

# TOWNSHIP OF PINE

230 PEARCE MILL ROAD, WEXFORD, PA 15090  
PHONE: (724) 625-1591 FAX: (724) 625-1790  
WEBSITE: [www.twp.pine.pa.us](http://www.twp.pine.pa.us)

## CONSTRUCTION PERMIT APPLICATION

### COMPLETE ALL APPLICABLE INFORMATION

**APPLICATION FOR:**      **New Building:** \_\_\_\_\_ **Alteration:** \_\_\_\_\_ **Addition:** \_\_\_\_\_ **Accessory:** \_\_\_\_\_

NOTICE: Any permit issued pursuant to the approval of this application may be revoked if the issuance of the permit was based upon any incomplete or inaccurate information, or if it violates any Township of Pine Ordinance, Pennsylvania Statute, United States Law or court precedents.

### I. APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### II. PROPERTY INFORMATION

Address: \_\_\_\_\_  
Owner: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Development Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

### III. GENERAL INFORMATION

Property Zoning: \_\_\_\_\_  
Lot Size: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_

**NOTE:** Commercial Use Summary must be completed with all Commercial Applications

Garage Square Footage: \_\_\_\_\_  
Basement Square Footage: \_\_\_\_\_  
1<sup>st</sup> Floor Square Footage: \_\_\_\_\_  
2<sup>nd</sup> Floor Square Footage: \_\_\_\_\_  
Additional Floor Square Footage: \_\_\_\_\_

### IV. COMMERCIAL USE SUMMARY (Attach Summary If Added Space Is Needed)

Business Name: \_\_\_\_\_  
Exact Nature of Business: \_\_\_\_\_  
Business Contact Name: \_\_\_\_\_  
Business Contact Phone: \_\_\_\_\_  
Materials/Products used w/Business: \_\_\_\_\_  
List Hazardous Material used  
With Business: \_\_\_\_\_

**Items Submitted with Application:** Please refer to the Township of Pine Residential and Non-Residential Building Permit Packet, located on the Township website, for the entire list of items required to be submitted with the completed Construction Permit Application.

### STRUCTURE INFORMATION

Number of Stories: \_\_\_\_\_ Estimated Construction Costs: \_\_\_\_\_  
Number of Dwelling Units: \_\_\_\_\_ Work Begin Date: \_\_\_\_\_ Work End Date: \_\_\_\_\_  
Architect: \_\_\_\_\_ Architect Phone Number: \_\_\_\_\_  
General Contractor: \_\_\_\_\_ Contractor Phone Number: \_\_\_\_\_

The Applicant certifies that the above information is complete and true and correct to the best of the Applicant's knowledge and belief.

The Applicant agrees to comply with the provisions of the Township of Pine's Ordinances, Codes and Regulations, and all other applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania and the United States, whether or not specified in this application.

THE APPLICANT AGREES THAT IF A PERMIT IS ISSUED, THE PERMIT MAY BE REVOKED BY ADMINISTRATIVE ACTION OF THE TOWNSHIP OF PINE IF COMPLIANCE WITH THE FOREGOING PARAGRAPHS AND REFERENCES ARE NOT ABSOLUTE.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**WORKERS' COMPENSATION INSURANCE** – To be attached to the building permit application

**A. 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.

**B. Insurance information:**

Applicant \_\_\_\_\_

Federal or State Employer Identification Number \_\_\_\_\_

Applicant is a qualified self-insurer for Workers' Compensation \_\_\_\_ *Attach certificate*

Workers' Compensation insurer \_\_\_\_\_

Workers' Compensation insurance policy number \_\_\_\_\_

Policy expiration date \_\_\_\_\_

**C. Exemption:**

*(Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation insurance.)*

The undersigned swears or affirms that they are not required to provide Workers' Compensation insurance under the provisions of the Pennsylvania Worker's Compensation 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.

Signature \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Municipality \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

My commission expires:

\_\_\_\_\_  
(Seal)

**PENNSYLVANIA HOME IMPROVEMENT CONTRACT ACT**

Pennsylvania Home Improvement Contractor Registration # \_\_\_\_\_