



NEW STANTON

All Roads Lead Home

Permit Application for Accessory Structures & Misc. Changes to Existing Structures

Application Date _____ Application Number _____

Name of Applicant _____ Phone Number _____

Address _____

Street & Number

City

State

Zip Code

Application is hereby made to:

O Use O Erect O Repair O Alter O Extend O Remove O Demolish O Change use of

a structure or land located at _____ Borough of New Stanton for:

Residence ☐ Commercial Business ☐ Accessory Building ☐ Industry ☐ Other ☐
at an estimated cost of \$ _____

Please write description of the project for this property, for which application is made herewith, is submitted:

Area zoned (as of this date) _____ Tax Map No _____

Use for which application is made is: Permitted ☐ Special Exception ☐ Conditional ☐

A plot plan ☐ is attached ☐ is not attached Floor plans ☐ are included ☐ are not

Plans ☐ have ☐ have not been approved by the Pennsylvania Department of Labor

Disposition of Application ☐ Approved ☐ Denied

If denied, state Ordinance number or name, article, section, subsection, paragraph on which denial of application is based.

STATEMENT OF APPLICANT: I do hereby agree to observe and adhere to any and all provisions of the Zoning Ordinance and Building Code of the Borough of New Stanton, Pennsylvania, where applicable under the issuance of this Building or Zoning Permit. And I do further agree that my failure to do so shall constitute a violation of this Permit, which Violation shall cause this Permit to become Null and Void, upon receipt of notification to that effect, in writing, from the Code Enforcement Officer or other Duty Authorized Agent of the Borough of New Stanton, Pennsylvania.

Owner Signature

or

Agent of Owner

Date Issued ____/____/20____

Permit Fee \$ _____

Payment Received _____

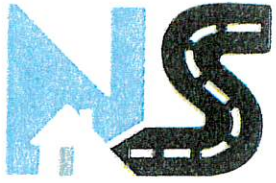
Signature

Title

Permit Issued by _____

Signature

Title



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Both sides of application to be completed

APPLICANT	
NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE () _____	
ALTERNATE PHONE () _____	CELL PHONE () _____
FAX () _____	PAGER () _____

OWNER (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)	
NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE () _____	
ALTERNATE PHONE () _____	CELL PHONE () _____
FAX () _____	PAGER () _____

CONTRACTOR (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)	
NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE () _____	
ALTERNATE PHONE () _____	CELL PHONE () _____
FAX () _____	PAGER () _____

LOCATION	
PROPERTY LOCATED AT _____ CITY _____ ZIP _____	
BETWEEN _____	AND _____
(Cross Street)	(Cross Street)
SUBDIVISION _____	PARCEL # _____ ZONING _____
TAX MAP # 09- _____	SIZE OF LOT _____
DEED BOOK _____	VOLUME _____ OWNED SINCE _____

<u>TYPE OF SEWAGE</u>	<u>TYPE OF WATER</u>
<input type="checkbox"/> ON LOT	<input type="checkbox"/> PRIVATE
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PUBLIC
<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NOT APPLICABLE
<u>SEWAGE VERIFICATION REQUIRED AT TIME OF BUILDING PERMIT ISSUANCE</u>	

PROJECT DESCRIPTION

RESIDENTIAL

- ☐ 01 HOUSE
- ☐ 02 ADDITION
- ☐ 03 REMODELING
- ☐ 04 GARAGE
- ☐ 05 PORCH, PATIO, DECK
- ☐ 06 SWIMMING POOL
- ☐ 07 SHED OR STORAGE

COMMERICAL (BUSINESS)

- ☐ 10 BUILDING
- ☐ 11 ADDITION
- ☐ 12 REMODLING

(INDUSTRIAL)

