



Municipality of Murrysville  
4100 Sardis Road, Murrysville PA 15668

Phone: 724-327-2100 Fax: 724-327-2881

Website: [www.murrysville.com](http://www.murrysville.com)

**BUILDING PERMIT APPLICATION PROCESS**

1. Please review the attached instructions.
2. Please complete the Building Permit Application.  
(You may complete this form on-line; however, you must print off the document and return to the Municipality)
3. Please complete the Zoning Permit Application.  
(You may complete this form on-line; however, you just print off the document and return to the Municipality)
4. Please complete the Murrysville Lot Plot Plan Review Checklist (when applicable)
5. Please complete the Workers' Compensation Affidavit.

If you have any questions, please contact the Municipality of Murrysville at 724-327-2100, Ext. 110.

## **Municipality of Murrysville Building Permit Application Checklist**

1. Two (2) sets of building plans detailing the following information.
  - (a) Floor plans of each level of construction, measurements including scale of plans shall be indicated on the drawings.
  - (b) Elevations of all exterior walls.
  - (c) Typical wall section

### **The following information shall be included on all drawings**

Footer size  
Height and thickness of foundation walls  
Framing detail of each floor (span, direction and member sizes)  
Roof framing details  
Header and beam sizes

2. One (1) Plot Plan with the following details

Front, side and rear yard setbacks  
Lot Dimensions  
All Easements and Right-of-Ways  
Registered Surveyors Seal  
Completed Items on the Attached Plot Plan Checklist

3. Completed and **Signed** Building Permit Application
4. Completed Zoning Application
5. Copy of Sewage Tap-in Receipt or On-Lot Sewage Permit (If Applicable)
6. Copy of Driveway Occupancy Permit if Driveway Access is onto a Commonwealth Highway



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**REQUIREMENTS FOR BUILDING PERMIT APPLICATION**

1. Two (2) sets of building plans with the following requirements included:
  - a. Floor Plans of each level of construction  
Measurements including scale shall be indicated on drawings.
  - b. Elevations of all exterior views, including exterior materials to be used in construction.
  - c. Wall section of typical wall (at scale larger than plans).

The following information shall also be included on all drawings:

Footer size

Height and thickness of all foundation walls

Framing of each floor-span, direction and member sizes

Framing of roof-span, direction and member sizes

Lintel and header sizes of all doors and windows

2. One (1) Plot Plan showing the following:
  - Front, side and rear yard setbacks
  - Dimensions of Lot
  - All Easements and Right-of-Ways
  - Proposed Finish Grades, Swales and E&S Controls
  - Registered Surveyors Seal
  - Complete Items on Plot Plan Checklist
3. Completed Building Permit Applications
4. Completed Zoning Certification (if applicable)
5. Copy of Sewage Tap-In or On-Lot Sewage Permit
6. Copy of Energy Compliance Code the building is to be constructed to.  
For your convenience, please see website below. This may be helpful in completing the Energy Compliance portion of the code.  
[www.energycodes.gov](http://www.energycodes.gov) (RESCHECK/COMCHECK)

Pease see reverse side for Manufactured Housing Requirements.

## **DEFINITION**

**MANUFACTURED HOME:** Manufactured home means a structure, transportable in one or more sections, which in the traveling mode is 8 body feet (2438 body mm) or more in width or 40 body feet (12 192 body mm) or more in length, or when erected on site is 320 square feet (30m<sup>2</sup>) or more, and which is built on a permanent chassis and designed to be used as a dwelling with or without a permanent foundation when connected to the required utilities, and includes the plumbing, heating, air conditioning and electrical systems contained therein; except that such plumbing, heating, air conditioning and electrical systems contained therein, except that such term shall include any structure that meets all the requirements of this paragraph except the size requirements and with respect to which the manufacturer voluntarily files a certification required by the secretary (HUD) and complies with the standards established under this title. For mobile homes built prior to June 15, 1976, a label certifying compliance to the Standards for Mobile Homes, NFPA501, in effect at the time of manufacture is required. For the purpose of these provisions, a mobile home shall be considered a manufactured home.

## **REQUIREMENTS FOR BUILDING PERMIT APPLICATION FOR MANUFACTURED HOMES**

1. DAPIA (Design Approved Primary Inspection Agency) approved installation manual.  
(Applies to new home only)
2. Footer and Foundation drawings (if applicable).
3. Pier Construction; Provide Pier detail and Pier lay-out.
4. One (1) Plot Plan showing the following:
  - Front, side and rear yard setbacks
  - Dimensions of Lot
  - All Easements and Right-of-Ways
  - Registered Surveyors Seal
5. Completed Building Permit Application
6. Completed Zoning Certification (if applicable)
7. Copy of Sewage Tap-In or On-Lot Sewage Permit



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**BUILDING PERMIT APPLICATION**

**APPLICANT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Other: \_\_\_\_\_

**OWNER (if same as Applicant check \_\_\_\_\_ )**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Other: \_\_\_\_\_

**PRINCIPAL CONTRACTOR (if same as Applicant check \_\_\_\_\_ )**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Other: \_\_\_\_\_  
State Contractor's Registration No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*Attach Workers' Compensation Certificate or Waiver\***

