

*Borough of
New Stanton, Pennsylvania*



Phone: 724-925-9700
Fax: 724-925-2709
e-Mail: boroughofnewstanton@verizon.net

451 North Center Ave.
New Stanton, PA 15672

PERMIT APPLICATION FOR ZONING OR BUILDING

Application Number _____ Application Date _____

Name of Applicant _____ Phone Number _____

Address _____
Street & Number City State Zip Code

Application is hereby made to:

Use Erect Repair Alter Extend Remove Demolish Change use of
a structure or land located at _____ Borough of New Stanton for:
 Residence Commercial Business Accessory Building Industry Other Use _____ Describe
at an estimated cost of \$ _____

The following description of the use for this property, for which application is made herewith is submitted:

Area Zoned (as of this date) _____ Tax Map No. _____

Use for which application is made is: Permitted Special in this Zone Conditional

A plot plan is attached is not attached Floor plans are included are not included

Plans have have not been approved by the Pennsylvania Department of Labor.

Disposition of Application Approved Denied

If denied, state Ordinance number or name, article, section, subsection, paragraph on which denial of application is based.

STATEMENT OF APPLICATION: I do hereby agree to observe and adhere to any and all provisions of the Zoning Ordinance and Building Code of the Borough of New Stanton, Pennsylvania, where applicable under the issuance of this Building or Zoning Permit. And I do further agree that my failure to do so shall constitute a violation of this Permit, which Violation shall cause this Permit to become Null and Void, upon receipt of notification to that effect, in writing, from the Code Enforcement Officer or other Duly Authorized Agent of the Borough of New Stanton, Pennsylvania.

Owner

Agent of Owner

Permit Fee _____ Date Issued _____

Payment Received _____
Signature Title

Permit Issued by _____
Signature Title

Bldg. permit

*Borough of
New Stanton, Pennsylvania*

Phone: 724-925-9700
Fax: 724-925-2709
e-mail: nsboro@monriver.com



P.O. Box 237
New Stanton, Pennsylvania 15672

APPLICATION FOR DRIVEWAY OR ACCESS ROAD PERMIT

Application No. _____ Date: _____

Road or Street Name: _____ Tax Map No. _____

Application is hereby made by _____ of _____
_____, Pennsylvania

for permission to construct, build or establish a driveway or access road intersecting with _____
_____ at the following location: _____
(road or street name) (street or road access)

The driveway or access road will be constructed, built or established with the following materials and in the following manner: _____

(description of work to be done or attach a drawing or plan)

In accordance with the requirements of condition _____ on instruction sheet.

Is a pipe required _____ Sight Distance _____ adequate _____ inadequate

SPECIAL CONDITIONS

permit is valid as long as the required conditions are met

DATA APPLICABLE TO THIS APPLICATION

1. Approximate date when work will start _____
2. Approximate date when work will be completed _____
3. Will the proposed driveway or access road require the reconstruction, relocation or alteration of drainage ditches, beams or paved roadways on the Borough right-of-way? _____

Under and Subject to all the conditions, restrictions and regulations prescribed by the Borough and on the general provision and specification a true copy whereof is attached and made a part hereof, with the same force and effect as if written or printed herein and under subject to the special conditions, restrictions and regulations hereinafter set forth. Permittee shall be responsible for providing visibility for traffic safety at point of connection to highway right-of-way.

