

# BOROUGH OF SWISSVALE

## RE-ROOF PERMIT APPLICATION

SITE ADDRESS: \_\_\_\_\_

LOT & BLOCK or TAX PARCEL \_\_\_\_\_

BUILDING TYPE:     RESIDENTIAL     COMMERCIAL

*(If more than minor decking repair is needed, a Building Permit must be filed. Minor decking repair is defined as less than 32 square feet.)*

### PROJECT DESCRIPTION:

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: \_\_\_\_\_

### DETAILS OF WORK TO BE PERFORMED:

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(OVER)

ADDRESS:

DATE  
APPROVED:

PERMIT  
NUMBER:

PLAN  
NUMBER:

**DETAILS OF WORK TO BE PERFORMED (Continued):**

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**PERMIT FEES:      RESIDENTIAL RE-ROOF \$30.00      COMMERCIAL RE-ROOF \$50.00**

*If it is determined that more than 32 square feet of decking needs to be replaced and a regular building permit is required, the payment made for this permit will be credited towards the cost of the Building Permit.*

By signing below, I certify that I am the property owner or authorized agent thereof and all information contained herein and/or furnished by me along with this application is true and correct to the best of my knowledge. Furthermore, I acknowledge:

- If this building, structure or unit is not currently occupied, no occupancy is permitted until an occupancy permit is issued in compliance with ordinance 89-6.
- This project will be constructed in accordance with the approved drawings and/or specifications and in compliance with the Pennsylvania Uniform Construction Code and all other applicable codes and ordinances.
- Any changes to the project from the submitted plans or documents must be approved by the Building Code Official.
- The owner or applicant agrees to provide any additional information as may be required by the Building Code Official.
- The Borough of Swissvale and its authorized representatives shall have the authority to enter areas covered by such permit at any reasonable hours to inspect and enforce applicable provisions of the codes and ordinances.
- Applicant shall provide and attach hereto a copy of the construction contract with the licensed contractor.
- Contractor shall provide proof of current general liability insurance.
- Applicant shall provide and attach hereto a signed copy of the Workers' Compensation Addendum.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>*** OFFICE USE ONLY ***</b>		
DATE RECEIVED: _____	PERMIT FEE:	\$ _____
PERMIT: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	PA UCC FEE	\$ <u>  -0-  </u>
DATE: _____	TOTAL PERMIT FEE:	\$ _____
BY: _____	PERMIT 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' Compensation 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