- ☐ 20 BUILDING
- ☐ 21 ADDITION
- ☐ 22 REMODELING

OTHER

- ☐ 60 CELL TOWER
- ☐ 60 TANK
- ☐ 60 MISC. (DESCRIBE) _____
- ☐ 60 EXEMPT BUILDING _____
- ☐ 70 DEMOLITION

COST OF IMPROVEMENT _____

BUILDING MEASUREMENTS

Length _____
Width _____
Height _____

SQUARE FOOTAGE OF PROPOSED STRUCTURE

BASEMENT _____
1ST FLOOR _____
2ND FLOOR _____
DECK _____
GARAGE _____
OTHER ENCLOSED AREAS _____

TOTAL _____

IN ADDITION TO THIS APPLICATION THE FOLLOWING IS REQUIRED

- _____ PLOT PLAN (must match building plans for proposed structure)
- _____ Two complete sets of building plans
- _____ Copy of Deed for property
- _____ Copy of Workers Compensation Insurance (If applicable)
- _____ PA ONE CALL serial # _____
(1-800-242-1776)

Building permit fee is to be paid when permit is issued

Applications that are incomplete or that do not contain all the requested information will be rejected until the requested information or documentation is received.

We require a 24 hr. notice on all inspections.

For an inspection please call (724)493-7793 daytime (724)468-0475 evenings Inspections can only be performed after 5:00 Pm on weekdays and on weekends. Mike Stack Building Inspector

Signature of Person Completing This Form _____

DATE ____/____/____



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
 Work Site Location _____

 Owner in Fee _____
 Address _____

 Tele. (_____) _____
 Contractor _____
 Address _____

 Tele. (_____) _____ Fax (_____) _____
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/>	No Plans Required	_____	_____	Type: _____	_____	_____	_____	_____
<input type="checkbox"/>	All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/>	Footing	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/>	Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/>	Frame	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/>	Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:								
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator	_____
SUBCODE APPROVAL								
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	<input type="checkbox"/>	CA	_____	_____	_____
Date: _____		_____						
Approved by: _____		_____						
_____		Barrier-Free						

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories		
Height of Structure		Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$
3. Total (1 + 2) \$

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of _____)

record and am authorized to make this

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
 ☐ Roofing
 ☐ Siding
 ☐ Fence _____ Height (exceeds 6')
 ☐ Sign _____ Sq. Ft.
 ☐ Pool
 ☐ Asbestos Abatement
 ☐ Lead Haz. Abatement
 ☐ Other _____
☐ Demolition

7 Demolition

FREE (Office Use Only)

[illegible]

Administrative Surcharge	
Minimum Fee	
Fee	
TOTAL FEE	

1 White = Inspector Copy
2 Pink = Office Copy
3 White = Inspector Copy
4 Gold = Applicant Copy
5 Canary = Office Copy



NEW STANTON

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Workers' Compensation Insurance-Coverage Information Form (attach to Building Permit Application)

A. Name of Applicant: _____

Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation Law?
_____ Yes _____ No

If the answer is "yes" complete Sections B & D below as appropriate.

If the answer is "no" complete Sections C & D below as appropriate.

B. Insurance Information

Contractor: _____

Name

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation _____ Certificate attached

Name of Workers' Compensation Insurer _____

_____ Certificate Attached Policy No. _____ Expiration Date _____

C. Exemption (complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.)

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:

_____ Property owner doing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance.

_____ 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.

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letters for all employees).

