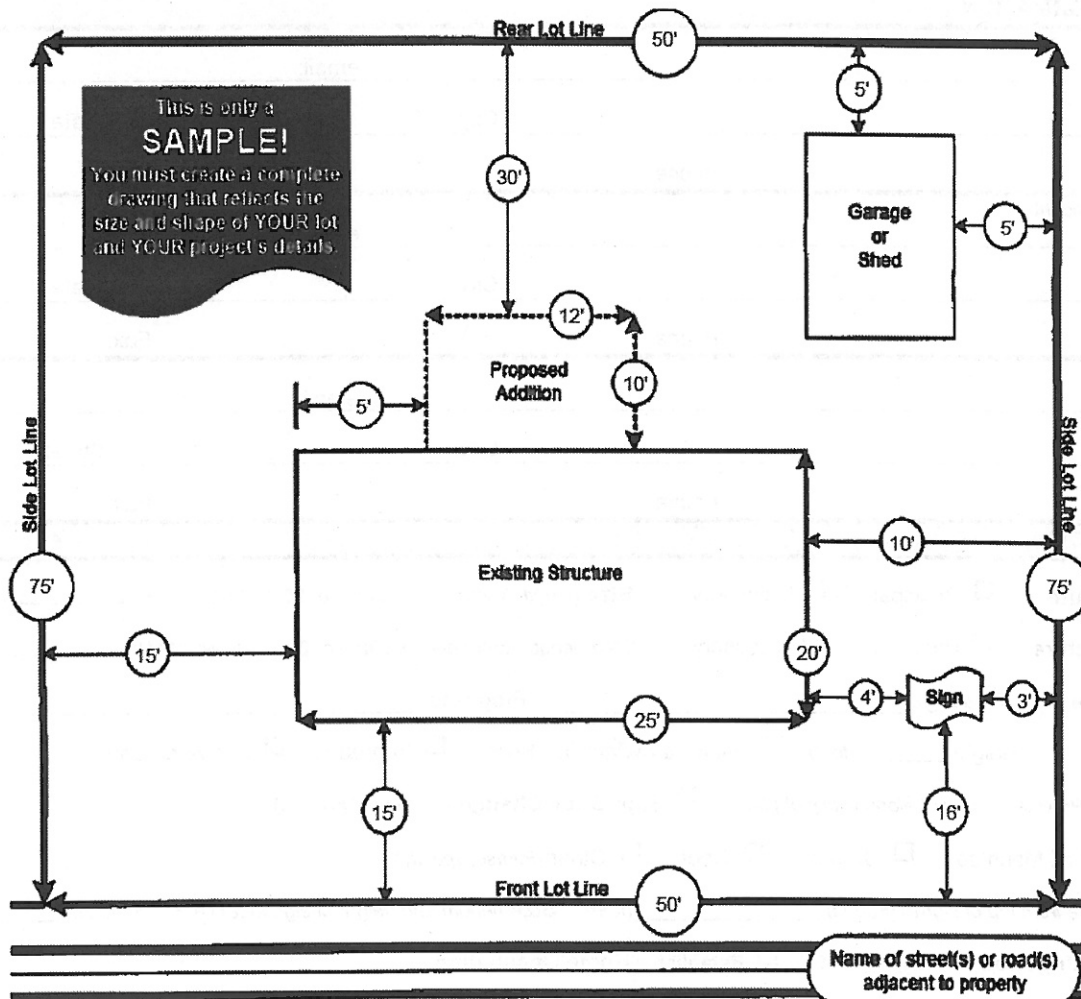
IV. PROJECT DESCRIPTION Provide a narrative which explains the proposed project based upon the items checked in the previous section (III)

Cost of Construction: _____ Street Access: ☐ Municipal ☐ State ☐ Other
 Sewage Disposal: ☐ Public Sewer ☐ On-Lot Water Supply: ☐ Public Sewer ☐ On-Lot

V. PLOT PLAN

PLEASE INCLUDE THE FOLLOWING:

1. Indicate the length of all property lines
2. Show all existing and proposed structures on property and the distance from the structure to the property lines
3. Indicate name of streets abutting property
4. Identify all bodies of water and show distance to proposed structure(s)
5. Show septic, well, driveway locations and distance from new structure to septic
6. Label distances from principal structure to proposed accessory structure(s)
7. Physically mark property lines & proposed location of structure onsite prior to submitting zoning application

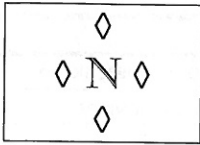


IMPERVIOUS COVERAGE

Proposed: _____ (Sq.ft.)

Existing: _____ (Sq.ft.)

