

Borough of Edgeworth
301 Beaver Road, Edgeworth, PA 15143
(412) 741-2866 Fax (412) 741-6998

Building Permit No. _____

Zoning Permit No. _____

**APPLICATION FOR
PLAN EXAMINATION / BUILDING PERMIT or ZONING PERMIT**

Date Stamp

Zoning Stamp

Building Code Stamp

Location of Proposed Work or Improvement

County: _____ Municipality: _____

Site Address: _____ Tax Parcel No: _____

Site is located in _____ Zoning District Plan is attached hereto Yes No

Owner: _____ Phone No: _____ Fax No: _____

Mailing Address: _____ E-Mail: _____

Principal Contractor: _____ Phone No: _____ Fax No: _____

Mailing Address: _____ E-Mail: _____

Architect: _____ Phone No: _____ Fax No: _____

Mailing Address: _____ E-Mail: _____

Type of Work or Improvement (*Check All Applicable*):

- | | | | | | |
|---|---|---|--------------------------------|----------------------------------|-----------------------------|
| <input type="radio"/> New Building | <input type="radio"/> Addition | <input type="radio"/> Alteration | <input type="radio"/> Repair | <input type="radio"/> Demolition | |
| <input type="radio"/> Relocation | <input type="radio"/> Foundation Only | <input type="radio"/> Change of Use | <input type="radio"/> Plumbing | <input type="radio"/> Mechanical | |
| <input type="radio"/> Electrical | <input type="radio"/> Exterior Alteration | <input type="radio"/> Interior Alteration | <input type="radio"/> Wall | <input type="radio"/> Sign | <input type="radio"/> Fence |
| <input type="radio"/> Accessory Structure ≤ 1,000 sq. ft. | <input type="radio"/> Other - _____ | | | | |

Describe the proposed work: _____

Estimated Cost of the Construction (*reasonable fair market value*): \$ _____

Description of Building Use (*Check One*):

RESIDENTIAL

- One Family Dwelling (R3)
 Two Family Dwelling (R3)

NON-RESIDENTIAL

Specific Use: _____

Use Group: _____

Change in Use: Yes No

Proposed Use of Land: (Zoning related)

If Yes,

Indicate Former Use: _____

Maximum Occupancy Load: _____

Maximum Live Load: _____

Building / Site Characteristics:

Number of Residential Dwelling Units: Existing: _____ Proposed : _____

Mechanical: (*Indicate type (i.e., electric, gas, oil, etc.):*)

Heating: _____ Ventilation: _____ Air Conditioning: _____

Water Service (*Check One*): Public Private

Sewer Service (*Check One*): Public Private (Septic Permit No. _____)

Does or will your building contain any of the following:

Fireplace(s): Number: _____ Fuel Type: _____ Vent Type: _____

Elevator/Escalator/Lift/Moving Walks: Yes No

Sprinkler System: Yes No

Pressure Vessels: Yes No

Refrigeration Systems: Yes No

Building Line Dimensions, Lot Coverage & Impervious Surface:

Lot Area: _____ sq ft. (excluding Public Right of Ways)

	<u>Existing</u>	<u>Proposed</u>
Lot Coverage (Principal & Accessory Buildings)	_____ sq ft.	_____ sq ft.
	_____ % of lot area	_____ % of lot area
Impervious Surface	_____ sq ft.	_____ sq ft.
	_____ % of lot area	_____ % of lot area
Yards		
Front Yard	_____ ft.	_____ ft.
Front Yard (Corner lot only)	_____ ft.	_____ ft.
Rear Yard	_____ ft.	_____ ft.
Side Yard (Each)	_____ ft. _____ ft.	_____ ft. _____ ft.
Side Yard (Corner lot only)	_____ ft.	_____ ft.
Number of Stories	_____	_____
Height of Structure above Avg. Grade	_____ ft.	_____ ft.

Permitted Work Hours:

Hours of operation for all contractors are **7 a.m. to 8 p.m.** Monday through Saturday.

Hours of operation are **NOT** permitted on Sundays and all Holidays.

All Inspections Require a 24 Hour Notice (412) 741-2866

For Additional Space as Needed

A large rectangular box containing 30 horizontal lines, intended for providing additional space as needed.