D. Signatures

Applicant

Municipality of

Address

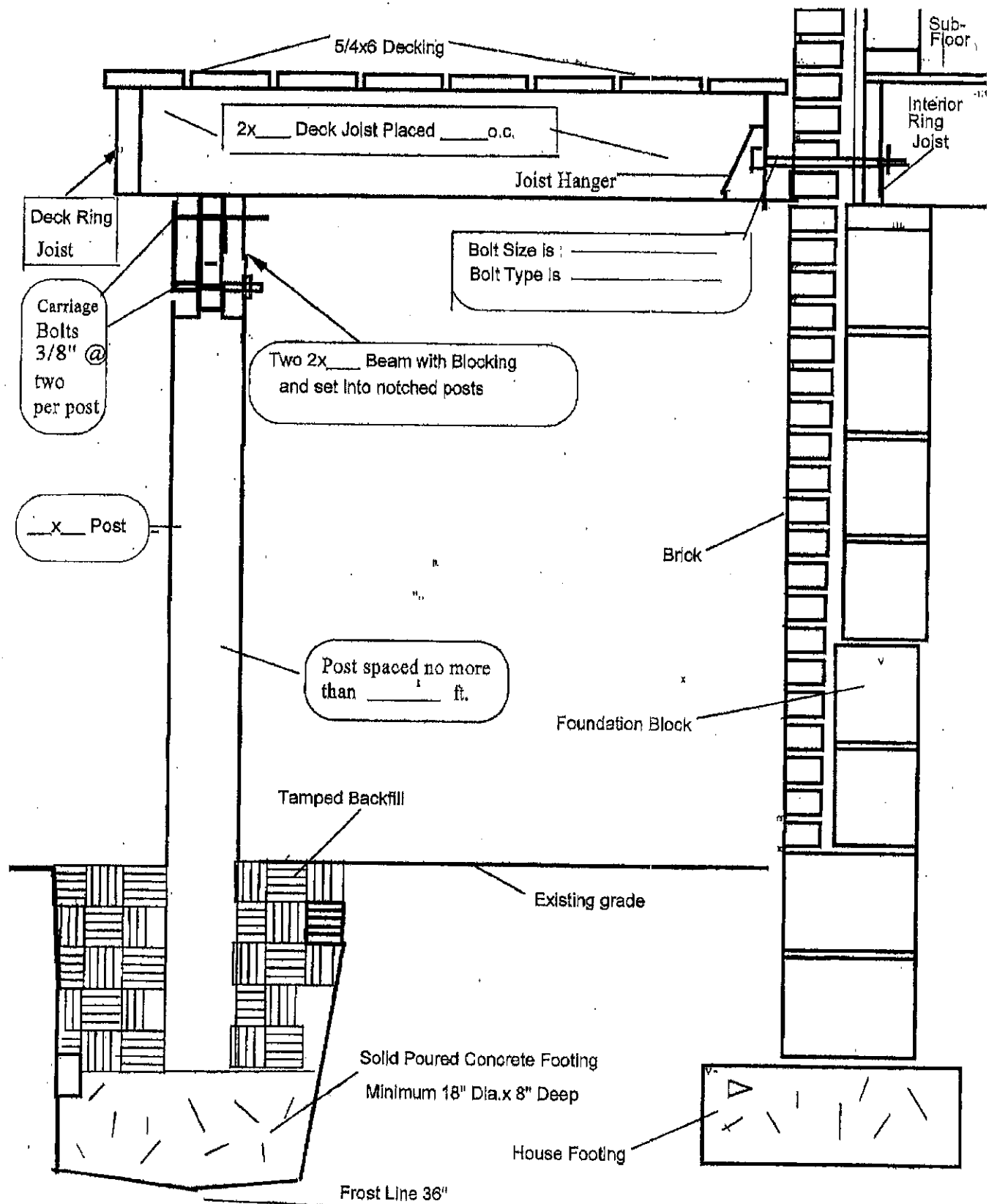
County of

