

Municipal Consulting Service

Building Permit Application

Harold Ivery, Bldg. Inspector:

724-263-0377

Or

MCServices111@gmail.com

Note: Please be aware that a Data Collector from the County will be conducting visits to the parcel where the permit is issued for assessment purposes.

Smith Township
P.O. Box 94, Slovan, PA 15078
Ph. No. (724) 947-9456
Fax No. (724) 947-2715

Application Fee \$125.00
Made payable to "Smith Township"

ZONING PERMIT APPLICATION

Date Application Received _____

Location of Property: _____

Parcel Number _____

Applicant Name _____

Owner Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Proposed Use of Bldg./Structure _____

Description of Construction _____

CURRENT USE OF PROPERTY:

___ Residential ___ Single Family ___ Duplex ___ Multi-Family

___ Commercial/Industrial - Please specify _____

Other: _____

SETBACKS:

From Right Property Line: _____ Ft. From Left Property Line: _____ Ft.

From Front Property Line: _____ Ft. From Back Property Line: _____ Ft.

Maximum Height of Structure Proposed: _____ Ft.

A drawing of property layout for construction needs to be accompanied with the Zoning Application

Zoning APPROVED DENIED (For Municipal Use Only)

Zoning Officer: _____ Date: _____

Reason for Denial:

Building Permit Application

APPLICANT INFORMATION:

DATE OF APPLICATION _____ PERMIT # _____
APPLICANT NAME: _____ Phone: (____) _____
OWNER NAME: _____ Phone: (____) _____
ADDRESS (NO PO BOX): _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____

PROPERTY INFORMATION:

LOCATION OF PROPERTY: _____
PARCEL I.D. NUMBER: _____ ZONING DISTRICT _____

COST OF CONSTRUCTION _____ SQUARE FOOTAGE (GFA) _____

GFA – Gross floor area defined as the total square footage of all floors within the perimeter of the outside walls, including basements, cellars, garages, and attics with floor to ceiling height of 6'6" or more

TYPE OF CONSTRUCTION: (check at least one)

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> RENOVATION
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> MUTI-FAMILY	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> DEMOLITION
<input type="checkbox"/> SHED	<input type="checkbox"/> DECK	<input type="checkbox"/> POOL	<input type="checkbox"/> FENCE

DESCRIPTION OF CONSTRUCTION: _____

ARCHITECT/ENGINEER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

EMAIL: _____

CONTRACTOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

EMAIL: _____

APPLICATION FOR BUILDING PERMIT

WORKER'S COMPENSATION INFORMATION:

INSURER: _____

NAME OF POLICY HOLDER: _____

POLICY NUMBER: _____ EXPIRATION DATE: _____

PA HIC # _____

The Law requires that all contractors who perform at least \$5,000 worth of home improvements per year register with the Attorney General's Office

PERMIT AGREEMENT

THE MUNICIPALITY: _____

THE APPLICANT: _____

(Please print)

In consideration of the issuance of a building permit to the undersigned Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in inspecting work of the Applicant, employees of The Municipality are only performing their duties to require compliance with the minimum requirements of the applicable Ordinances of The Municipality pursuant to the policy power of The Municipality and are not warranting to the Applicant or to any third party the quality or adequacy of the design, engineering or work of the Applicant. Applicant further acknowledges that it will not be possible for The Municipality to review every aspect of Applicant's design and engineering or to inspect every aspect of Applicant's work. Accordingly, neither The Municipality nor any of its elected or appointed officials or employees shall have any liability to the Applicant for defects or shortcomings in such design, engineering or work, even if it is alleged that such defects or shortcomings should have been discovered during The Municipality's review or inspection.

Furthermore, the Applicant agrees to defend, hold harmless and indemnify The Municipality, its elected and appointed officials and employees from and against any and all claims demands, actions and causes of action of any one or more third parties arising out of or relating to The Municipality's review or inspection of the Applicant's design, engineering work or issuance of a permit or permits., or arising out of or relating to the design, engineering or work done by Applicant pursuant to such permit or permits. All references in this Agreement to Applicant's employees, agents, independent contractors, subcontractors or any other persons or entities performing work pursuant to the issuance of the building or grading permit by The Municipality.

