

INDEPENDENCE TOWNSHIP

PERMIT APPLICATION PACKET

NOTICE! NEWLY UPDATED NPDES PERMIT REGS ON LAST PAGE OF PACKET

~ CONSTRUCTION ~

~ BUILDING ~

~ ZONING ~

~ DEMOLITION ~



Please note that if an electrical permit is needed, a separate fee will be issued

Uniform Construction Code Act 45 of 1999

Administered by
Code.sys Code Consulting, Inc.
For the Township of Independence

Municipal Office 724-378-3739 Hours 8-4, M-F

Contact information for our inspectors if you need
Additional information or to schedule inspections:

Code.sys™ Code Consulting, Inc.		Code.sys™ Code Consulting, Inc.	
Joanna Beres Building Inspector jberes@code-sys.com		John T. Lucchesi Electrical Inspector	
1-877-821-0337 Ext. 27 Toll Free www.code-sys.com	321 Grant Avenue Pittsburgh, PA 15209 412-821-0337, ext. 27	1-877-821-0337 Ext. 55 Toll Free www.code-sys.com	321 Grant Avenue Pittsburgh, PA 15209 412-821-0337, ext. 55

CONSTRUCTION DRAWINGS REQUIREMENTS

Please provide location of dwelling(s) which are being removed from the premises.
Please include property lines and where on the lot the existing dwellings which are being demolished are located.

REQUIRED INSPECTIONS UNDER PA UCC ACT 45-1999

PERMIT NO.: _____

LOCATION: _____

MUNICIPALITY: _____ COUNTY: _____

- (1) Upon receipt of approved building permit, such building permit must be posted on the job site so it is visible from the street and remain posted until a final inspection has been made. Approved plans must be retained on the job site. Where a Certificate of Occupancy is required, such building shall not be occupied until a final inspection has been made.
- (2) The approved building permit will become null and void if construction work is not started within 180 days of date the permit is issued as noted on the building permit. Work must be completed within five (5) years of date of issuance.

REQUIRED INSPECTION PROVIDED BY THE TOWNSHIP

These inspections may be scheduled Monday through Friday between 8:00 a.m. and 4:30 p.m. by contacting JOHN J. HUCKO, Building Inspector at 412-821-0337 ext. 59. Kindly give 2 working days advance notice. Electrical and Plumbing inspectors names and extensions are listed below.



Indicates if Required

- ☐ **Footing** – prior to pouring but after reinforcement rods are in place.
- ☐ **Foundation/Masonry** – before backfilling – walls must be parged and waterproofed – sill plate must be wolmanized (if within 8" of grade) with required anchor bolts in place.
- ☐ **Electrical** – prior to covering structural members
Contact JOHN T. LUCCHESI @ 412-821-0337 ext. 55
- ☐ **Plumbing** – prior to covering structural members.
Contact JOHN J. HUCKO @ 412-821-0337 ext. 59
- ☐ **HVAC** - prior to covering structural members.
Contact JOHN J. HUCKO @ 412-821-0337 ext. 59
- ☐ **Framing** - prior to covering structural members, but after HVAC, electrical and plumbing installations. Rough inspection stickers must be on site at this time.
- ☐ **Wallboard** – during the installation of the wall coverings
- ☐ **Final Inspection** – prior to occupancy. Electrical and plumbing final inspection stickers must be given on site at this time.

NOTICE

ALL PERMITS require a final inspection. Requests for a final inspection give at least two (2) working days notice.

CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED: _____

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

SUBDIVISION: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

BUILDING PERMIT

☐ One Family Dwelling ☐ Two Family Dwelling ☐ Commercial Use _____

☐ New Construction ☐ Alteration ☐ Repair ☒ Demolition

DESCRIPTION OF CONSTRUCTION: _____

TOTAL SQ. FT. OF CONSTRUCTION: _____ EST. COST OF CONSTRUCTION: _____

☐ Plan Review Required

ARCHITECT/ENGINEER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

BUILDER NAME: _____ (INSERT "SELF" IF YOU ARE THE BUILDER)

DBA: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISION OF THE MUNICIPALITY'S CODES SHALL BE COMPLIED WITH.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

X

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

****FOR DEPARTMENT USE ONLY****

BUILDING PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BUILDING PERMIT FEE \$

BY: _____

PLAN REVIEW FEE \$

DATE: _____

MUNICIPAL FEE \$

PERMIT NO.: _____

TRAINING FEE \$

TOTAL PERMIT FEE \$

REASON(S) FOR DENIAL: _____

WORKER'S COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

PART I

The Applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits (check one):

- ☐ Certificate of Insurance OR Certificate of Self-Insurance (please attach)
- ☐ Affidavit of Exemption

PART 11

Basis for exemption (check one):

- ☐ Applicant is an individual who owns the property
- ☐ Contractor/Applicant is sole proprietorship without employees
- ☐ Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain: _____

- ☐ All of the Contractor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

- ☐ Other:

Please explain: _____

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to un-sworn falsifications to authorities.

Signature: **X** _____ Title: _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

**I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR,
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
(OSHA) STANDARDS AND UNDERSTAND THAT I MUST
COMPLY WITH THESE STANDARDS FOR THE DURATION OF
MY CONSTRUCTION PROJECT.**

X

SIGNATURE OF APPLICANT/OWNER

DATE