Proof of Insurance:

Compliance with the requirements of Act 44 must be demonstrated by filing one (1) of the following three (3) documents with the application for plan examination and building permit:

1. Certificate of Insurance by your insurance carrier as proof of insurance covering the Worker’s Compensation Act, the Occupational Disease Act and the Longshore and Harbor Worker’s Compensation Act (if applicable); or (completed by all contractors)
2. Certification of Self-Insurance from the Department of Labor and Industry as proof of insurance covering the Worker’s Compensation Act, the Occupational Disease Act and the Longshore and Harbor Worker’s Compensation Act (if applicable); or (completed by all contractors)
3. A Notarized Affidavit stating that no other persons will be employed for the entire period of the work. (completed if owner is doing work)

Contractors must also supply on company letterhead or billhead their Federal or State Identification Number. Contractors must obtain proof of insurance from subcontractors before a subcontractor can be let and certificates must be furnished to the Borough of Edgeworth.

The Borough of Edgeworth must be named as a Worker’s Compensation policy certificate holder. The issuer of the policy must inform the Borough of Edgeworth within three (3) working days of any change in, or termination of, coverage.

AFFIDAVIT

I, _____, do solemnly swear that I will not employ / hire any other persons for the project for which I am seeking a building permit. If, after receipt of the building permit, I employ any other persons I must notify the Borough of Edgeworth and provide within three (3) working days, proof of insurance covering: the Worker’s Compensation Act, the Occupational Disease Act and the Longshore and Harbor Worker’s Compensation Act (if applicable).

I understand that failure to comply will result in the issuance of a Stop Work Order and that such order may not be lifted until proper coverage is obtained.

Signature of Applicant

Sworn and Subscribed to

Before me this _____ day of _____, 20 _____.

Signature of Notary Public

(FOR CODE ADMINISTRATOR USE ONLY)

Additional Permits/Approvals Required

<input type="radio"/> Street Cut/Driveway	Approved _____
<input type="radio"/> PennDot Highway Occupancy	Approved _____
<input type="radio"/> DEP Floodway or Flood Plain	Approved _____
<input type="radio"/> Sewer Connection	Approved _____
<input type="radio"/> On-lot Septic	Approved _____
<input type="radio"/> Other _____ _____	Approved _____
<input type="radio"/> Zoning	Approved _____ Prohibited _____

Approvals

Building Permit Denied:	Date _____	Date Returned _____
Building Permit Approved:	Date _____	
Code Administrator	_____	
Date Issued: _____	Date Expires: _____	Permit No: _____
Building Permit Fee \$ _____		Receipt No: _____
PA State UCC Fee \$ <u>4.50</u>		Receipt No: _____
Plumbing Permit Fee \$ _____		Receipt No: _____
Mechanical Permit Fee \$ _____		Receipt No: _____
Electrical Permit Fee \$ _____		Receipt No: _____
TOTAL FEES DUE \$ _____		

Project Documents (Drawings and Calculations)

Type of document:	<u>Submitted</u>	<u>Signed / Sealed</u>	<u>Date:</u>	<u>Revision Date:</u>
Foundation Plans	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Construction Drawings	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Electrical Drawings	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Mechanical Drawings	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Plumbing Drawings	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Specifications	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Flood Hazard Area Data	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Workers Comp. Certificate	<input type="radio"/> Yes <input type="radio"/> No		_____	_____

***NO WORK MAY BE CONCEALED FROM VIEW UNTIL IT HAS BEEN APPROVED
BY THE BOROUGH OR IT'S AGENTS***

I fully understand that it is my responsibility to call for inspections and that, if inspections are not made according to this procedure, I may be in violation of the Uniform Construction Code and may be subject to prosecution. I also understand that no one may occupy the structure (or portion thereof) until a Certificate of Occupancy is obtained.

Name of Permit Applicant/Agent: _____

Date: _____

Signature: _____

Building Name: _____

Building Street Address: _____

City: _____ Zip Code: _____

NOTE:

All inspection require a 24 hour notice – 412-741-2866

**Permitted hours of operations for all contractors are
7 a.m. to 8 p.m.
Monday thru Saturday**

Operations are NOT permitted on Sundays and Holidays.