The applicant(s) is/are an individual(s), partnership, corporation, other _____

Signature of applicant

For Borough Use Only

Date Application Received _____ Fee Received \$ _____

Preliminary Approval Date _____ Final Approval Date _____

Permit Issued By _____
Code Enforcement Officer

*Borough of
New Stanton, Pennsylvania*

Phone: 724-925-9700
Fax: 724-925-2709
e-mail: nsboro@monrivers.com



P.O. Box 237
New Stanton, Pennsylvania 15672

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date: _____

Certificate #: _____

Tax Map #: _____

1. Applicant's Name: _____

Address: _____ Phone #: _____

2. Occupant's Name: _____

Address: _____ Phone #: _____

3. Owner's Name: _____

Address: _____ Phone #: _____

4. Location of Structure: _____

5. Building Permit Number: _____ Date Issued: _____

6. Date Construction Completed: _____ Date Occupied: _____

7. Intended use: Single family dwelling Two family dwelling
 Multi-family dwelling Commercial (explain below)
 Institutional Industrial (explain below)
 Agricultural Other (explain below)

If Commercial, Institutional, Industrial or other is checked in #7, describe the intended use in detail: _____

AN OCCUPANCY PERMIT IS HEREBY ISSUED TO THE APPLICANT(S) HEREIN NAMED.

Date: _____ Approved _____ Disapproved _____

Comments: _____

Building Code Officer

HEMPFIELD TWP. MUNICIPAL AUTHORITY
SIGN OFF SHEET FOR THE
BOROUGH of NEW STANTON

MUST BE SUBMITTED WITH BUILDING PERMIT APPLICATION

PROPERTY OWNER: _____ **PHONE#** _____

ADDRESS: MAILING _____

ADDRESS: SERVICE _____

TAX MAP#: _____

STRUCTURE: NEW _____ EXISTING _____

RESIDENTIAL _____ **COMMERCIAL** _____ **INDUSTRIAL** _____

DESCRIPTION / USE OF BUILDING _____

HEMPFIELD TOWNSHIP MUNICIPAL AUTHORITY USE ONLY

Permit # Issued by Sewage Official _____

Signature of Sewage Official **Date:** _____

DO NOT WRITE BELOW THIS LINE

Date Received: _____ **Building Permit No:** _____

Official's Name & Title: _____

Copy of building application & permit sent to H.T.M.A.

Date: _____ **Signature:** _____

New Stanton Borough

BUILDING PERMIT APPLICATION

Both sides of application to be completed

APPLICANT		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE () _____		
ALTERNATE PHONE () _____	CELL PHONE () _____	
FAX () _____	PAGER () _____	

OWNER (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE () _____		
ALTERNATE PHONE () _____	CELL PHONE () _____	
FAX () _____	PAGER () _____	

CONTRACTOR (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)		
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE () _____		
ALTERNATE PHONE () _____	CELL PHONE () _____	
FAX () _____	PAGER () _____	

LOCATION		
PROPERTY LOCATED AT _____	CITY _____	ZIP _____
BETWEEN _____	AND _____	
(Cross Street)	(Cross Street)	
SUBDIVISION _____	PARCEL # _____	ZONING _____
TAX MAP # 09- _____ - _____ - _____	SIZE OF LOT _____	
DEED BOOK _____	VOLUME _____	OWNED SINCE _____

<u>TYPE OF SEWAGE</u>		<u>TYPE OF WATER</u>	
<input type="checkbox"/> ON LOT		<input type="checkbox"/> PRIVATE	
<input type="checkbox"/> PUBLIC		<input type="checkbox"/> PUBLIC	
<input type="checkbox"/> NOT APPLICABLE		<input type="checkbox"/> NOT APPLICABLE	
SEWAGE VERIFICATION REQUIRED AT TIME OF BUILDING PERMIT ISSUANCE			

PROJECT DESCRIPTION

RESIDENTIAL

- 01 HOUSE
- 02 ADDITION
- 03 REMODELING
- 04 GARAGE
- 05 PORCH, PATIO, DECK
- 06 SWIMMING POOL
- 07 SHED OR STORAGE

COMMERICAL (BUSINESS)

- 10 BUILDING
- 11 ADDITION
- 12 REMODLING

(INDUSTRIAL)