Subscribed, sworn to and acknowledged before me by the above this

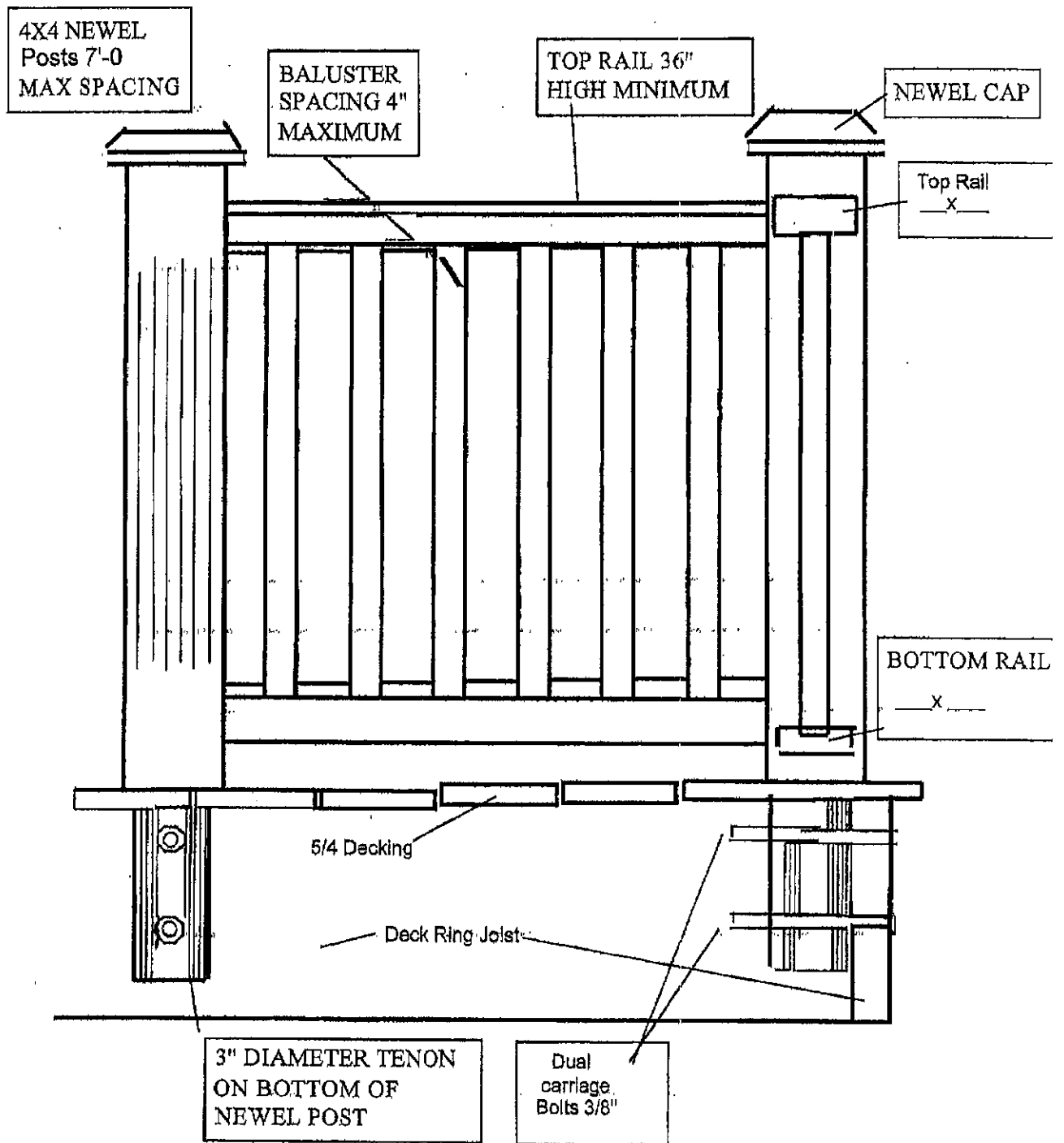
(seal)