Borough of Edgeworth
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DEPARTMENT OF BUILDING CODE ENFORCEMENT

PENNSYLVANIA UNIFORM CONSTRUCTION CODE
BUILDING INSPECTION REQUIREMENTS

1. Footing Inspection – Prior to placement of footing material
2. Foundation Inspection – Prior to backfill
3. Framing Inspection – Prior to insulating
4. Rough Plumbing Inspection – Prior to insulating
5. Rough Electrical Inspection – Prior to insulating – Code.Sys or MDIA or Steel City Inspection Agency
6. Mechanical Inspection – Prior to insulating
7. Insulation Inspection – Prior to enclosing
8. Wallboard Inspection – Prior to finish application
9. Final Inspection – Electrical, Plumbing and Mechanical – Prior to occupancy

**CERTIFICATE OF OCCUPANCY
IS
REQUIRED**

ACKNOWLEDGEMENT

I, _____, acknowledge that I have read and Understand Borough of Edgeworth Ordinances Number 505, as attached, which regulates road weight limits. I agree to abide by it. I understand that compliance with this Ordinance is a condition of the Building Permit.

Signature of Applicant

Date

**BOROUGH OF EDGEWORTH
ORDINANCE NO. 505**

AN ORDINANCE ESTABLISHING WEIGHT LIMITS ON BOROUGH ROADS

WHEREAS, the Borough Code at 53 P.S. § 46202(17) and the Pennsylvania Vehicle Code at 75 Pa.C.S.A. § 4902 permit certain weight restrictions to be placed on vehicles traveling on local roads in the Borough of Edgeworth (the "Borough"); and

WHEREAS, the Borough has previously enacted a weight limit on certain streets in the Borough; and

WHEREAS, the Borough, pursuant to an engineering study, has determined that weight restrictions are appropriate on additional streets in the Borough.

NOW THEREFORE, be it ordained and enacted by the Borough Council of the Borough of Edgeworth, and it is hereby ordained and enacted by the authority of the same as follows:

Section 1. Section 123-15.2 of the Code of the Borough of Edgeworth, entitled Vehicle Weight Limits, is hereby amended by adding the following to the restrictions in paragraph A.

<u>Name of Street</u>	<u>Location</u>	<u>Maximum Gross Weight</u>
Academy Avenue	from Woodland Road to Dead End	10 Tons
Hazel Lane	from State Route 65 to Beaver Road	5 Tons
Quaker Road	from State Route 65 to Beaver Road	10 Tons
Chestnut Road	from State Route 65 to Beaver Road	8 Tons
Chestnut Road	from Woodland Road to Borough Line	8 Tons
Edgeworth Lane	from State Route 65 to Beaver Road	5 Tons
Woodland Road	from Academy Avenue to 90& Bend	5 Tons

Section 2. Section 123-15.2 of the Code of the Borough of Edgeworth is amended by adding a new Section 123-15.2 A.1. following subsection A to read as follows:

123-15.2 A.1 Additional Regulations

(a) Legislative Findings

Council has determined that pursuant to an engineering study of Borough roads, and the history and effects of vehicle traffic on Borough streets, that local traffic (local deliveries and pickups) that is conducted by vehicles over the posted weight limits is likely to damage the roads listed herein.

(b) Alternatives

In order to protect the roads of the Borough, the local traffic exception (local deliveries and pickups) will not apply when the driving of overweight vehicles can be avoided. Two methods of such avoidance that drivers must utilize are: (i) using a route that is available that does not use a restricted road, and (ii) splitting an overweight load into two or more smaller, compliant loads.

(c) Notice

Notice is hereby given of the legislative findings in subsection (a). In addition, the following will apply: (i) the zoning officer and building inspection officer are directed to issue a notice to every person that applies for a zoning or building permit of this finding; (ii) the notice will also be given to the relevant property owner, if different from the permit applicant; (iii) the police will be given a copy of the notice that is given pursuant to (i) and (ii) above; and (iv) the Borough Manager or the Borough police shall give notice to any vehicle operator in accordance with PennDOT regulations.

(d) Permits


(i) If the project associated with any building or zoning permit is likely to involve overweight vehicles, the permittee and any other persons involved with the project must utilize a route to the project that is approved by the Borough Manager or Chief of Police. This requirement is in addition to any other requirements imposed by law.

(ii) Compliance with this ordinance is a condition to the issuance of any building permit or zoning permit. Any notice given in connection with said permit will also include a statement to this effect.

ORDAINED AND ENACTED into law this 19th day of September 2006.

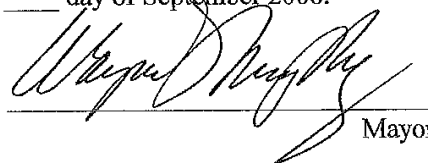
ATTEST:

BOROUGH OF EDGEWORTH


Secretary


President

EXAMINED AND APPROVED by me this ____ day of September 2006.


Mayor