

TOWNSHIP OF PINE

230 PEARCE MILL ROAD, WEXFORD, PA 15090
PHONE: (724) 625-1591 FAX: (724) 625-1790
WEBSITE: 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: _____
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: _____
1st Square Footage: _____
2nd 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 # _____