- 20 BUILDING
- 21 ADDITION
- 22 REMODELING

OTHER

- 60 CELL TOWER
- 60 TANK
- 60 MISC. (DESCRIBE) _____
- 60 EXEMPT BUILDING _____
- 70 DEMOLITION

COST OF IMPROVEMENT _____	BUILDING MEASUREMENTS Length _____ Width _____ Height _____
SQUARE FOOTAGE OF PROPOSED STRUCTURE	
BASEMENT _____ 1 ST FLOOR _____ 2 ND FLOOR _____ DECK _____ GARAGE _____ OTHER ENCLOSED AREAS _____	
TOTAL _____	

IN ADDITION TO THIS APPLICATION THE FOLLOWING IS REQUIRED

- _____ PLOT PLAN (must match building plans for proposed structure)
- _____ Two complete sets of building plans
- _____ Copy of Deed for property
- _____ Copy of Workers Compensation Insurance (If applicable)
- _____ **PA ONE CALL** serial # _____
(1-800-242-1776)

Building permit fee is to be paid when permit is issued

Applications that are incomplete or that do not contain all the requested information will be rejected until the requested information or documentation is received.

We require a 24 hr. notice on all inspections.

For an inspection please call (724)493-7793 daytime (724)468-0475 evenings Inspections can only be performed after 5:00 Pm on weekdays and on weekends. Mike Stack Building Inspector

Signature of Person Completing This Form

DATE ____/____/____



Date Received
Date Issued
Control #
Permit #

BUILDING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
 Work Site Location _____
 Owner in Fee _____
 Address _____
 Tele. (____) _____
 Contractor _____
 Address _____
 Tele. (____) _____ Fax (____) _____
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Monthly/Day)	Initial
<input type="checkbox"/> No Plans Required	____	____	Type: Footing	Failure	Approval
<input type="checkbox"/> All	____	____	Foundation	____	____
<input type="checkbox"/> Footing	____	____	Slab	____	____
<input type="checkbox"/> Foundation	____	____	Frame	____	____
<input type="checkbox"/> Frame	____	____	Barrier-Free	____	____
<input type="checkbox"/> Other	____	____	Insulation	____	____
Joint Plan Review Required:			Finishes	____	____
<input type="checkbox"/> Elec. [] Plumb. [] Fire [] Elevator	____	____	Energy	____	____
SUBCODE APPROVAL			Mechanical	____	____
<input type="checkbox"/> CO [] CCO [] CA	____	____	TCO	____	____
Date: _____	____	____	Other	____	____
Approved by: _____	____	____	Final	____	____
			Barrier-Free	____	____

TYPE OF WORK:

New Building
 Addition
 Alteration
 Roofing
 Siding
 Fence _____ Height (exceeds 6')
 Sign _____ Sq. Ft.
 Pool
 Asbestos Abatement
 Lead Haz. Abatement
 Other _____
 Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 Fee \$ _____
 TOTAL FEE \$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Constr. Class Present _____ Proposed _____
 No. of Stories _____
 Height of Structure _____ Ft.
 Area — Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

1 White = Inspector Copy
 2 Canary = Office Copy
 3 Pink = Office Copy
 4 Gold = Applicant Copy

MECHANICAL INSPECTOR TECHNICAL SECTION

Date Received _____
Date Issued _____
Control # _____
Permit # _____



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (_____) _____
Contractor _____
Address _____
Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
Federal Emp. No. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System Conversion Replacement
Fuel: Gas Oil Electric Solar
 Other _____
Type: Hydronic Hot Air
Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		DATES	
		Type:	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Gas Piping	_____	_____	_____
<input type="checkbox"/> Joint Plan Review Required		Appliance	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.		Chimney/Vent	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Elevator		Oil Piping	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Mech.		Oil Tank	_____	_____	_____
PLANS APPROVED		LPG Tank	_____	_____	_____
Date: _____		Hydronic Piping	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____
SUBCODE APPROVAL		Chimney Cert.	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO		Other _____	_____	_____	_____
Date: _____					
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

FIXTURE/EQUIPMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Other	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
TOTAL FEE \$ _____

