PERMIT APPLICATION

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BUILDING PERMIT	ELECTRICAL PERMIT
Municipality County	Tax Parcel
Construction Site Location	Date Received
Owner	Tenant
Address	Address State Zip Phone#
State Zip Phone#	State Zip Phone#
Front Yard Ft. (Front of building to proper	ty line) Describe proposed work in detail
Rear Yard Ft. (Rear of building to property	y line)
Side Yard Ft. Side Yard FT.	, mo,
State Classification: New Commercial Other Com	nmercial New Residential Other Residential
BUILDING PERMIT	ELECTRICAL PERMIT
Contractor (if owner, put same name above)	(if owner, put same name above)
AddressStateZip	Address State Zip
City State Zip	City State Zip
Phone Cell Fed Employee No.	PhoneCell
(Certificate of Insurance for Workers Compensation needed or	(Certificate of Insurance for Workers Compensation needed or
signed exemption form)	signed exemption form)
Estimate of total costs for all work	Estimate of total costs for all work
Total square feet: Use Group Type Construction	
No. of Stories: Height of Structure	
Description of work:	Data No. Size Items
	Lighting Fixtures
Type of work:	Receptacles
Alternational Additional C	Switches Detectors
Alterations/Additions of:Square Ft	HP Motor-Fractional
() Roofing - Total square feet	
() Fencing, supply height if it exceeds 6 foot	Alarm Davigos/Systems
() Sign - Total Square feet	Emergency & Exit Lights
() Pool - Total Square feet	Pool Bonding
() Decks - Total Square feet	Service
() Demolition - Total Square feet	Sub-Panels
() Accessibility	reeders
Other:	Dascoolid Heater
	Dryer Receptacle Range Dishwasher Garbage Disposal
	Heater Central A/C Units
I hereby acknowledge that I have read this application and stat	
above is correct to comply with all Municipal ordinances and st	tate Survey Fee
laws regarding construction.	Others:
Signature:	0:
Owner () Contractor () Owner Representative ()	Owner () Contractor () Owner Representative ()
() = () = () = ()	Owner () Contractor () Owner Representative ()
BUILDING CODE OFFICIAL USE ONLY	ELECTRICAL CODE OFFICIAL USE ONLY
Plans Approved Plans Approved with Comments	Plans Approved Plans Approved with Comments
UCC Building Fee:	
Plan Review Fee:	UCC Electrical Fee:
Admin Fee:	Plan Review Fee:
Admin. Fee:	Admin. Fee:
State Fee:	State Fee:
Total Cost: State Cert.#	Total Cost:
Code Official: State Cert.# Date Issued:	Code Official: State Cert.#
Date 13sucu.	Date Issued: COPYRIGHTED

PERMIT APPLICATION

Page 1 of _____

MECHANIC	AL PERMIT	-	PLUMBIN	G PERMIT	_	
iviunicipality		County	Tax Parce			
Construction Site Location				Date Received		
Owner			Tenant			
Address			Address		Phone#	
State	Zip	Phone#	State	Zip	Phone#	
Describe propo	osed work in c	letail:			THOREM	
- I I I I I I I I I I I I I I I I I I I						
State Classific	cation: New Co	ommercialOther Con	mmercialN	ew Residential	Other Residential	
	CAL PERMIT		PLUMBING			
Contractor			Contractor	Contractor(if owner, put same name above)		
Address	(if owner, pu	t same name above)	A .d .d	(if owner, put s	same name above)	
City		State ZipZip	Address		State ZipZip	
Phone		Cell	Dhone Phone		Zip	
Fed Employee N	0	CCII	Fed Employee 1	No	Cen	
(Certificate of I	nsurance for Worke	ers Compensation needed or	(Certificate of	Insurance for Workers	s Compensation needed or	
	signed ex		(Commente of		inplion form)	
Estimate of total	costs for all work		Estimate of tota	al costs for all work		
			T.A.			
Technical Site			Technical Site		Technical Site	
Data No.		Fixture/Equipment	Data No.	Items	Data No. Items	
- 1		Water Heater	· · · · · · · · · · · · · · · · · · ·	Water Closet		
		Fuel Oil Piping	I	Urinal/Bidet	Interceptor/Separator	
		Gas Piping		Bath tub	Backflow preventer	
		Steam Boiler		Lavatory	Grease trap	
		Hot Water Boiler		Shower	Sewer Connection	
		Hot Air Furnace	- L	Floor drain	Sewer Pump	
		Oil Tank		Sink	Stacks	
		LPG Tank		Dishwasher	Solar	
1187		Fireplace		Drinking fountain		
		Hydronic Piping		Washing Machine		
		Appliances		Hose Bibb		
		Solar		Water Heater		
		Heat Pump		Fuel Oil Piping		
		Fire Dampers		Gas Piping		
		Exhaust Hood Sys.		Steam Boiler		
		HVAC		Hot Water Boiler		
Others:				Water Service Con	nection	
			Others:			
Signature:			Signature:			
Owne	r () Contractor () Owner Representative ()	Owr	ner () Contractor () Owner Representative ()	
 MECHANICAL	CODE OFFIC	IAL LISE ONLY	DI LIMBING P	HILDING CODE	OFFICIAL LICE ONLY	
				PLUMBING BUILDING CODE OFFICIAL USE ONLY		
Plans Approved Plans Approved with Comments UCC Mechanical Fee:						
Plan Review Fee:			OCC Plumbing	UCC Plumbing Fee: Plan Review Fee:		
rian Keview Fee:	•		Plan Review Fe	e:		
Admin. Fee:			Admin. Fee:			
State Fee:			State Fee:			
Total Cost:			Total Cost:			
Code Official:		State Cert.#	Code Official: _		State Cert.#	
Date Issued:			Date Issued:		COPYRIGHTED	
			1			

KIDDER TOWNSHIP

Code Enforcement
PO BOX 576, LAKE HARMONY, PA 18624
570-722-8179
FAX 570-722-5636
www.kiddertownship.org

ATTENTION CONTRACTORS

FOR RESIDENTIAL PROJECTS - When filling out the Building Permit application or a Zoning Permit application, you must *submit along with* the application(s) a copy of your *current* Pennsylvania Contractor's License (either the wallet size or the 5 X 7 card) issued by the Commonwealth of Pennsylvania. You must also provide a Certificate of Insurance and a completed Workers' Compensation form. The Workers' Compensation form is included in this packet.

FOR COMMERCIAL PROJECTS OR NEW CONSTRUCTION – When submitting your completed Building Permit application and Zoning Permit application, you must also include a completed application for a Kidder Township Contractor's License along with the applicable fee (indicated right on the form). The application is on line on our website at *kiddertownship.org* under the "Zoning and Building" tab or you can request the form from the township. You must also provide a Certificate of Insurance and a completed Workers' Compensation form. The Workers' Compensation form is included in this packet.

KIDDER TOWNSHIP

Code Enforcement Office
P. O. Box 576
Lake Harmony, PA 18624
(office) 570-722-5693 (fax) 570-722-5636
Kiddertownship.org

INSURANCE COVERAGE INFORMATION:

Α.	Insurance Information
	Name of Contractor:
	Federal or State Employer I.D. No.
	Contractor is a qualified self-insurer for Workers' Compensation
	[] Certificate attached
	Name of Workers' Compensation Insurer: Workers' Compensation Insurance Police No.:
	[] Certificate attached
	Policy Expiration Date:
В.	Exemption
	Contractor must complete this section if 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 the Pennsylvania's Workers' Compensation Law for one of the following reasons:
	[] 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 Workers' Compensation Law.
	Contractor Signature:
	Address:
	County:
	Dated: