

Borough of
New Stanton, Pennsylvania

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451 North Center Avenue
New Stanton, Pennsylvania 15672

**PERMIT APPLICATION FOR ACCESSORY STRUCTURES &
MISCELLANEOUS CHANGES TO EXISTING STRUCTURES**

Application Date _____ Application Number _____

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

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 Exception Conditional

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

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 APPLICANT: 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 Signature Agent of Owner

Permit Fee _____ Date Issued _____

Payment Received _____
Signature Title

Permit Issued by _____
Signature Title

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><i>TYPE OF SEWAGE</i></u>	<u><i>TYPE OF WATER</i></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
<u><i>SEWAGE VERIFICATION REQUIRED AT TIME OF BUILDING PERMIT ISSUANCE</i></u>	

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 _____
 1ST FLOOR _____
 2ND 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. _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	_____	_____	Failure Approval Initial
<input type="checkbox"/> All	_____	_____	
<input type="checkbox"/> Footing	_____	_____	
<input type="checkbox"/> Foundation	_____	_____	
<input type="checkbox"/> Frame	_____	_____	
<input type="checkbox"/> Other	_____	_____	
Joint Plan Review Required:			
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____	
SUBCODE APPROVAL			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	
Date: _____	_____	_____	
Approved by: _____	_____	_____	

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 _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

New Building
 Addition
 Alteration
 Roofing
 Siding
 Fence
 Sign
 Pool
 Asbestos Abatement
 Lead Haz. Abatement
 Other
 Demolition

Height (exceeds 6') _____ Sq. Ft. _____

FEE (Office Use Only)

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

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

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

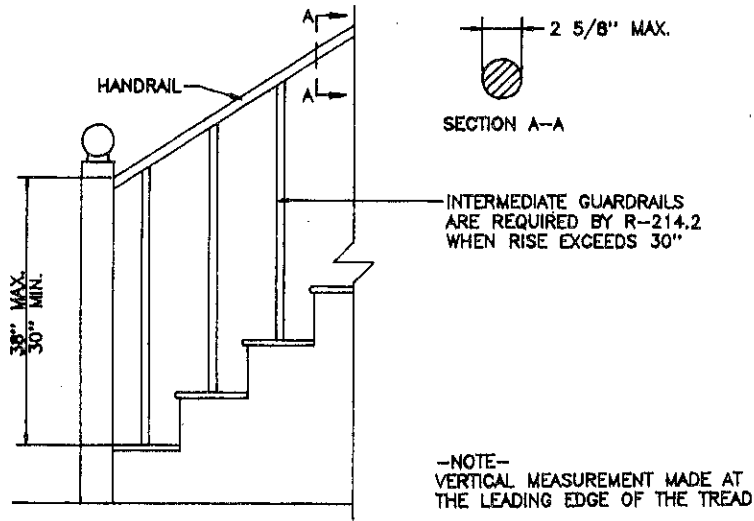
(seal)

_____ day of _____, _____

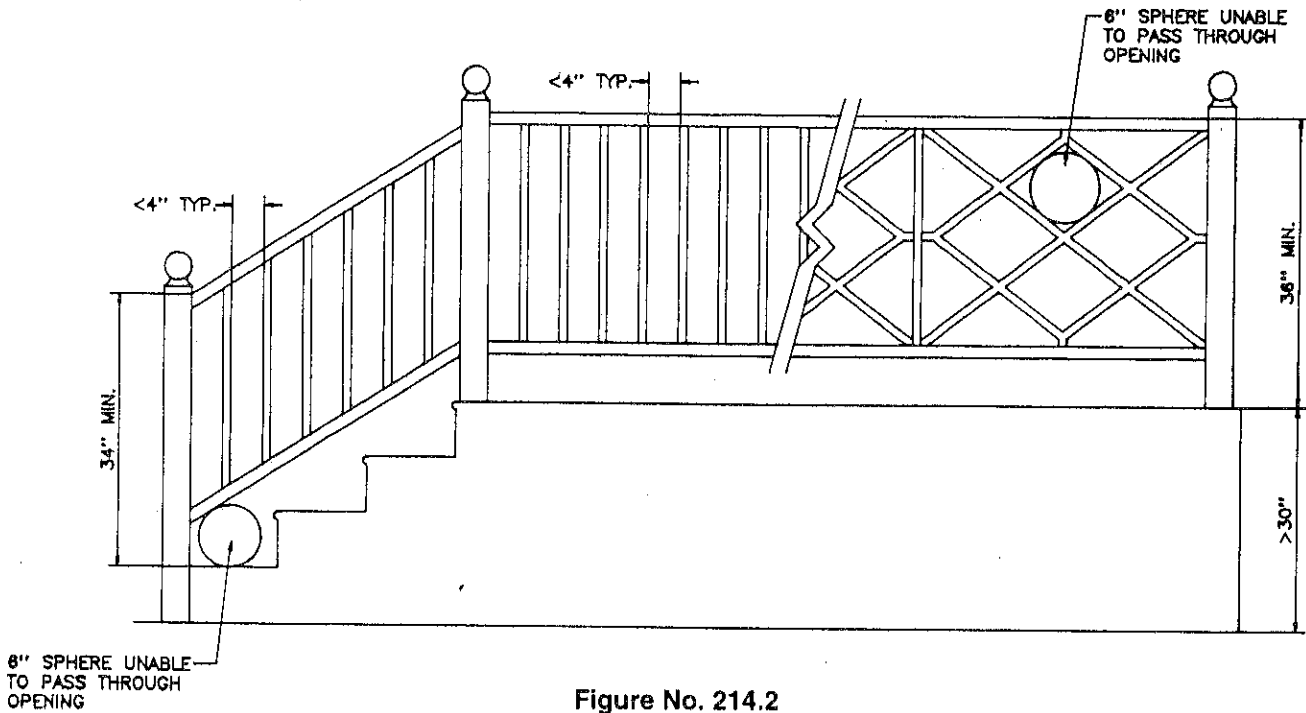
Notary Public

APPLICATION AND COMMENTARY

Section R-214.1 requires open sides of stairs with a total rise of more than 30 inches above the floor or grade below to have guardrails. Section R-214.2, specifies a required guardrail height of 36 inches for porches, balconies or raised floor surfaces and 34" for open sides of stairs.



**Figure No. 214.1
HANDRAILS**



**Figure No. 214.2
GUARDRAILS**
(See Figure No. 214.1 for handrail requirements)