**Location of Construction**

Property Location: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Parcel: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Tax Map # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Size of Lot: \_\_\_\_\_ Deed # \_\_\_\_\_ Owned Since: \_\_\_\_\_

Type of Improvement

☐ New Building    ☐ Addition    ☐ Repair    ☐ Demolition    ☐ Relocation  
☐ Plumbing    ☐ Foundation Only    ☐ Change of Use    ☐ Mechanical    ☐ Electrical

Estimated Cost of Construction (reasonable fair market value) \$ \_\_\_\_\_

Residential:

☐ One-Family Dwelling  
  
☐ Two-Family Dwelling  
☐ Accessory Structure  
☐ Swimming Pool  
☐ Other

Non-Residential:

Use Group: \_\_\_\_\_  
Specific Use: \_\_\_\_\_  
Change in Use: ☐ Yes    ☐ No  
If YES, Indicate Former: \_\_\_\_\_  
Does the building currently have an  
emergency key box?    ☐ Yes    ☐ No

Water Service (check)    ☐ Public    ☐ Private

Sewer Service (check)    ☐ Public    ☐ Private

Permit # \_\_\_\_\_

Building Dimensions:

Existing Building Area \_\_\_\_\_ sq.ft.

Number of Stories: \_\_\_\_\_

Proposed Building Area \_\_\_\_\_ sq. ft.

Total Building Area \_\_\_\_\_ sq. ft.

Flood Plain:

Is the site located within an identified flood hazard area? (check one)    ☐ Yes    ☐ No

If yes, owner shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166 1978) specifically *Section 60.3*.

The applicant certifies that all information on the application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel, or set aside any provisions of the codes and ordinances of the Municipality or any other governing body. The applicant certified he/she understands all the applicable codes, ordinances and regulations.

I certify that the Building Code Official or the Code Official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date



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**For Office Use Only:**

Application No. \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Fees Paid \_\_\_\_\_

Fees Received by \_\_\_\_\_

**APPLICATION FOR ZONING PERMIT**

Chapter 220

1. Property Owner \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_
2. Property Information:  
Lot Number \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
Tax Map Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Acreage \_\_\_\_\_
3. Requested by \_\_\_\_\_  
(Owner-Tenant-Agent-Proposed Purchaser)  
Address \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_
4. Proposed Use (shed, swimming pool, residence, commercial, temporary sales) \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE

The property identified in Item 2 bears the following District Zoning Classification:

- |                                                         |                                                       |
|---------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> R-R Rural Residential          | <input type="checkbox"/> R-1 Low Density Residential  |
| <input type="checkbox"/> R-2 Medium Density Residential | <input type="checkbox"/> R-3 High Density Residential |
| <input type="checkbox"/> Business District              | <input type="checkbox"/> M-U Mixed Use District       |
| <input type="checkbox"/> P-L Public Lands               |                                                       |

Is the Zoning District also a PRD? ☐ Yes ☐ No

Zoning is in accordance with Ordinance #680-05 (Chapter 220 of General Code)

Zoning Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

## WORKERS' COMPENSATION AFFIDAVIT

I, \_\_\_\_\_, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit, if I employ any other persons, I must notify the municipal office and provide proof of workers' compensation coverage within three working days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e) (4) of the act of June 2, 1915 (P.L. 736), known as The Pennsylvania Workmens' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. (P.L. ).

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
My commission expires

(WORKCOM.DOT)



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**MURRYSVILLE LOT PLOT PLAN REVIEW CHECKLIST**

Plan Name: \_\_\_\_\_  
Lot Number: \_\_\_\_\_  
Street Location: \_\_\_\_\_  
Plot Plan Surveyor: \_\_\_\_\_  
Contractor/Owner: \_\_\_\_\_

| PLOT PLAN REVIEW                       |                          |                          |                          |          |
|----------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Items                                  | Yes                      | No                       | N/A                      | Comments |
| Existing Contours                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Proposed Contours                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Proposed Floor Elevations              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Retaining Walls                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Driveway Grade                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Driveway Drainage                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Sidewalks                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Roof Drains                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| On-Lot Stormwater BMPs                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Stormwater Bond Required               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Utility Locations                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Record Plan Review                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| As-Built Drawings Review               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Other Improvements required by Council | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Notes:                                 |                          |                          |                          |          |

**OFFICIAL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**

Engineering Review By: \_\_\_\_\_

Date of Engineering Review: \_\_\_\_\_



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**INSPECTION REQUEST**

Permit Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Permit # \_\_\_\_\_ Type of Permit: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Construction Site Address: \_\_\_\_\_

Person Requesting Inspection: \_\_\_\_\_

Inspection requested to be conducted for the following:

| Type       | Date Inspection Requested | Time |       | Comment                                                        |
|------------|---------------------------|------|-------|----------------------------------------------------------------|
| Footer     |                           |      | AM/PM |                                                                |
| Foundation |                           |      | AM/PM |                                                                |
| Framing    |                           |      | AM/PM |                                                                |
| Plumbing   |                           |      | AM/PM |                                                                |
| Electrical |                           |      | AM/PM | Provide proof of electrical inspection via third party (pools) |
| Mechanical |                           |      | AM/PM |                                                                |
| Wall Board |                           |      | AM/PM |                                                                |
| Final      |                           |      | AM/PM |                                                                |
| Other      |                           |      | AM/PM |                                                                |