

APPLICATION FOR RESIDENTIAL PERMIT

WEST MIFFLIN BOROUGH
1020 Lebanon Road West Mifflin PA 15122
T: (412) 466-8174 westmifflinborough.com F: (412) 466-8173

CASE NO.

I (We) hereby make application for permits by **submitting herewith two plot plans and two sets of plans and specifications (for commercial projects, submit 3 sets) signed and sealed by an architect or engineer registered in the state of PA (see §403.42a of The PA Construction Code Act 45). For certain smaller projects, such as decks, the Disclaimer Label must be on the plans.** For detached one- or two-family dwellings not more than 3 stories in height & their accessory structures, the International Residential Code 2006 Edition will apply. For all other structures the International Building Code, 2006 applies.

Property Address: (For new building or dwelling, Township Engineer will assign new property number)

Lot No.:

Owner(s) Name/Address:

City

Zip

Home Phone:

Business Phone:

Cell Phone:

Tenant Name:

Phone:

General Contractor Name/Address:

City

Zip

Home Phone:

Business Phone:

Cell Phone:

Proposed Project:

WORKERS COMPENSATION ACT – TO BE COMPLETED BY CONTRACTOR

Contractor, in compliance with Act 44 of 1993, hereby submits: **(CHECK ONE)**

- ☐ Certificate of Insurance () Attached () On File
- ☐ Certificate of Self-Insurance () Attached () On File
- ☐ Affidavit of Exemption () Attached
- ☐ Contractor/Applicant is a sole proprietorship without employees
- ☐ Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain:

Contractor's Pennsylvania Attorney Generals Registration #

Print Name:

Print Title:

Company Name:

Contractor's Signature:

My signature on behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF ALLEGHENY :

Sworn and subscribed before me this _____ day of _____, 20 ____

NOTARY

PERMIT TYPES AND FEES (check applicable permits below)

ESTIMATED CONSTRUCTION COST: \$

q BUILDING:	\$ _____
<u>RESIDENTIAL ADDITIONS/ALTERATIONS:</u>	
<u>NEW RESIDENTIAL DWELLING:</u>	\$ _____
<u>DEMOLITION:</u>	\$ _____
	\$ _____
Pa State Permit Surcharge	\$ _____
TOTAL BUILDING PERMIT FEE	\$ _____
q ZONING:	\$ _____
q ELECTRICAL:	\$ _____
q ELECTRICAL:	\$ _____
q DRIVEWAY:	\$ -0-
q STREET OPENING:	\$ _____

(Payable to: **"BOROUGH of WEST MIFFLIN"**)

CASH REC# CK# /BANK NAME

TOTAL: \$

q SEWER PERMIT:	# EDU'S TO BE ADDED:	WATERSHED:
------------------------	-------------------------	------------

CASH REC# CK# /BANK NAME

TOTAL: \$

OWNER'S AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF ALLEGHENY :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____ who, being by me first duly sworn according to law, depose(s) and say(s) that, he, she or they (is, are) the Owner(s) of the above-described property (or if said Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above and all of the statements contained on the reverse side hereof are true and correct, that the accompanying two sets of plans and specifications truly and correctly set forth the extent and character of the work for which this application for a Combination Permit is made, and that the accompanying Plot Plan truly and correctly represents the above-described property and all existing structures and physical improvements thereon, as well as the location and dimensions on that property of the proposed structure (if any) or addition to a structure (if any) for which this application for a Combination Permit is made.

Sworn to and subscribed before me this _____ day of _____, 20_____

NOTARY

OWNER SIGNATURE

<i>SPECIFICATIONS FOR THE ERECTION OF NEW BUILDINGS OR ALTERATIONS OF EXISTING BUILDINGS</i>				
Type of building to be erected:				Circle One: Permanent/Temporary
Material of building:				Use of building:
No. rooms:	No. baths:	No. storerooms:	No. office rooms:	How many families:
Are there any Accessibility Modifications: Yes [☐] No [☐] If yes, location?				
Size of Lot:				
Feet Front:		Feet Rear:		Feet Deep:
Size of building over widest living projection:				
Feet Front:		Feet Rear:		Feet Deep:
No. feet in height from sidewalk or surface of ground to highest point of roof:				What is the % of ground covered by building(s)
Height of Cellar or Basement:				Size of footer for foundation walls:
1 st story:		2 nd :		
3 rd :		4 th :		
Nature and kind of earth building is to be built upon:(State whether there is any filled ground)				
Chimney butts: Size of footer for cellar posts:			Height of foundation wall above ground at highest point:	Will cellar be under entire building?
Construction of chimneys:	Size of flue lining:		Will roof be Flat Pitched or Mansard?	Pitch?
	Material:			Material of roofing:
Size and spacing of joists or beams: 1 st story: 2 nd : 3 rd : 4 th :			Size and spacing of ceiling joists:	
			Size and spacing of rafters:	
Will building be air-conditioned?	How is building heated?	Type of unit:	Will garage be integral part of dwelling?	
State whether fireproof throughout, with kind of materials used:				
Lot coverage of principal structures in square feet:			Percentage of lot covered by principal structures:	Net lot area exclusive of right-of-way in square feet:
Lot coverage of accessory structures in square feet:			Percentage of lot covered by accessory structures:	
Is the site located within the identified floodplain area?				
If YES, attach required certification by <i>registered</i> professional engineer or architect and appropriate component of DER "Planning Module for Land Development". 100 year flood elevation: _____ Lowest floor elevation of existing structure(s): _____ Lowest floor elevation of proposed structure(s): _____				
For other than single family:				
Gross leasable floor area in sq. ft.,		Existing Proposed:		
Designation of officer, representative or person in charge of construction upon whom and to whom all notices shall be served (this designation not mandatory unless Applicant is a firm or corporation:				
Owner(s) sign here:				

NOTE: Where not mentioned in the above specifications or on drawings submitted herewith, I agree to be governed by the Building Code of West Mifflin or any special building instruction which may be given by the Chief inspector, together with the Zoning Code in effect when erecting the above building or buildings.