Applicant/Owner is responsible for obtaining required highway occupancy permits from the PA Dept. of Transportation. I hereby agree that all applicable provisions of the Township Codes, the Energy Conservation Act 222 of 1990 and the 2004 Uniform Construction Code shall be complied with, as well as the requirements of the Municipal Sewer and Water Authority whether specified or not.

I am fully aware of the U.S. Department of Labor, Occupation Safety and Health Administration (OSHA) standards and understand that I must comply with these standards for the duration of my construction project.

I certify that the information provided in this application package is true and correct.

APPLICANT'S SIGNATURE: _____

DATE: _____

JOB LOCATION: _____

Municipal Consulting Service LLC

P.O. Box 6 Westland, PA 15378

(724) 263-0377 / (724) 470-8254

mcservices111@gmail.com

The following inspections are required to ensure compliance with the Building Permit you have been issued.

All inspections shall be requested no sooner than 48 hours before the inspection is required.

A FINAL INSPECTION IS REQUIRED FOR ALL BUILDING PERMITS.

- FOOTING INSPECTION:** Before placement of concrete. All required re-enforcement in accordance with the approved drawings should be installed. All reinforcement shall be placed in the bottom 1/3 of the footing and shall be suspended on chairs or other approved device.
- OUTSIDE SEWER:** All sanitary plumbing from foundation to sewer lateral test tee. Visual & 15 lbs air test / 10' water
- FOUNDATION:** (When reinforcement is required) Prior to the placement of all required cellblock grouting. All required reinforcement shall be in place. When added to the grout, all aggregate shall be 3/8 inch maximum
- INSIDE SEWER & PLUMBING:** All sanitary plumbing from foundation to under the slab. Visual & air test
- ELECTRICAL:** Service, Rough Wiring, & Final Performed by Third Party Inspection Agency
- ROUGH FRAMING:** After all rough electrical, plumbing & mechanical inspections have been approved. Also to include fire blocking and draft stopping. Prior to all insulations. Before hanging wall board
- ENERGY CONVERSATION:** All required insulation installed in walls including areas to be concealed, prior to wallboard.
- WALLBOARD:** All fasteners installed prior to compound or finish material.
- FINAL INSPECTION:** Final electrical inspection must be verified. No building may be used or occupied without having an Certificate of Occupancy first being issued by the Building Code Official

Work shall not proceed until the Municipal Consulting Service Building Inspector approves the above inspections. Failure to obtain any of the above inspections may result in penalties imposed in accordance with the UCC Act 45. Your project may not require all of these inspections. You must consult with Township Inspector to which may apply.

Signature: _____ Print: _____ Date: _____

ELECTRICAL INSPECTION AND PERMIT APPLICATION PERMIT # _____

RECEIPT # _____

ADDRESS OF CONSTRUCTION SITE: _____

MUNICIPALITY _____

TENANT

NAME _____

OWNER

CONTRACTOR

NAME _____ Ph _____

NAME _____ Ph _____

STREET _____

STREET _____

CITY _____

CITY _____

WORK ORDER # _____

List all wiring and equipment and provide necessary data

		No.	Item	Fee	No.	Item	Fee		
ROUGH	}		Switching Outlets	\$ _____		H.V.A.C. Equipment	\$ _____	COLUMN 1	\$ _____
			Lighting Outlets	_____		Switching Devices	_____	COLUMN 2	_____
			Receptacle Outlets	_____		Transformers	_____		\$ _____
			Range/Oven	_____		Motors/Generators/ <small>(State no. and size of each)</small>	_____	Total Fee	\$ _____
			Dryer, Electric	_____		Compressors	_____		
			Water Heater, Electric	_____		Garb. Disposal	_____		
FINAL	}		Heating, Electric	_____		Dishwasher	_____		
			Switches	_____		Exhaust Fans	_____		
			Lighting Fixtures	_____		Other	_____		
			Receptacles	_____		Other	_____		
			Bonding, Pool/Vault	_____		Other	_____		
			Service/Feeders	_____		Other	_____		
COLUMN 1				\$ _____	COLUMN 2				\$ _____

I hereby acknowledge that I have read this application and state the above is correct and agree to comply with all adopted ordinances and state laws regarding construction.

20 _____

Owner or Agent

THE ABOVE APPLICATION HAS BEEN APPROVED ON THIS

By Electrical Insp. _____

DATE _____

Application must be signed - Unsigned applications will be rejected.