FOR BOROUGH OFFICE USE ONLY – DO NOT WRITE IN THIS BLOCK COMMERCIAL

Property Address:_____ Property ID #:_____ Permit #:_____

Applicant Name: _____ Owner: _____

# BOROUGH OF CATASAUQUA

90 BRIDGE STREET, CATASAUQUA, PA 18032
PH: 610-264-0571 - FAX: 610-264-8228
EMAIL: INFO@CATASAUQUA.ORG

## PERMIT APPLICATION PACKET-COMMERCIAL

## Submission Checklist

- ☐ **Application Fee/Plan Review Fee ($100.00), will be applied to total cost of Permit; non-refundable).**
- ☐ **Application completed in ink and signed by the applicant and property owner, if the applicant is not the property owner, or provide written authorization from the owner to act as their agent. Make sure all applicable items are completed and all necessary plans/documents are included.**
- ☐ **Completed plot plan with all required information attached.**
- ☐ **Ground Coverage Percentage for new primary structures and/or additions to primary structure(s). (impervious coverage divided by lot area)**
- ☐ **(3) Sets of detailed Construction Plans as applicable for all new construction, including renovations, additions and decks.**
- ☐ **Contractor Certificate of Insurance naming Catasauqua Borough as an additional Certificate Holder.**
- ☐ **Workers Compensation Certificate of Insurance or Completed & Notarized WC Exemption Form (see attached form).**

### FOR BOROUGH OFFICE USE ONLY:

| | | |
|---|---|---|
| **Zoning Action Taken:** | ☐ Approved ☐ Denied ☐ N/A | **Date:**_____ |
| **PA UCC Action Taken:** | ☐ Approved ☐ Denied ☐ N/A | **Date:**_____ |
| **Fire Marshall:** | ☐ Approved ☐ Denied ☐ N/A | **Date:**_____ |
| **Engineer:** | ☐ Approved ☐ Denied ☐ N/A | **Date:**_____ |
| **Zoning Hearing Board:** | ☐ Approved ☐ Denied ☐ N/A | **Date:**_____ |
| **Planning Commission:** | ☐ Approved ☐ Denied ☐ N/A | **Date:**_____ |
| **Other:** | ☐ Approved ☐ Denied ☐ N/A | **Date:**_____ |

BOROUGH OF CATASAUQUA
90 Bridge Street • Catasauqua, PA 18032-2598
(610) 264-0571 • FAX (610) 264-8228 • www.catasauqua.org

KEYCODES INSPECTION AGENCY

1307 West Lehigh Street
Bethlehem, PA 18018
610-866-9663 Office
info@keycodes.net www.keycodes.net

A#_____

Municipality:_____

# COMMERCIAL PERMIT APPLICATION

1. **Project Address:**_____ **Date:**_____
2. **Owner:**_____ **Phone #:**_____ **Cell**_____
3. **Store Name:** _____ **Suite #**_____
4. **Address:**_____ **City:**_____ **State:** **Zip**_____ **Email**_____
5. **Applicant:**_____ **Phone#**_____ **Cell**_____
6. **Address:**_____ **City:**_____ **State:** **Zip**_____ **Email**_____
7. ☐ **New Construction** ☐ **Alteration** ☐ **Sprinkler** ☐ **Other**
8. **Proposed Work:** _____
9. **Project Information:**

   **USE GROUP** _____ **ACCESSIBILITY COST** _____
   **CONSTRUCTION TYPE**_____ **ESTIMATED COST**_____
   **NUMER OF STORIES** _____ **# SPRINKLER HEADS** _____
   **SQUARE FEET** _____

10. **Plans:** ☐ **3 COMPLETE SETS** ☐ **PROFFESSIONAL SEAL** ☐ **CODE EDITION**_____

| | | |
|---|---|---|
| ☐ **All structural information** | Sub-contractor name:_____ | Phone:_____ |
| ☐ **Electrical plan** | Sub-contractor name:_____ | Phone:_____ |
| ☐ **Plumbing Plan** | Sub-contractor name:_____ | Phone:_____ |
| ☐ **Mechanical Plan** | Sub-contractor name:_____ | Phone:_____ |
| ☐ **Energy** | Sub-contractor name:_____ | Phone:_____ |
| ☐ **Accessibility** | | |
| ☐ **Fire Protection** | | |

11. **Applicant Signature:**_____ **Date:**_____

**Print Name:** _____

**OFFICE USE**

DATE RECEIVED: _____ APPROVED / DENIED DATE _____

INSPECTOR: _____

# WORKER'S COMPENSATION INSURANCE COVERAGE NFORMATION

(attach to permit application)

**A. The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law.:**

Yes ____ No ____

If you answered "yes" - complete Section B or C below.
If you answered "no" - complete Section C below.

**B. Insurance Information:**

Name of Applicant: _____

Federal or State Employer Identification No.: _____

Applicant is a qualified self-insurer for Workers' Compensation Yes ____ No ____

Original Certificate attached:. _____

Name of Workers' Compensation insurer _____

Workers' Compensation Insurance Policy No. _____

Policy Expiration Date: _____

**C. EXEMPTION - MUST BE NOTARIZED...**

Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation issuance.

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:

____ 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 to the Borough.

____ Homeowner who elects to perform all of the work without contracting or hiring others to assist.

____ Religious exemption under Worker' Compensation Law.

Signature of Applicant: _____

Address: _____

**NOTARY:**

Commonwealth of Pennsylvania County of _____

On this, the _____, day of _____, 20_____, before me _____ the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

_____
Notary Public (Signature)