



APPLICATION FOR BUILDING PERMIT OR ZONING PERMIT

Date Received Stamp

Zoning Stamp

Building Code Stamp

Location of Proposed Work or Improvement:

Permit No. _____

Site Address: _____

Tenant Name (if applicable): _____

Tax Parcel No: _____ Zoning District: _____

Owner: _____

Mailing Address: _____

Phone No: _____ Email Address: _____

Principal Contractor: _____

Mailing Address: _____

Phone No: _____ Email Address: _____

Design Professional: _____

Mailing Address: _____

Phone No: _____ Email Address: _____

Type of Work or Improvement (Check all Applicable):

Residential		Commercial	
<input type="checkbox"/> New Single-Family/Two-Family/Townhouse	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> New Building	<input type="checkbox"/> Accessory Structure
<input type="checkbox"/> Alteration/Structural Change	<input type="checkbox"/> Driveway/Patio/Sidewalk	<input type="checkbox"/> Interior Renovations	<input type="checkbox"/> Alteration Level 1
<input type="checkbox"/> Addition	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Exterior Renovations	<input type="checkbox"/> Alteration Level 2
<input type="checkbox"/> Deck – Less than 30" Above Grade	<input type="checkbox"/> Deck – 30" above grade and greater	<input type="checkbox"/> Deck	<input type="checkbox"/> Alteration Level 3
<input type="checkbox"/> Retaining Wall – Less than 4' in height	<input type="checkbox"/> Retaining Wall – 4' and greater	<input type="checkbox"/> Retaining Wall – Less than 4' in height	<input type="checkbox"/> Retaining Wall – 4' and greater
<input type="checkbox"/> Above Ground Pool/Spa	<input type="checkbox"/> In-Ground Pool	<input type="checkbox"/> Addition	<input type="checkbox"/> Roof
<input type="checkbox"/> Covered Deck/Porch	<input type="checkbox"/> Electrical (EV Charger)	<input type="checkbox"/> Repair	<input type="checkbox"/> _____
<input type="checkbox"/> _____			

Electrical may require an additional permit and inspections from a certified third-party inspection agency.
Plumbing work is administrated by Allegheny County Health Department – Plumbing Program (412-578-8036).

Brief Project Description:

Height of Structure: _____ ft. **Number of Stories** _____ **Gross Floor Area** _____ sf.

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

Building Line Dimensions, Lot Coverage, & Impervious Surface

Total Dimensions of New Structure: _____

Set Backs	Allowable	Proposed
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.

Lot Area: _____ sq ft.

Stormwater Management and Grading

Please be aware: If the proposed project creates 400 or more sq ft of impervious surface, a stormwater management plan and checklist (along with their requirements) must be submitted with Building/Zoning permit.

	<u>Existing</u>	<u>Total Proposed</u>
Impervious Surface	_____ sq ft. _____ % of lot area	_____ sq ft. _____ % of lot area

Impervious areas include any surface composed of any material that significantly impedes or prevents natural infiltration of water into the soil. Includes, but is not limited to, rooftops, parking lots, driveways, buildings, streets, roads, decks, swimming pools, and any concrete, gravel, or asphalt.

All projects are subject to Article 1705 Grading, Excavation and Fills

Total Earth Disturbance (sq. ft.): _____

Flood Plain

Is the site located within an identified flood hazard area? Yes No

Will any portion of the flood hazard area be developed? Yes No

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program, and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3.

Please Submit the following with your completed application

- Copy of official stamped survey drawn to scale. On the survey, please show the following:
 1. The proposed location of the structure(s) and the distances to the various property lines.
 2. Location of any required stormwater facilities.
 3. A stamp from McCandless Township Sanitary Authority (MTSA) clearing any of their facilities.
- Either two (2) sets of plans in detail, or one (1) pdf set of plans.
- Copy of workers' compensation insurance certificate(s), or an Affidavit of Exemption if no workers' compensation is required.

Property Owner's Statement

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I further agree to comply with the provisions of the Codes and Regulations of the Town of McCandless and all other applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania and the United States, whether or not specified in this application. In addition, I agree that if a permit is issued, the permit may be revoked by administrative action of the Town of McCandless if compliance with the foregoing paragraphs and references are not absolute.

I fully understand that it is my responsibility to call for inspection 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.

Signature of Owner	Print Name of Owner	Date
Authorized Agent	Print Name of Authorized Agent	Date

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:

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 Town of McCandless.

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

If exempt from workers' compensation, please complete the information below.

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 Town of McCandless, 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

TOWN USE ONLY

Building Permit Fee \$ _____
PA State UCC Fee \$ _____ 4.50
Total Fees Due \$ _____

Zoning Approval

APPROVED for Zoning, subject to the following conditions: _____

This application is approved by the referenced ordinance(s) and/or in whole or in part by the following:

Zoning Hearing Board: Case #: _____; Approval Date: _____
Subject to the following conditions: _____

Conditional Use: File #: _____; Approval Date: _____
Subject to the following conditions: _____

Subdivision Plan: File #: _____; Approval Date: _____
Subject to the following conditions: _____

Site Plan: File #: _____; Approval Date: _____
Subject to the following conditions: _____

Town Notes: