



Customer Assistance Guide Building Permit Application Submittal Requirements

Detached Structures (1000 SQ FT or more) Accessory To Detached One Family Dwelling (Shed – Detached Garage – Pavilions, Etc.)

- Please read the following information.
- This is a checklist. You must have a “checkmark” in ALL sections listed below prior to submitting your application.

____ “Affidavit of Exemption (See attached form). If you are hiring a contractor to construct your structure, and they have Workers’ Compensation, have the contractor or their insurance carrier provide us with a “Certificate of Insurance” showing proof. If the homeowner or a contractor without Workers’ Compensation is constructing the structure, the attached form must be completed and notarized.

____ A site plan showing the proposed detached accessory structure, the outside dimensions of the structure, the distances in feet to: The front, sides, and rear of property lines.

____ Three (3) sets of construction drawings that **show in detail** code compliance for all of the work proposed, to include **but not limited to** the following information:

- Footing detail including depth below frost line
- Type of foundation
- Roof rafter size (2x6, 2x8, 2x10, etc.)
- Rafter spacing (16” on center, 24” on center, etc.)
- Thickness and type of roof sheathing
- Ceiling joist size and spacing
- Floor joist size and spacing
- Wall sections showing top, bottom plates and headers
- Location and size of all beams, girder/headers
- Sizes of all doors
- Plumbing, if applicable
- Mechanical, if applicable
- Electrical, if applicable

____ Completed building permit application

BIU will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked “Approved.” A building permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Borough Office. All fees shall be paid prior to the issuance of the permit. Use the inspection procedures provided to have all of the required inspections performed.

MANOR



BOROUGH

As-Built Survey

The As-Built Survey required for an occupancy permit in new construction **MUST** contain the following information.

- Show all structures on the plot with setbacks and required building lines.
- Show public sidewalks, driveways, streets, alleys and street lights.
- ALL driveways must include size and slope.
- Show all utility poles, stations, connectins, tap-ins, manholes and vaults
- Show ALL right of ways, public and private.
- Show all stormwater retention/detention ponds, tanks, swells, inlets, outlets, devices and right of ways.
- Show Lot Number, Tax Map Number, House Number, and all standard information as provided by the design professional.



Workers' Compensation Information Form

AFFIDAVIT OF EXEMPTION

The undersigned affirm 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 performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, the contractor must provide proof of Worker's Compensation Insurance to the Borough. Homeowner assumes liability for contractor compliance with these requirements.
- ___ Contractor has 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 Borough.
- ___ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from Workers' Compensation Insurance. Attach copies of religious exemption letter for ALL employees.
- ___ Use this form when applicable to Part C on the Workers' Compensation Form.

Signature of Applicant

Commonwealth of Pennsylvania

County of _____

Sworn to and subscribed before me on this

_____ day of _____, 20 ____.

Notary Public

Chapter 102 Fact Sheet

<http://www.pacode.com/secure/data/025/chapter102/chap102toc.html>

- Any earth disturbance over **5,000 square feet** requires a written erosion and sediment control plan and it must be available on site.

IF DISTURBING MORE THAN 1 ACRE READ BELOW

- NPDES permits are required for any earth disturbance activity that **disturbs 1 acre or greater**, regardless of whether the activity results in a point source discharge. **102.5 (a)**
- **General NPDES-** \$500 – payable to WCD Clean Water Fund
\$100/disturbed acre – payable to Commonwealth Clean Water Fund
Individual NPDES- \$1,500 – payable to WCD Clean Water Fund
\$100/disturbed acre – payable to Commonwealth Clean Water Fund – **102.6(b)**
- Written erosion and sediment (E&S) control plans are required for both **agricultural plowing and tilling** activities that disturb over 5,000 square feet AND **animal heavy use areas** that disturb over 5,000 square feet. The E&S plan must identify all “Surface Waters of the Commonwealth”.
102.4 (a)
- **Inspection reports** and monitoring records should be **available on site**. They can be maintained electronically as long as a copy can be produced when requested by the Westmoreland Conservation District (WCD) or Department of Environmental Protection (DEP). **102.4(b)**
- A **pre-construction meeting** must be held for any earth disturbance activity which is authorized by a permit. Any person who has a role in the design or implementation of the E&S control plan or post-construction stormwater management (PCSM) plan must attend this meeting. **102.5(e)**
- A Notice of Termination (NOT) must be submitted to the WCD or DEP which identifies the person(s) responsible for the **long-term operation and maintenance** of PCSM best management practices (BMP’s). **102.7(a)**
- “**Record Drawings**” of PCSM structures, with a final certification, should be included with the NOT.
102.8(l)
- **Permit Renewals:** A person conducting earth disturbance activities under a permit issued before November 19, 2010, and renewed prior to January 1, 2013, shall implement, operate, and maintain the PCSM requirements in accordance with the terms and conditions of the existing permit. After January 1, 2013, the renewal of a permit issued before November 19, 2010 shall comply with the requirements new permit. **102.8 (a) Renewals need submitted 180 days before expiration.**
 - **NOTE: Currently, NPDES permits which are being issued are valid for 5 years. ESCGP-2 permits are valid for 5 years.**
- **A licensed professional** or designee shall be present on site and be responsible during critical stages of PCSM installations. Critical stages may include the installation of underground facilities, structurally engineered BMP’s, or other BMP’s identified by WCD or DEP. **102.8(k)**

(OVER)

- New buffer requirements: 150' **riparian buffer** required when site is located in high quality (HQ) or exceptional value (EV) watersheds. Also requires protection of any existing buffer. A 150' **riparian forest buffer** required when the site is located in HQ or EV category 4 or 5 impaired stream watershed.
102.14(a)
 - 86,000 – stream miles in PA
 - 26,000 – miles designated HQ or EV – requires **riparian buffer**
 - 700 – miles designated HQ/EV category 4 or 5 impaired – requires **riparian forest buffer**
- Buffers must be **protected in perpetuity** through deed restrictions, conservation easements, local ordinance, or permit conditions. Proof should be submitted with the NOT. **102.14(g)**
- A **stream ReLeaf form** must be submitted to WCD or DEP within one year of buffer establishment
102.14(h)
- **Temporary stabilization** must be applied to a site when cessation of earth disturbance activities will exceed 4 days. **102.22**
- A municipality or county which issues building or other permits shall **notify the WCD or DEP within 5 days** of receipt of the application for a permit involving an earth disturbance activity consisting of 1 acre or more. **102.42**
- With the exception of local stormwater approvals or authorizations, **a municipality or county may not issue a building or other permit** approval to those proposing or conducting earth disturbance activities requiring a DEP permit until the WCD or DEP has issued the E&S or individual NPDES permit, or approved coverage under the general NPDES permit. **102.43**
- **New technologies** must be submitted to Darl Rosenquest/DEP for approvals. WCD cannot grant approvals.

For further information, please contact



J. Roy Houston Conservation Center
218 Donohoe Road
Greensburg, PA 15601-9217
Phone: 724-837-5271
Administrative FAX: 724-552-0143 Technical FAX: 724-837-4127
email: wcd@wcdpa.com website: www.wcdpa.com

MANOR



BOROUGH

DEPT OF BUILDING AND ZONING
44 Main Street, Manor PA 15665
724-864-2525

PERMIT # _____

ZONING PERMIT

Application is hereby made for a Zoning Approval Permit

DATE: _____

RECEIVED: _____

Property Owner: _____

Owner Address: _____

Telephone Nbr: _____

Applicant's Name: _____

Address and Location of Project / Work / Use: _____

Describe Work In Detail: _____

Est Cost: \$ _____ Size of Building: _____ Lot Size: _____

Height and Type of Fence: _____ Use of Building: _____

Please attach a survey or lot plan showing the location of any street, alley, storm/sewer easements, house, garage, decks, etc. Please show distance from all lot lines to proposed work, building, fence, garage, shed, wall, deck, etc.

Signature of Applicant _____ Date _____

Make check payable to Manor Borough.

OFFICIAL USE

Copy of plans attached _____ Check # _____ \$100.00 Approved

Denied

Zoning Official _____ Date _____

MANOR



BOROUGH

PERMIT CHECKLIST

LOT # _____

- ___ Completed Building Permit Application
- ___ Two (2) sets of Complete Construction **documents and drawings**, including ResCheck
- ___ Completed Mechanical Permit Application
- ___ Two (2) sets of Complete Mechanical **documents and drawings**
- ___ Completed Plumbing Permit Application
- ___ Two (2) sets of Complete Plumbing **documents, drawings, and fixture quantity worksheet**
- ___ Completed Electrical Permit Application
- ___ Certificate of Worker's Compensation Insurance (Borough as "Certificate Holder") AND/OR completed and Notarized Exemption Form
- ___ Completed Zoning Permit / Certificate Application and Fee
- ___ Two (2) original copies Survey Plot Plan by Surveyor
- ___ Completed Application for Sewer Tap and Fee

This is a Basic Checklist. Additional information may be required to verify compliance with local, state, and federal statutes, prior to and for permit issuance.

BUILDING PERMIT _____ **ELECTRICAL PERMIT** _____

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____

Rear Yard _____ Ft. (Rear of building to property line) _____

Side Yard _____ Ft. Side Yard _____ FT. _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Total square feet: _____ Use Group _____ Type Construction _____

No. of Stories: _____ Height of Structure _____

Description of work: _____

Type of work:

Alterations/Additions of: _____ Square Ft. _____

() Roofing - Total square feet _____

() Fencing, supply height if it exceeds 6 foot _____

() Sign - Total Square feet _____

() Pool - Total Square feet _____

() Decks - Total Square feet _____

() Demolition - Total Square feet _____

() Accessibility _____

Other: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding constructon.

Signature: _____
Owner () Contractor () Owner Reresentative ()

ELECTRICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Technical Site

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee

Others: _____

Signature: _____
Owner () Contractor () Owner Reresentative ()

BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Building Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

ELECTRICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Electrical Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

MECHANICAL PERMIT _____ **PLUMBING PERMIT** _____

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

MECHANICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Technical Site Data No.	Fixture/Equipment
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC

Others: _____

Signature: _____
Owner () Contractor () Owner Reresentative ()

PLUMBING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Technical Site Data No.	Items	Technical Site Data No.	Items
_____	Water Closet	_____	Interceptor/Separator
_____	Urinal/Bidet	_____	Backflow preventer
_____	Bath tub	_____	Grease trap
_____	Lavatory	_____	Sewer Connection
_____	Shower	_____	Sewer Pump
_____	Floor drain	_____	Stacks
_____	Sink	_____	Solar
_____	Dishwasher		
_____	Drinking fountain		
_____	Washing Machine		
_____	Hose Bibb		
_____	Water Heater		
_____	Fuel Oil Piping		
_____	Gas Piping		
_____	Steam Boiler		
_____	Hot Water Boiler		
_____	Water Service Connection		

Others: _____

Signature: _____
Owner () Contractor () Owner Reresentative ()

MECHANICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Mechanical Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

PLUMBING BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Plumbing Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

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Building / Zoning Department Building Permit

These are the forms to be used as of JANUARY 1, 2011, along with the permit checklist. Failure to fill out the complete application providing the required information will delay your permit. **No work is permitted until your permit is released under the Statewide Uniform Construction Codes.** This is Law.

