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| **BUTLER COUNTY BUILDING PERMIT APPLICATION**  ID NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAP AND PARCEL NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **IMPORTANT – COMPLETE ALL ITEMS – MARK BOXES WHERE APPLICABLE** | | | | |
| I. IDENTIFICATION | | | | |
| OWNERS NAME PER  DEED OR TITLE | NAME MAILING ADDRESS PROPERTY ADDRESS PHONE NO. | | | |
| PREVIOUS ADDRESS |  | | | |
| CONTRACTOR |  | | | |
| II. TYPE AND COSTS OF IMPROVEMENTS | | | | |
| A. TYPE OF IMPROVEMENT B. PROPOSED USE C. CONST. OR DEMO COST  🞏 1. NEW BUILDING 🞏 1. SINGLE FAMILY 🞏 8. CHURCH 1. COST OF CONST.  🞏 2. ADDITION 🞏 2. DUPLEX 🞏 9. INDUSTRIAL A. ELECTRICAL \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 3. ALTERATIONS 🞏 3. MULTI-FAMILY 🞏 10. COMMERCIAL B. PLUMBING \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 4. REPAIR/REPLACEMENT 🞏 4. GARAGE 🞏 11. INSTITUTIONAL C. HEATING/AC \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 5. WRECKING 🞏 5. CARPORT 🞏 12. PUBLIC UTILITY D. OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 6. RELOCATION 🞏 6. PORCH/INGROUND POOL 🞏 13. SCHOOL  🞏 7. FOUNDATION 🞏 7. MOBILE/MODULAR HOME 🞏 14. OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_  (SEE E) | | | | |
| D. OWNERSHIP 🞏 1. PRIVATE 🞏 2. PUBLIC | | | E. MOBILE/MODULAR HOME SERIAL NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| III. SELECTED CHARACTERISTICS OF BUILDING | | | | |
| A. PRINCIPAL TYPE OF FRAMING B. TYPE OF SEWAGE DISPOSAL C. DIMENSIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 1. BRICK – STONE – BLOCK 🞏 1. PUBLIC 1. NO. OF STORIES \_\_\_\_\_\_\_\_\_ 3. BSMT SQ. FT. \_\_\_\_\_\_\_\_  🞏 2. WOOD FRAME 🞏 2. PRIVATE 2. TOTAL ACREAGE \_\_\_­\_\_\_\_\_ 4. TOTAL SQ. FT. \_\_\_\_\_\_\_  🞏 3. STRUCTURAL STEEL (PERMIT NO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 4. REINFORCED CONCRETE D. TYPE OF WATER SUPPLY E. NUMBER OF PARKING SPACES  🞏 5. OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 1. PUBLIC 1. OFF STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 2. PRIVATE 2. ENCLOSED \_\_\_\_\_\_\_\_\_\_\_\_\_ OUTDOORS \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| IV. RESIDENTIAL BUILDINGS ONLY  A. NO. OF BEDROOMS \_\_\_\_\_\_\_\_\_\_\_\_  B. NO. OF BATHROOMS \_\_\_\_\_\_\_\_\_\_\_\_  1. FULL BATHS \_\_\_\_\_\_\_\_\_\_\_\_  2. HALF BATHS \_\_\_\_\_\_\_\_\_\_\_\_ | | VII. TYPE OF  MECHANICAL  YES NO  A. A/C \_\_\_\_ \_\_\_\_  B. ELEV \_\_\_\_ \_\_\_\_ | | IX. DIRECTIONS TO SITE FROM NEAREST INTERSECTION |
| V. LOCATION  A. BUILDING SETBACK  1. FROM STREET \_\_\_\_\_\_\_\_  2. FROM SIDE LS \_\_\_\_\_\_\_\_ RS \_\_\_\_\_\_\_\_  3. FROM REAR \_\_\_\_\_\_\_\_ | | VIII. TYPE OF  HEATING FUEL  🞏 A. GAS 🞏 D. COAL  🞏 B. OIL 🞏 E. OTHER  🞏 C. ELEC \_\_\_\_\_\_\_\_\_\_\_\_ | |
| VI. CHECK OTHER STRUCTURES ON PROPERTY  🞏 A. NONE 🞏 E. BARN  🞏 B. HOUSE 🞏 F. SHED  🞏 C. MOBILE/MODULAR HOME 🞏 G. INGROUND POOL  🞏 D. GARAGE 🞏 H. OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| X. HIGHWAY AND ENERGY ACTS  A. HAVE YOU OBTAINED A PERMIT AS REQUIRED BY SECTION 420 OF THE STATE HIGHWAY LAW (P.L. 1242 NO. 428)? 🞏 YES 🞏 NO  B. HAVE YOU COMPLIED WITH ACT 222 OF THE BUILDING ENERGY CONSERVATION ACT? 🞏 YES 🞏 NO | | | | |
| XI. THE OWNER OF THIS BUILDING AND/OR UNDERSIGNED AGREES TO CONFORM TO ALL APPLICABLE LAWS OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MUNICIPALITY.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF APPLICANT ADDRESS DATE OF APPLICATION  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF MUNICIPAL OFFICER FEE APPROVED / REFUSED | | | | |
| XII. FOR MUNICIPAL USE ONLY    COMMENTS, RESTRICTIONS, DATE PERMIT EXPIRES (ACCORDING TO LOCAL CODES)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**WORKERS’ COMPENSATION INSURANCE COVERAGE INFORMATION**

(Attach to Building Permit Application)

1. The applicant is:

A contractor within the meaning of the Pennsylvania Workers’ Compensation Law

🞏 Yes 🞏 No

If the answer is “yes”, complete sections B and C below, as appropriate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Insurance Information

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant is a qualified self-insurer for workers’ compensation.

* Certificate attached

Name of Workers’ Compensation Insurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workers’ Compensation Insurance Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Certificate attached

Policy Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 provisions of Pennsylvania’s Workers’ Compensation Law for one of the following reasons, as indicated:

* Contractor with no employees. Contractor is 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.

1. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Notary Public)

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE BUILDING PERMIT PROCESS**

You will need to:

1. Fill out a building permit application completely and sign it.
2. Submit (with the application) a plot plan showing all structures on your property including the location of the new structure. Show front, rear and side yard setbacks for your zoning district (see below) from the new structure to the property lines, or the right-of-way line at the road.

(Pennsylvania Labor and Industry approval is required for commercial building permits.)

1. On new structures, submit a sewer permit or a septic permit.
2. Submit proof of Workers’ Compensation Insurance for the contractor doing the work.

**SETBACKS REQUIRED FOR EACH ZONING DISTRICT**

**RA – Rural Agricultural District**

Minimum front yard setback – 50’ at the right-of-way line.

Minimum rear yard setback – 50’, Accessory – 10’.

Minimum side yard setback – 20’, Accessory – 10’.

**RL – Residential Low Density District**

Minimum front yard setback – 40’ at the right-of-way line.

Minimum rear yard setback – 40’, Accessory – 10’.

Minimum side yard setback – 15’, Accessory – 10’.

**RM – Residential Medium Density District**

Minimum front yard setback – 30’ at the right-of-way line.

Minimum rear yard setback – 30’, Accessory – 15’.

Minimum side yard setback – 15’, Accessory – 10’.

**RH – Residential High Density District**

Minimum front yard setback – 20’ at the right-of-way line.

Minimum rear yard setback – 20’, Accessory – 10’.

Minimum side yard setback – 15’, Accessory – 5’.