PLUMBING SUBCODE TECHNICAL SECTION

Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
 Work Site Location _____
 Owner in Fee _____
 Address _____
 Tele. (_____) _____
 Contractor _____
 Address _____
 Tele. (_____) _____ Fax (_____) _____
 Lic. No. _____
 Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Building Sewer Size _____ Public Sewer _____ Private Septic _____
 Water Service Size _____ Public Water _____ Private Well _____
 Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Joint Plan Review Required:
 Building Electric
 Fire Elevator
 Plumbing Plans Approved

Date: _____
 Approved by: _____

SUBCODE APPROVAL
 CO CCO CA

Date: _____
 Approved by: _____

INSPECTIONS	Dates (Month/Day)	
	Failure	Approval
Type: Slab	_____	_____
Rough	_____	_____
Water	_____	_____
Sewer	_____	_____
Fixtures	_____	_____
Gas Equipment	_____	_____
Gas Piping	_____	_____
Solar	_____	_____
TCO	_____	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature — Contractor's Seal _____
 Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 Fee \$ _____
TOTAL FEE \$ _____

FIRE SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
 Work Site Location _____
 Owner in Fee _____
 Address _____
 Tele. (_____) _____
 Contractor _____
 Address _____
 Tele. (_____) _____ Fax (_____) _____
 Lic. No. _____
 Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____ Fire Alarm System New Existing
 Constr. Class Present _____ Proposed _____ Location of Panel: _____
 Heating Systems New Existing HVAC
 Type: Gas Oil Electric Solar
 Other _____
 Location: _____
 Total Cost of Fire Protection Work \$ _____



Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
 Method of Alarm/Suppression System Supervision _____

Storage Tanks
 Type: Flammable Liquid Combustible Liquid
 LPG LNG Capacity _____ Fuel _____
Alarm Systems 110v Interconnected **NUMBER** _____
 System _____
 Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
 Supervisory Devices (i.e., tampers, low/high air) _____
 Signaling Devices (i.e., horn/strobes, bells) _____
 Other Devices _____
 TOTAL _____

Suppression Systems
 Fire Pump _____ GPM Type _____
 Dry Pipe/Alarm Valves _____
 Pre-action Valves _____
 Sprinkler Heads (Dry and Wet) _____
 Standpipes _____

Pre-engineered Systems
 Wet Chemical _____
 Dry Chemical _____
 CO₂ Suppression _____
 Foam Suppression _____
 Halon Suppression _____
 Other _____

Kitchen Hood Exhaust System _____
 Smoke Control System _____
 Gas or Oil Fired Appliances _____
 Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 Fee \$ _____
 TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Joint Plan Review Required:
 Building Plumbing
 Electric Elevator
 Fire Plans Approved
 Date: _____
 Approved by: _____

SUBCODE APPROVAL
 CO CCO CA
 Date: _____
 Approved by: _____

INSPECTIONS
 Type: _____
 Alarm System _____
 Suppression Sys. _____
 Standpipe _____
 Fire Pump _____
 Pre-Eng. System _____
 Mechanical _____
 Smoke Control _____
 TCO _____
 Final _____
 Other _____

Dates (Month/Day)
 Failure _____ Approval _____ Initial _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

Workers' Compensation Insurance-Coverage Information Form
(attach to Building Permit Application)

A. Name of Applicant: _____

Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation Law?
_____ Yes _____ No

If the answer is "yes" complete Sections B & D below as appropriate.

If the answer is "no" complete Sections C & D below as appropriate.

B. Insurance Information

Contractor: _____

Name

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation _____ Certificate attached

Name of Workers' Compensation Insurer _____

_____ Certificate Attached Policy No. _____ 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 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:

_____ Property owner doing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance.

_____ 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.

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letters for all employees).

D. Signatures

Applicant

Municipality of

Address

County of

Subscribed, sworn to and acknowledged before me by the above this

(seal)

_____ day of _____, _____

Notary Public