

# BOROUGH OF SWISSVALE

## RESIDENTIAL BUILDING PERMIT APPLICATION

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

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

BUILDING TYPE:     1- FAMILY     2-FAMILY    NUMBER OF STORIES:     1     2     3

*(If more than 2 family structure or more than three stories, a Commercial Building Permit must be filed.)*

### PROJECT DESCRIPTION:

NEW CONSTRUCTION     ADDITION     ALTERATION/RENOVATION

RETAINING WALL *(Over 4 feet in height)*     SWIMMING POOL     ROOF DECK REPLACEMENT

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:

**DETAILS OF WORK TO BE PERFORMED:**

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(ADD ADDITIONAL PAPER AS NECESSARY TO COMPLETE DETAILS)

**LOT DIMENSIONS AND COVERAGE INFORMATION:**

LOT DIMENSION: _____ X _____ = _____ SF	<b>(COVERAGE AS PERCENTAGE OF LOT)</b>
EXISTING BUILDING: _____ X _____ = _____ SF	EXISTING STRUCTURE: _____
PROPOSED AREA: _____ X _____ = _____ SF	PROPOSED ADDITION: _____
	TOTAL LOT COVERAGE: _____

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.
- All plumbing work must be inspected by the Allegheny County Department of Health Plumbing Division.
- All electrical work shall require an electrical permit which is not included with this building permit. All electrical inspections shall be conducted by the borough's recognized electrical inspection agency.
- 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

**\*\*\* OFFICE USE ONLY \*\*\***

DATE RECEIVED: _____	PLAN REVIEW REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING PERMIT: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	BUILDING PERMIT FEE: \$ _____
DATE: _____	PLAN REVIEW FEE: \$ _____
BY: _____	PA UCC FEE \$ <u>4.50</u>
PERMIT NUMBER: _____	TOTAL PERMIT FEE: \$ _____
REASON(S) FOR DENIAL _____	
_____	
ZONING DISTRICT: _____	ZONING COMPLIANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO USE GROUP: _____

# 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.

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Printed Name	Signature	Date
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