



Building Permit Application Submittal Requirements Residential Additions Checklist

(Bedroom – Family Room – Kitchen – Attached Garage – Etc.)

- Please read all of the following information.
- You **MUST** have a checkmark in all sections listed below prior to submitting your applications.

___ “Affidavit of Exemption” (See accompanying form). If you are hiring a contractor to construct your addition and they have Workers’ Compensation, have the contractor or their insurance carrier provide us with a “Certificate of Insurance” showing proof of insurance. If the homeowner or a contractor without Workers’ Compensation is constructing the addition, the attached form must be completed and notarized.

___ A site plan showing the proposed addition, the outside dimensions of the structure, the distances in feet, to the front, sides, and rear property lines.

___ Three (3) sets of complete construction documents that **show in detail** code compliance for all of the work proposed to include **but not limited** to the following information:

- Floor plan showing size of all rooms.
- Footing detail including depth below frost line, thickness, width, and rebar.
- Type of foundation, showing type of masonry, waterproofing and anchorage of addition to foundation.
- Roof rafter size – species and grade of wood.
- Rafter spacing (16” on center, 24” on center, etc.)
- Thickness and type of roof sheathing.
- Ceiling joist size and spacing.
- Floor joist size and spacing.
- Wall sections showing top and bottom plates and headers.
- Location and size of all beams.
- Sizes of all doors.
- Window type – including sizes and the net clear opening dimensions of all sleeping room windows (emergency egress)
- Smoke alarms – number and placement.
- Insulation – U-values for windows, R-values for exterior walls, attic and foundation.
- Heating, if applicable.
- Plumbing, if applicable.
- Electrical.
- Stairs (riser height maximum 8 ¼” tread depth minimum 9”)
- Stairs handrail (height from nose of thread min 34”, max 38”)
- Guardrail (34” minimum measured vertically from nose of thread)
- Width of stairs (36” minimum)

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BIU will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked “Approved”. A building permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Borough Office. All fees shall be paid prior to issuance of the permit. Use the inspection procedures provided to have all of the required inspections performed.



Workers' Compensation Information Form

AFFIDAVIT OF EXEMPTION

The undersigned affirm 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:

- ___ Property owner performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, the contractor must provide proof of Worker's Compensation Insurance to the Borough. Homeowner assumes liability for contractor compliance with these requirements.
- ___ Contractor has 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. All employees of contractor are exempt from Workers' Compensation Insurance. Attach copies of religious exemption letter for ALL employees.
- ___ Use this form when applicable to Part C on the Workers' Compensation Form.

Signature of Applicant

Commonwealth of Pennsylvania

County of _____

Sworn to and subscribed before me on this

_____ day of _____, 20 ____.

Notary Public

Chapter 102 Fact Sheet

<http://www.pacode.com/secure/data/025/chapter102/chap102toc.html>

- Any earth disturbance over **5,000 square feet** requires a written erosion and sediment control plan and it must be available on site.

IF DISTURBING MORE THAN 1 ACRE READ BELOW

- NPDES permits are required for any earth disturbance activity that **disturbs 1 acre or greater**, regardless of whether the activity results in a point source discharge. **102.5 (a)**
- **General NPDES-** \$500 – payable to WCD Clean Water Fund
\$100/disturbed acre – payable to Commonwealth Clean Water Fund
Individual NPDES- \$1,500 – payable to WCD Clean Water Fund
\$100/disturbed acre – payable to Commonwealth Clean Water Fund – **102.6(b)**
- Written erosion and sediment (E&S) control plans are required for both **agricultural plowing and tilling** activities that disturb over 5,000 square feet AND **animal heavy use areas** that disturb over 5,000 square feet. The E&S plan must identify all “Surface Waters of the Commonwealth”.
102.4 (a)
- **Inspection reports** and monitoring records should be **available on site**. They can be maintained electronically as long as a copy can be produced when requested by the Westmoreland Conservation District (WCD) or Department of Environmental Protection (DEP). **102.4(b)**
- A **pre-construction meeting** must be held for any earth disturbance activity which is authorized by a permit. Any person who has a role in the design or implementation of the E&S control plan or post-construction stormwater management (PCSM) plan must attend this meeting. **102.5(e)**
- A Notice of Termination (NOT) must be submitted to the WCD or DEP which identifies the person(s) responsible for the **long-term operation and maintenance** of PCSM best management practices (BMP’s). **102.7(a)**
- “**Record Drawings**” of PCSM structures, with a final certification, should be included with the NOT.
102.8(l)
- **Permit Renewals:** A person conducting earth disturbance activities under a permit issued before November 19, 2010, and renewed prior to January 1, 2013, shall implement, operate, and maintain the PCSM requirements in accordance with the terms and conditions of the existing permit. After January 1, 2013, the renewal of a permit issued before November 19, 2010 shall comply with the requirements new permit. **102.8 (a) Renewals need submitted 180 days before expiration.**
 - **NOTE: Currently, NPDES permits which are being issued are valid for 5 years. ESCGP-2 permits are valid for 5 years.**
- **A licensed professional** or designee shall be present on site and be responsible during critical stages of PCSM installations. Critical stages may include the installation of underground facilities, structurally engineered BMP’s, or other BMP’s identified by WCD or DEP. **102.8(k)**

(OVER)

- New buffer requirements: 150' **riparian buffer** required when site is located in high quality (HQ) or exceptional value (EV) watersheds. Also requires protection of any existing buffer. A 150' **riparian forest buffer** required when the site is located in HQ or EV category 4 or 5 impaired stream watershed.
102.14(a)
 - 86,000 – stream miles in PA
 - 26,000 – miles designated HQ or EV – requires **riparian buffer**
 - 700 – miles designated HQ/EV category 4 or 5 impaired – requires **riparian forest buffer**
- Buffers must be **protected in perpetuity** through deed restrictions, conservation easements, local ordinance, or permit conditions. Proof should be submitted with the NOT. **102.14(g)**
- A **stream ReLeaf form** must be submitted to WCD or DEP within one year of buffer establishment
102.14(h)
- **Temporary stabilization** must be applied to a site when cessation of earth disturbance activities will exceed 4 days. **102.22**
- A municipality or county which issues building or other permits shall **notify the WCD or DEP within 5 days** of receipt of the application for a permit involving an earth disturbance activity consisting of 1 acre or more. **102.42**
- With the exception of local stormwater approvals or authorizations, **a municipality or county may not issue a building or other permit** approval to those proposing or conducting earth disturbance activities requiring a DEP permit until the WCD or DEP has issued the E&S or individual NPDES permit, or approved coverage under the general NPDES permit. **102.43**
- **New technologies** must be submitted to Darl Rosenquest/DEP for approvals. WCD cannot grant approvals.

For further information, please contact



J. Roy Houston Conservation Center
218 Donohoe Road
Greensburg, PA 15601-9217
Phone: 724-837-5271
Administrative FAX: 724-552-0143 Technical FAX: 724-837-4127
email: wcd@wcdpa.com website: www.wcdpa.com

BUILDING PERMIT _____ **ELECTRICAL PERMIT** _____

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____

Rear Yard _____ Ft. (Rear of building to property line) _____

Side Yard _____ Ft. Side Yard _____ FT. _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Total square feet: _____ Use Group _____ Type Construction _____

No. of Stories: _____ Height of Structure _____

Description of work: _____

Type of work:

Alterations/Additions of: _____ Square Ft. _____

() Roofing - Total square feet _____

() Fencing, supply height if it exceeds 6 foot _____

() Sign - Total Square feet _____

() Pool - Total Square feet _____

() Decks - Total Square feet _____

() Demolition - Total Square feet _____

() Accessibility _____

Other: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding constructon.

Signature: _____
Owner () Contractor () Owner Reresentative ()

ELECTRICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee

Others: _____

Signature: _____
Owner () Contractor () Owner Reresentative ()

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Building Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

ELECTRICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Electrical Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

PERMIT APPLICATION

MECHANICAL PERMIT _____ **PLUMBING PERMIT** _____
 Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____
 Construction Site Location _____ Date Received _____
 Owner _____ Tenant _____
 Address _____ Address _____
 State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____
 Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

MECHANICAL PERMIT

Contractor _____ (if owner, put same name above)
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fed Employee No. _____
 (Certificate of Insurance for Workers Compensation needed or sign exemption form)
 Estimate of total costs for all work _____

Technical Site Data No. _____ **Fixture/Equipment**

- _____ Water Heater
- _____ Fuel Oil Piping
- _____ Gas Piping
- _____ Steam Boiler
- _____ Hot Water Boiler
- _____ Hot Air Furnace
- _____ Oil Tank
- _____ LPG Tank
- _____ Fireplace
- _____ Hydronic Piping
- _____ Appliances
- _____ Solar
- _____ Heat Pump
- _____ Fire Dampers
- _____ Exhaust Hood Sys.
- _____ HVAC

Signature: _____
 Owner () Contractor () Owner Representative ()

MECHANICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____
 UCC Mechanical Fee: _____
 Plan Review Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____

PLUMBING PERMIT

Contractor _____ (if owner, put same name above)
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fed Employee No. _____
 (Certificate of Insurance for Workers Compensation needed or sign exemption form)
 Estimate of total costs for all work _____

Technical Site Data No. _____ **Items** _____ **Technical Site Data No.** _____ **Items**

- | | |
|--------------------------------|-----------------------------|
| _____ Water Closet | _____ Interceptor/Separator |
| _____ Urinal/Bidet | _____ Backflow preventer |
| _____ Bath tub | _____ Grease trap |
| _____ Lavatory | _____ Sewer Connection |
| _____ Shower | _____ Sewer Pump |
| _____ Floor drain | _____ Stacks |
| _____ Sink | _____ Solar |
| _____ Dishwasher | |
| _____ Drinking fountain | |
| _____ Washing Machine | |
| _____ Hose Bibb | |
| _____ Water Heater | |
| _____ Fuel Oil Piping | |
| _____ Gas Piping | |
| _____ Steam Boiler | |
| _____ Hot Water Boiler | |
| _____ Water Service Connection | |

Signature: _____
 Owner () Contractor () Owner Representative ()

PLUMBING BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____
 UCC Plumbing Fee: _____
 Plan Review Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____