



Commercial / Residential

UCC Building Permit Application

Date of Application: _____

Name of Applicant: _____

Location of Property: _____

Subdivision: _____ Lot # _____

Tax Map # _____

Name of Owner: _____

Name of Business: _____

Address: _____

Phone / Cell # () _____ Email: _____

Architect or Engineer Name: _____

Address: _____

Phone# () _____ Fax # () _____

Email: _____ **Website:** _____

Professional License # _____

Contractor Name: _____

Address: _____

Phone / Cell () _____ **Fax: ()** _____

PA HIC # _____

In 2008, the Pennsylvania Legislature passed the Home Improvement Consumer Protection Act. The law requires that all contractors who perform at least \$5,000 worth of home improvements per year register with the Attorney General's Office.

Construction Information

Type of Construction:

New Construction	Single Family	Multi-Family	Commercial
Renovation	Alteration	Addition	Demolition
Shed	Pool	Deck	Fence

Other: _____

IBC Use Group: _____ Building GFA _____

Zoning Information: _____ Plan Review: _____

GFA: Gross Footage Area: _____ Estimated Costs: _____

Permits Required: Building Permit Electrical Permit Mechanical Permit
 Plumbing Permit Energy Permit Accessibility Permit

Estimated Construction Time: _____ Project Cost: _____

Description of Project: _____

****Oakmont Borough Internal****

Date Received: _____ Amount Paid: _____

Oakmont Permit # _____ Received By: _____

The Oakmont Borough Municipal Authority Approval

Note: The Oakmont Borough Municipal Authority must approve all new construction which requires plumbing such as houses, garages, commercial buildings, and additions.

Permit Required: YES NO

Project: _____ Tap Permit # _____

Lot/Plan: _____ # of EDU(s) _____

Allocation Year: _____

Approved by: _____

Date Issued: _____

Payment: TFE Amount: CK# R#

 Check Amount: CK# R#

 Cash Amount: R#

Allegheny County Department of Health Division of Plumbing:

- 1) Has the applicant applied for ACHD Plumbing Permit? _____
- 2) ACHD Plumbing Permit Number? _____ Date: _____
- 3) Who is the ACHD Plumbing Inspector? _____

CONTRACTOR:

Are there other required PERMITS or LICENSURE for this application prior to Occupancy?
(Department of Agriculture, Health, Department of Public Welfare, ACHD)

List: _____

NAMES of SUB CONTRACTORS:

(List all names of known sub- contractors & trades who will be working under this application)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

Contractor or Sub Contractor Information:

Owner or Responsible Party must submit to CEA, a list of all known Contractors and Sub-Contractors who will be associated with the above application.

In addition, Commonwealth of Pennsylvania does require a certificate or proof of Workman’s Compensation for all workers outside sole proprietors, general liability certificate and certificate or proof of State of Pennsylvania Home Improvement Contractor registration prior to issuing any Building Permit.

ALL applicants must submit proof of current Workman’s Compensation or an approved and NOTARIZED affidavit waiving the right to Workman’s Compensation. If the General Contractor (GC) does not have Workman’s Compensation, all sub-contractors must submit proof of insurance.

Applicant’s Certification

As the owner or the authorized agent for the project which this application is filed, I certify that:

1. The description of use, estimated construction cost and all others information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the municipality.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
4. Any changes to the approved documents will be filed with CEA Code Enforcement Associates, prior to constructive efforts.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to CEA Code Enforcement Associates.
6. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.
7. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as:

___Architect ___Engineer ___Contractor ___Agent/Other:_____

Signature of Applicant: _____

Date: _____

****CEA Internal Information****

Reviewed By: _____

Date: _____

Permit Number: _____

Permit Fees / Costs: \$ _____

Approved By: _____ **(BCO)**

AFFIDAVIT
MUST BE NOTARIZED

WORKERS' COMPENSATION INSURANCE COVERAGE

A. _____
NAME OF APPLICANT

Street	City	Zip	State	Phone

B. INSURANCE INFORMATION

Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law.
 Yes (I do have employees who are covered for Workers' Comp. Insurance).
 No (I do not have employees and do not carry Workers' Comp. Insurance).

If you answered "Yes", please complete the information requested below:
 Applicant is a qualified self-insurer for Workers' Compensation
 Insurance Certificate attached.

Name of Workers Compensation Insurer _____;

If you answered "No", please complete the exemption portion of this form below.

C. EXEMPTION (Complete this section if applicant is a contractor claiming exemption from providing Workers' Compensation Insurance).
 Contractor with no employees. (Contractor prohibited by law from employing any individual to perform work pursuant to any building permit unless contractor provides proof of insurance to the Township).

D. NOTARIZATION

ALL APPLICANTS TO COMPLETE THIS SECTION.

I, _____, the above named applicant, do swear that the foregoing information is true and correct, and affix my signature hereto in the presence of a Notary Public.

Subscribed & sworn to before me this _____ day of _____, 200

Signature of Applicant

(Signature of Notary Public)

My commission expires: _____