_____ day of _____

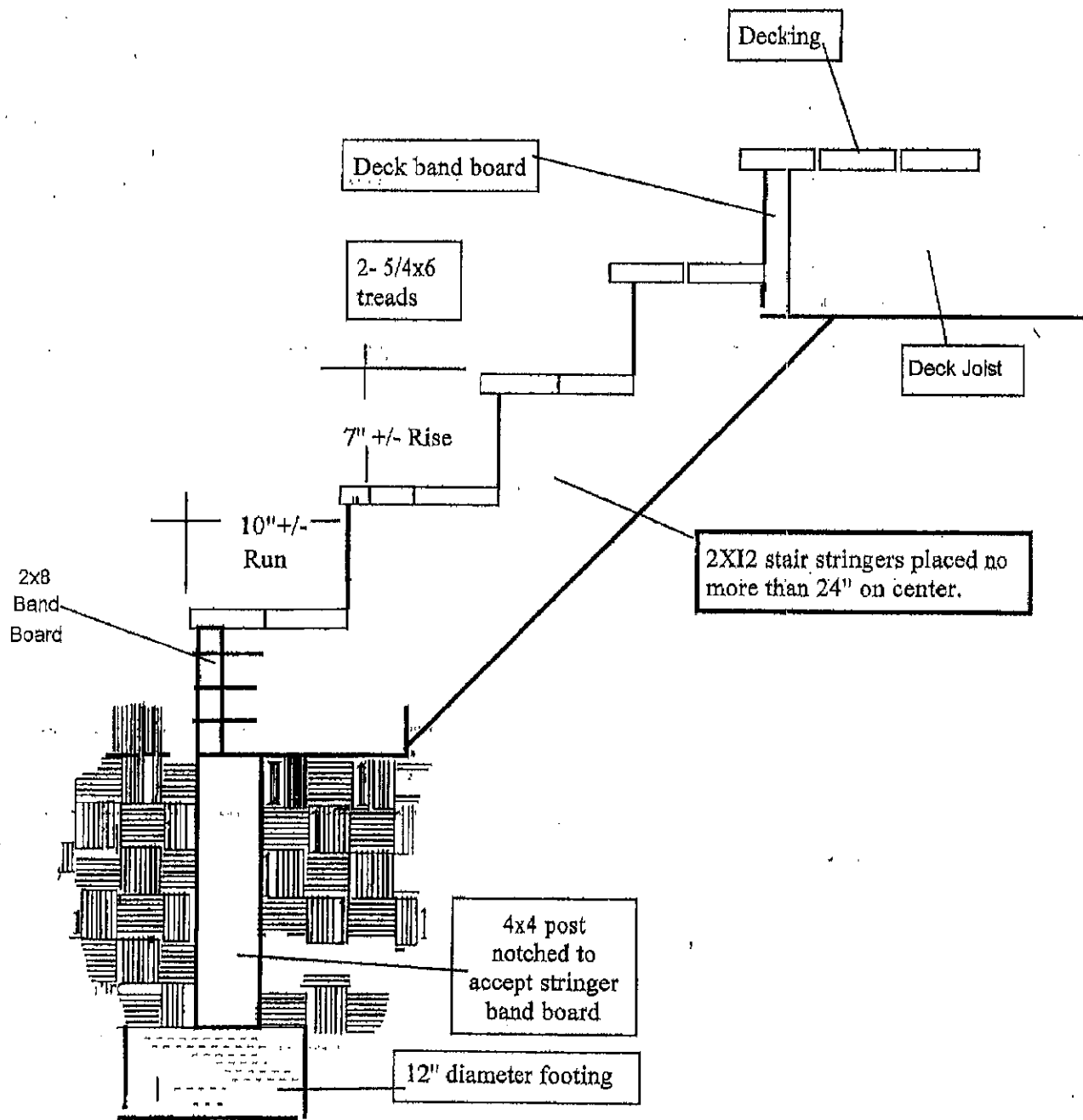
Notary Public



Deck Construction Elevation



Railing Construction Elevation



Stair Construction Elevation

APPLICATION AND COMMENTARY

Section R-214.1 requires open sides of stairs with a total rise of more than 30 inches above the floor or grade below to have guardrails. Section R-214.2, specifies a required guardrail height of 36 inches for porches, balconies or raised floor surfaces and 34" for open sides of stairs.

