

MUNICIPALITY PRE CONSTRUCTION PERMIT APPROVAL

THIS IS NOT A BUILDING PERMIT

YOU MUST CONTACT THE BUILDING PERMIT INSPECTION SERVICE COMPANY FOR YOUR
MUNICIPALITY TO OBTAIN YOUR BUILDING PERMIT.

MUNICIPALITY: WASHINGTON TOWNSHIP - Wyoming County

Emailed / Faxed to Assessor's Office on: _____

Faxed to Bureau Veritas on: _____

DATE:		PRE-CONSTRUCTION PERMIT NUMBER:	
PHYSICAL ADDRESS ISSUED BY 911 ADDRESSING:			
OWNER:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE NUMBER:			
TAX PARCEL NUMBER:			
ESTIMATED COST:		PERMIT FEE:	
CONTRACTOR:	ADDRESS	PHONE	
ARCHITECT:	ADDRESS	PHONE	
ENGINEER:	ADDRESS	PHONE	
CLASS OF WORK: NEW ADDITION ALTERATIONS REPAIR DEMO			
PROPOSED IMPROVEMENTS:			
TYPE OF CONSTRUCTION: (circle one) RESIDENTIAL / COMMERCIAL		SIZE OF BLDG (TOTAL SqFt):	NO. OF STORIES:
CHANGE OF USE FROM:		CHANGE OF USE TO:	
DRIVEWAY PERMIT		ROAD BONDING	
NON-FLOOD PLAIN EXEMPTION		SEWAGE PERMIT	
ELEVATION CERTIFICATE		ZONING PERMIT	
NPDES PERMIT (CONSERVATION)		GAS PAD DRIVEWAY PERMIT	
DEMOLITION		MISCELLANEOUS	
IF NO PERMIT REQUIRED PLEASE INSERT N/A IN THE APPROPRIATE BOXES			

PROPERTY OWNER'S SIGNATURE _____ DATE _____

THE ABOVE MUNICIPALITY HEREBY GIVES APPROVAL TO THE PERSON(S) NAMED ABOVE.

SIGNATURE OF ISSUING AGENT _____ DATE ISSUED _____ DATE EXPIRED _____

NOTE: THE COUNTY PLANNING COMMISSION REQUIRES COORDINATION OF ALL COMMERCIAL/INDUSTRIAL BUILDINGS. IT IS THE APPLICANTS RESPONSIBILITY TO CLEAR COMMERCIAL/INDUSTRIAL CONSTRUCTION WITH THE WYOMING COUNTY PLANNING COMMISSION.

Pre-Cons. Permit No. _____ Pre-Cons. Permit Fee _____ Wreaking Permit No. _____
Zoning Permit No. _____ Zoning Permit Fee _____ Wreaking Permit Fee _____

Total Due _____

WASHINGTON TOWNSHIP
APPLICATION FOR
PRE CONSTRUCTION/ZONING PERMIT
(Please print or type)

IMPORTANT: All section of this application must be completed by the applicant only.

1. IDENTIFICATION

A. APPLICANT - OWNER OF PROPERTY/LESSEE
NAME _____

ADDRESS _____

PHONE NUMBER _____

2. LOCATION OF CONSTRUCTION

Wyoming County Tax Map Number _____
(as shown on Property Tax Receipts)

At (location) _____
(Twp. Road No.) (Zoning District)

Between _____ and _____
(Cross Street) (Cross Street)

Subdivision _____ Lot _____ Block _____ Lot Size _____

3. TYPE AND COST OF CONSTRUCTION

A. Type of Improvement

_____ New Structure
_____ Addition (If residential, enter number of new building units added)
_____ Alteration (See 2 above)
_____ Repair, replacement
_____ Wreaking (If multifamily residential, enter no. of units in bldg. in part D, 12)
_____ Moving (relocation)
_____ Foundation only

B. Ownership

_____ Private (individual, corporation, nonprofit institution, etc.)
_____ Public (Federal, State, or Local Government)

C. Cost

Total Estimated Cost of Improvement \$ _____

D. Proposed Use - (For "Wreaking" most recent use)

RESIDENTIAL

_____ One Family
_____ Two or more family - Enter number of Units _____
_____ Transient hotel, motel, or dormitory - Enter number of Units _____
_____ Garage
_____ Carport
_____ other - Specify _____

NON-RESIDENTIAL

_____ Amusement, Recreational
_____ Church, other religious
_____ Industrial
_____ Parking Garage
_____ Service Station, repair garage
_____ Hospital, institutional
_____ Office, bank, professional
_____ Public utility
_____ School, library, other educational
_____ Stores, mercantile
_____ Tanks, towers
_____ other - Specify _____

Nonresidential - Describe in detail proposed use of buildings, e.g. food processing plant, machine shop, laundry building of hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building of industrial plant. If use of existing building is being changed, enter proposed use. _____

Show North Direction _____

Curb Street on Side of Property

(Side Property Line)

(Property Line)

(Property Line)

(Side Property Line)

Curb Street on Side of Property

Note: Adjoining Property owners and addresses should be identified.

Note: The Zoning Officer is not responsible for any property dimensions shown on this sketch; establishment of property lines is the responsibility of the owner and/or his agent.

4. **SELECTED CHARACTERISTICS OF BUILDING**

A. Principal Type of frame

- _____ Masonry (Wall Bearing)
- _____ Wood Frame
- _____ Structural steel
- _____ Reinforced Concrete
- _____ other- Specify _____

B. Principal Type of Heating Fuel

- _____ Gas
- _____ Oil
- _____ Electricity
- _____ Coal
- _____ other - Specify _____

C. Type of Sewage Disposal

- _____ Public or Private Company
- _____ Private

D. Type of Water Supply

- _____ Public or Private Company
- _____ Private

E. Dimensions

- Outside dimensions of building.... _____ X _____
- Number of stories..... _____
- Total sq. ft. of floor area, all floors, based on exterior dimensions _____
- Total land area, sq. ft..... _____

F. Number of Off-Street Parking Spaces- If Non-residential

- Enclosed _____
- Outdoors _____

G. Residential Buildings Only

- Number of bedrooms..... _____
- Number of Bathrooms Full _____
- Partial _____

5. SITE OR PLOT PLAN ATTACHED _____ Yes _____ No

If no, provide a diagram/sketch on sheet below showing property lines, location of structure on property with distances shown from all property lines, size of structure, etc.

6. Worker's Compensation Insurance Coverage Information

A. The applicant or contractor performing the work is:

A contractor within the meaning of the Pennsylvania Workers' Compensation Law. _____ Yes _____ No

If the answer is "Yes", complete Section B and C below as appropriate.
If the answer is "No" please sign and date at the bottom.

B. Insurance Information

Name of Applicant or Contractor _____
Federal or State Employer Identification No. _____
Applicant is a qualified self-insurer for workers' compensation
_____ Certificate attached

Name of Workers' Compensation Insurance _____
Workers' Compensation Insurance Policy No. _____

C. Exemption

Complete Section C. if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provision of Pennsylvania's Worker Comp. 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 township.

____ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn before me this _____ day of _____ 20__

(Signature of Notary Public)

Date: _____

Signature of Applicant _____

Address _____
County of Wyoming, Municipality of Washington Twp.

7. COPY OF SEWAGE PERMIT ATTACHED . _____ Yes _____ No

Notes:

1. Completion of the diagram or a plot plan showing building setback distances from property lines on all sides MUST be completed along with detailed instruction on property location.
2. This permit, when approved, is good for a period of 24 months.
3. All application must be accompanied with a copy of the required permit from the Township Sewage Enforcement Officer.

8. UNIFORM CONSTRUCTION CODES:

1. UCC Act 45 of 1999 are in effect as of May 01, 2004.
A copy is on file at the office if you have any questions.

9. ACKNOWLEDGEMENT

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Township Ordinances and State Laws regulating building construction. It is also understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant shall constitute sufficient cause for revocation of this permit and/or subsequent action by the Township. I also understand that commencement of construction within thirty-(30) day of receipt of a permit is at my own risk and responsibility.

DATE _____ SIGNATURE OF APPLICANT _____

(To be completed by Township Municipal Development Inspector /Zoning Officer below this line)

A. Application Approved _____ Application Denied _____

Building Inspector/Zoning Officer

Township Secretary

B. REASON FOR DENIAL OF APPLICATION

NOTE The applicant has the right to appeal the denial of this application to the Washington Township Zoning Hearing Board within 30 days from the date of denial pursuant to procedures set forth in the Pennsylvania Municipalities Planning Code, as amended.