- Fill out the applications COMPLETELY (Building, Electrical, HVAC, Plumbing, Fire)
- Survey **OR** Plot Plan
Must show lot lines, street/alleys, all right of ways, utilities and existing structures. NO FREE HAND DRAWING. Use a ruler and/or graph paper.
- 2 Full sets of construction drawings with details and views of side/front/rear floor plans and footer detail.
 - Truss and roof layout from Manufacturer
 - TJI, LVL, and Beam Specification from Manufacturer
 - Window/Door schedule
 - Manufacturer specifications for HVAC, fireplaces and blow-in insulation.
 - REZ Check
 - Utility work order number for electric service

NOTE: Residential projects do not need drawings from a design professional but must be detailed in the type, size, and spacing of components. NO "Free hand" drawings accepted!

- Provide Zoning Permit and Sewage Permit
- Your Contractor and ALL Subcontractors must provide insurance and Worker's Compensation "Certificate of Insurance".

COMMERCIAL PROJECTS MUST PROVIDE THREE (3) SETS OF DRAWINGS PREPARED AND STAMPED BY A DESIGN PROFESSIONAL AND ALL OF THE ABOVE INFORMATION.

CALL PA ONE CALL 8-1-1 BEFORE YOU DO ANY DIGGING!



APPLICATION FOR SEWER TAP

APPLICATION
DATE

APPLICANT NAME

APPLICANT
ADDRESS

TELEPHONE NO.

PLAN/LOT NO.

STREET ADDRESS

WWMA FEE PAID

YES NO

TAP LOCATION

Check one

FRONT REAR RIGHT SIDE LEFT SIDE

TAP FEE

DATE PAID

NOTE: Permit will be issued provided applicant complies with all Borough Rules & Regulations regarding sewers and sewer connections. 48 hours notice must be given for inspection of connection.

FIRE PROTECTION PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____
 Construction Site Location _____ Date Received _____
 Owner _____ Tenant _____
 Address _____ Address _____
 State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____
 Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

FIRE PROTECTION PERMIT

Contractor _____
 (if owner, put same name above)

Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____

Fed Employee No. _____
 (Certificate of Insurance for Workers Compensation needed or
 sign exemption form)

Estimate of total costs for all work _____

Technical Site Data:

Water Supply Source _____
 Method of Alarm/Supr. Sys Supervised _____

Storage Tanks:

Type - Flammable Liquid Combustible Liquid
 LPG LNG Capacity _____ Fuel _____

Alarm Systems 110V Interconnected
 System

No.	ITEM
-----	------

- | | |
|-------|---|
| _____ | Alarm devices (smoke, heat, pulls, waterflow) |
| _____ | Supervisory devices (tamper, low/high air) |
| _____ | Signaling devices (horns/strobes, bells) |
| _____ | Fire pump GPM Type |
| _____ | Dry pipe/Alarm valves |
| _____ | Sprinkler heads (dry & wet) |
| _____ | Standpipes |
| _____ | Wet chemical or Dry chemical |

Circle one: CO2 suppression-Foam suppression-Halon suppression
 Others: _____

Estimate of total costs for all work _____

Signature: _____
 Owner Contractor Owner Representative

CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____
 UCC Fire Protection Fee: _____
 Plan Review Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____

Inspection Log

Owner Name: _____

Construction Site Address: _____

Permit #: _____ **Inspector:** _____

REQ'D	INSPECTION	INSPECTOR SIGNATURE	FAIL DATE	PASS DATE
	Building			
	Footing Environment			
	Foundation			
	Frame			
	Insulation			
	Wallboard			
	Finishes			
	Concrete Under Slab/Floor			
	Building Final			
	Electrical			
	Electrical Temp. Service			
	Underground Electrical			
	Electrical Rough-In			
	Electrical Service			
	Electrical Final			
	Mechanical			
	Mechanical Rough-In			
	Underground Mechanical			
	Appliance			
	Fireplace			
	Chimney			
	Mechanical Final			
	Plumbing			
	Underground Plumbing			
	Plumbing Rough-In			
	Water			
	Gas Piping			
	Plumbing Final			
	Other			
	Fire Protection			
	Energy Final			
	Accessibility Final			

Issue Certificate of Occupancy: Yes No

Use Group: _____ Construction Class: _____

NOTES: