

BOROUGH OF SWISSVALE

COMMERCIAL BUILDING PERMIT APPLICATION

SITE ADDRESS: _____

LOT & BLOCK or TAX PARCEL _____

BUILDING USE GROUP: (check all that apply)

- | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> A-2 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 | <input type="checkbox"/> B | <input type="checkbox"/> E |
| <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |
| <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | <input type="checkbox"/> M | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 |
| <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 | <input type="checkbox"/> U | | |

PROJECT DESCRIPTION:

- NEW CONSTRUCTION ADDITION ALTERATION/RENOVATION POOL
 RETAINING WALL (Over 4 feet in height) ROOF DECK REPLACEMENT OTHER

GROSS FOOTAGE AREA (GFA): _____ ESTIMATED CONSTRUCTION COST: \$ _____

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

APPLICANT OR AUTHORIZED AGENT:

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____

E-MAIL _____

PROPERTY OWNER: SAME AS APPLICANT

OWNER NAME: _____

OWNER ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____

E-MAIL _____

CONTRACTOR: SELF

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____

CONTACT NAME: _____ E-MAIL: _____

PA HOME IMPROVEMENT CONTRACTOR REGISTRATION NUMBER: _____

DESIGN PROFESSIONAL (ARCHITECT or ENGINEER if applicable):

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____ FAX: _____

E-MAIL: _____ PA LICENSE NUMBER: _____

ADDRESS:

DATE
APPROVED:

PERMIT
NUMBER:

PLAN
NUMBER:

WORKERS' COMPENSATION ADDENDUM

(REQUIRED TO BE ATTACHED TO ALL BUILDING PERMIT APPLICATIONS)

SITE ADDRESS _____

PART 1

The Applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (*check one*):

- Certificate of Insurance OR Certificate of Self-Insurance (must be attached)
- Affidavit of Exemption

PART II

Basis and Affidavit of Exemption

- Applicant is an Individual who owns the property.
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.
- All of the contractor/applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Workers' Compensations Act

Other: Please explain: _____

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained herein are true and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to un-sworn falsification to authorities.

Printed Name

Signature

Date