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

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:_____

1- or 2-FAMILY DWELLING PERMIT APPLICATION

1. **Project Address:**_____ **Date:**_____

2. **Owner:**_____ **Phone #:**_____ **Cell**_____

3. **Address:**_____ **City:**_____ **State:**___ **Zip**_____ **Email**_____

4. **Applicant:**_____ **Phone#**_____ **Cell**_____

5. **Address:**_____ **City:**_____ **State:**___ **Zip**_____ **Email**_____

6. **Type of Project:** ☐New Home ☐Addition ☐Deck ☐Basement Finish ☐Garage

☐Patio ☐Porch ☐Remodeling ☐Pool (above / in-ground)

☐Other_____ ☐**Estimated Cost**_____

7. **Total Square Feet of Project:** ☐Basement_____ ☐Garage_____ ☐1st Floor_____

☐2nd Floor_____ ☐Porch_____ ☐Patio_____ ☐Deck_____

8. **Permit includes:** ☐Electrical ☐Plumbing ☐Mechanical ☐Energy / Insulation ☐ Solar

Sub-contractor name:_____ Phone:_____

Sub-contractor name:_____ Phone:_____

Sub-contractor name:_____ Phone:_____

9. **Plans:** ☐3 complete sets

☐All structural information (foundation, floor joists, walls, ceiling joists, rafters, trusses, steel beams, LVL beams) (List all sizes, spans & all beam calculations)

10. **What type of heat?**_____

☐Electrical plan

☐Plumbing Plan- Including venting plan & sizes of all vents

☐Mechanical Plan – Duct R- values, **Type of Heat**, Efficiency rating, A/C equipment,

☐Energy Path (*RESHCHECK* or PA ALTERNATIVE)

- Provide all R-values of floors, walls and ceilings
- Provide all U-factor ratings of windows and doors

FLOODPLAIN (This section is REQUIRED to be completed)

- Is the site located within an identified flood prone area? (circle one) Yes No
  (If yes, complete the following)
- What Zone? (circle one) A AE X
- Will any portion of the flood prone area be developed? (circle one) Yes No
- Owner/Agent shall verify that any proposed construction 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 (d)*. Fair Market Value of Structures $_____

11. Applicant Signature:_____ Date:_____

12. Property Owner Signature: _____ Date:_____

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)