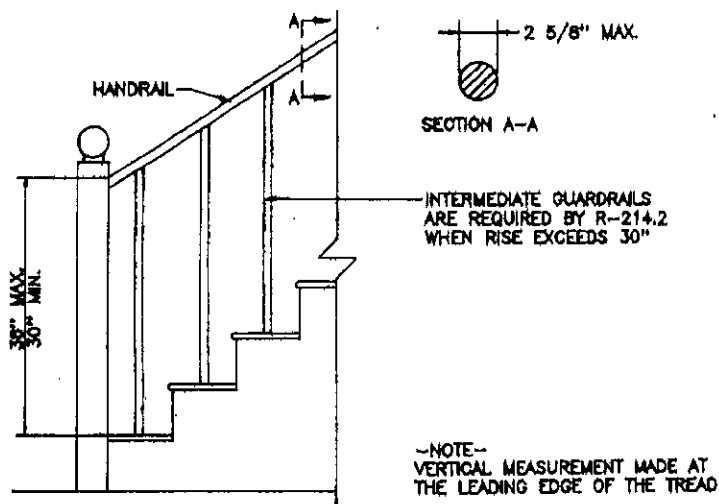


Figure No. 214.1
HANDRAILS

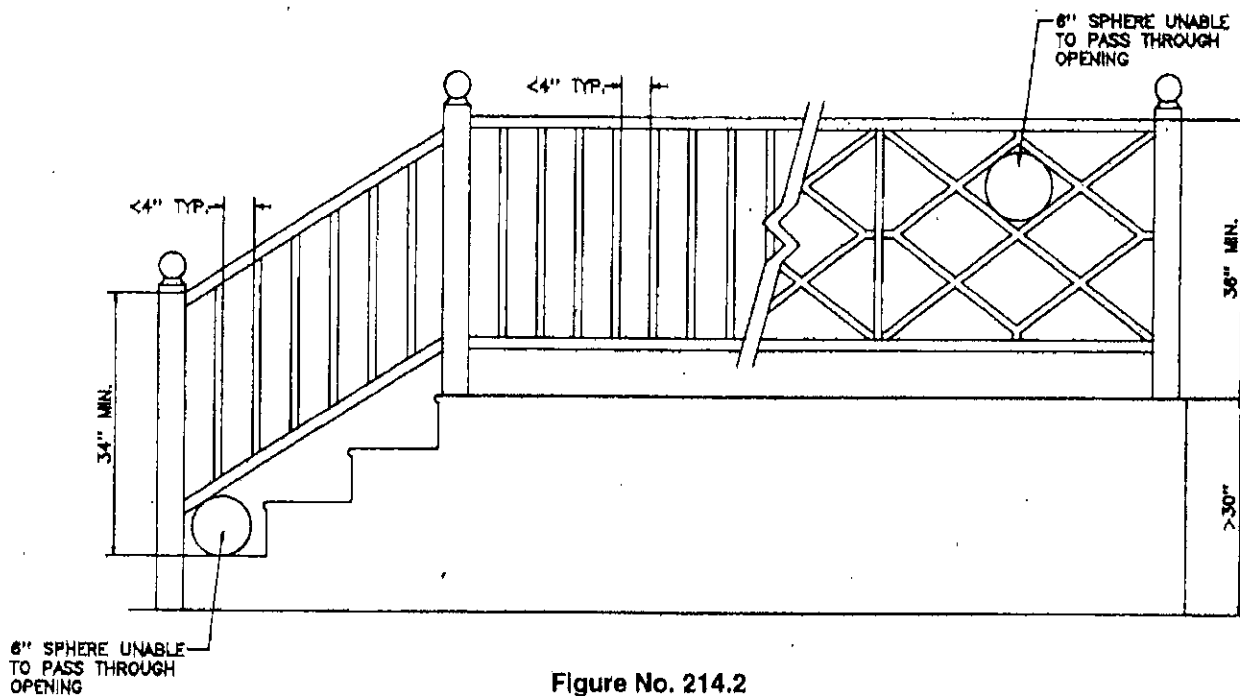


Figure No. 214.2
GUARDRAILS
(See Figure No. 214.1 for handrail requirements)