Address: _____



PLOT PLAN

** A survey or other prepared plot plan can be attached, in lieu of this sketch sheet.*

Approved by: _____

Date: _____ Permit No.: _____

VI. UCC CONSTRUCTION PERMIT											
Design Professional in Responsible Charge:		PA License:									
Person in Charge of Work:		email:									
Mailing Address:		City:	State: Zip:								
Phone:		Phone: Fax:									
VII. CONSTRUCTION DATA		VIII. OTHER PERMITS									
No. Stories Above Grade:	Basement <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Mechanical \$	<input type="checkbox"/> Fire Suppression \$								
Construction Sq. Ft:		<input type="checkbox"/> Electrical \$	<input type="checkbox"/> No. of Devices:								
		<input type="checkbox"/> Plumbing \$	<input type="checkbox"/> No. of Fixtures:								
IX. ELECTRIC SERVICE											
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		<input type="checkbox"/> New Service <input type="checkbox"/> Upgrade <input type="checkbox"/> Other:									
<input type="checkbox"/> PPL <input type="checkbox"/> UGI <input type="checkbox"/> PECO <input type="checkbox"/> MET ED <input type="checkbox"/> Other		Work Permit No.:									
Meter No.:	Phase:	Voltage:	Amps: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground								
X. APPLICANT'S CERTIFICATION											
<p>As the owner or the authorized agent of the project for which this application is filed, I certify that:</p> <ol style="list-style-type: none"> 1. The estimated construction cost and all other information provided as part of this application for a building permit is correct. 2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from Building Code Official. 3. This project will be constructed in accordance with the approved drawings and specifications (including any required non- design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405. 4. Any changes to the approved documents will be filed with the Building Code Official. 5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to the Building Code Official. 6. When required, up to 20% of the total cost of any work performed on an area of primary function in an existing building will be expended to provide an accessible route to the area of primary function or other approved accessibility improvements. 7. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I hereby authorize the Municipality Staff to perform inspections related to this application as may be required between the hours of 8 AM and 8 PM. The applicant understands and agrees to comply with the Pennsylvania Municipal Planning Code and Zoning Ordinance, as amended. All information supporting this application shall become part of the records of the Municipality, cannot be returned and may be examined by the public at any time during the normal working hours of the Municipal Office</p> <p>Application is hereby made for a permit to erect or alter a structure which shall be located as shown on the attached diagram/plot plan and/or to use the premises for the purposes herewith. The information which precedes, together with the plot plan/diagram, is made part of this application by the undersigned. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of material, fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without approval of the Zoning Officer, shall constitute sufficient ground for the revocation of this permit.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Applicant Signature:</td> <td style="width: 40%; border: none;">Date:</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">Owner Signature:</td> <td style="border: none;">Date:</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> <p style="text-align: center; margin-top: 10px;">BOTH SIGNATURES ARE REQUIRED IF APPLICANT IS DIFFERENT THAN OWNER</p> <p style="text-align: center;">*(3) SETS OF DETAILED CONSTRUCTION PLANS MUST BE SUBMITTED WITH ALL PA UCC APPLICATIONS.</p> <p style="text-align: center;">*ALL COMMERCIAL CONSTRUCTION PLANS MUST BE PREPARED, SIGNED & SEALED BY A LICENSED DESIGN PROFESSIONAL FAILURE TO FILL OUT THE PERMIT APPLICATION COMPLETELY MAY RESULT IN DELAYS OR REJECTION OF APPLICATION</p> </div>				Applicant Signature:	Date:			Owner Signature:	Date:		
Applicant Signature:	Date:										
Owner Signature:	Date:										

**** PA UCC OFFICE USE ONLY ****

PA UCC PERMIT FEES	PROJECT DATA
Plan Review:	Use Group: _____ Code Edition: _____
Permit & Inspection:	Construction Type: _____ Fire Sprinkler: Y N
Municipality Admin:	APPROVED PERMITS
State:	Zoning Permit No.: _____ NPDES Permit No.: _____
Total Permit Fee:	Sewage Permit No.: _____ Water/Well Permit No.: _____

Permit No.: _____	Approval Date: _____
Approved by: _____	

**** ZONING OFFICE USE ONLY ****

Meeting Dates (if applicable)

Historic: _____ Approved: ☐ Yes ☐ No

ZHB: _____ Approved: ☐ Yes ☐ No

Planning: _____ Approved: ☐ Yes ☐ No

Other: _____ Approved: ☐ Yes ☐ No

PA UCC Construction Permit Required: ☐ Yes ☐ No

Action Taken: ☐ Approved ☐ Denied

Zoning Fee: _____

Application Fee Paid: _____

Balance Due: _____

Date Paid: _____

Zoning Officer Signature: _____

Date: _____

If the permit is denied, the zoning officer shall note the applicable sections/basis of denial below:

A copy of the zoning officer's official letter of denial shall be attached to this application.

