

SINGLE FAMILY DWELLINGS, ADDITIONS & MISCELLANEOUS CONSTRUCTION

BUILDING PERMIT PACKET CONTENTS:

1. Building Permit Forms
2. Electrical Permit Form
3. Customer Reference Copies

**A Sewage Verification Form is needed from the Township for the purchase of a tap from Peter's Creek Sanitary Authority. This will be given to the applicant when the permit is submitted.*

Important Phone Numbers

Building Inspector	Don Hindman 724-745-8880	Doug Trobovich 724-745-8880
Electrical Inspector	Don Hindman 724-745-8880	
Zoning Officer	Dick Martin 724-348-5622 Twp. Office 724-348-5702 Residence	Assistant Mike Christoff 724-348-5622 Twp. Office 412-418-8804 Cellular

Required Inspections Provided by Nottingham Township

Footing – prior to pouring but after reinforcement rods are in place.

Foundation/Masonry – before backfilling – wall must be parged and waterproofed sill plate must be wolmanized (if within 8" of grade) with required anchor bolts in place.

Electrical – Permit required. Prior to covering structural members. **Contact Don Hindman 724-745-8880**

Plumbing – prior to covering structural members.

H.V.A.C. – prior to covering structural members.

Framing – prior to covering structural members, but after H.V.A.C., electrical and plumbing installations. Rough inspections 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 inspections stickers must be given on site at this time. All permits require a final inspection.

Application for Zoning and Building Permit

PERMIT # _____

DATE RECEIVED: _____

SITE ADDRESS _____

CITY _____ ZIP _____

TAX PARCEL # _____

OWNER _____ PHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRINCIPAL CONTRACTOR _____ PHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ARCHITECT/ENGINEER _____ PHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SETBACKS (from corresponding property line) _____ FRONT _____ REAR _____ SIDE (L) _____ SIDE (R) _____

ZONING DISTRICT _____ LOT SIZE _____ ACREAGE _____

PROPOSED USE OF STRUCTURE _____

DESCRIPTION OF CONSTRUCTION _____

TOTAL SQ. FT. OF CONSTRUCTION _____ CONSTRUCTION COST (estimated) _____

SEWAGE PUBLIC ON-LOT

FLOODPLAIN — Is the site located within an identified flood prone area? (Check One) YES NO
Will any portion of the flood prone area be developed? (Check One) YES NO N/A

Owner/Agent shall verify that any proposed construction 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 (d).

Name	Age	Current Grade (if under 18)
_____	_____	_____
_____	_____	_____

Residential Information

ADDITIONAL PERMITS/APPROVALS REQUIRED (if applicable)

- | | |
|--|----------------|
| <input type="checkbox"/> PETERS CREEK SANITARY AUTHORITY | Approved _____ |
| <input type="checkbox"/> WASHINGTON COUNTY SEWAGE COUNCIL | Approved _____ |
| <input type="checkbox"/> MAINTENANCE AGREEMENT FOR ON-LOT SEWAGE | Approved _____ |
| <input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY | Approved _____ |
| <input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN | Approved _____ |

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

SIGNATURE OF OWNER OR AUTHORIZED AGENT _____

PRINT NAME OF OWNER OR AUTHORIZED AGENT _____

ADDRESS OF AUTHORIZED AGENT/APPLICANT _____

CITY _____ STATE _____ ZIP _____

DATE: _____

Nottingham Township Building Permit Approval and Issuance

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 at 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. Work must be completed within five (5) years of date of issuance.

Required Inspections Provided by Nottingham Township

- Footing** – prior to pouring but after reinforcement rods are in place.
- Foundation/Masonry** – before backfilling – wall must be parged and waterproofed sill plate must be wolmanized (if within 8" of grade) with required anchor bolts in place.
- Electrical** – Permit required. Prior to covering structural members. **Contact Emery Yuhas at 412-821-0337 ext.39 for this permit.**
- Plumbing** – prior to covering structural members.
- H.V.A.C.** – prior to covering structural members.
- Framing** – prior to covering structural members, but after H.V.A.C., electrical and plumbing installations. Rough inspections 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 inspections stickers must be given on site at this time. All permits require a final inspection.

SIGNATURE: _____ DATE: _____

PERMIT AGREEMENT

In consideration of the issuance by Nottingham Township of a building permit to the undersigned Applicant (the "Applicant"), the Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in inspecting the work of the Applicant, employees of Nottingham Township are only performing their duties to require compliance with the minimum requirements of the applicable Ordinances of Nottingham Township pursuant to the police power of Nottingham Township, and are not warranting to the Applicant or to any third party the quality of adequacy of the design, engineering work of the Applicant. Applicant further acknowledges that it will not be possible for Nottingham Township to review every aspect of the Applicant's design and engineering or to inspect every aspect of the Applicant's work. Accordingly, neither Nottingham Township nor any of its elected or appointed officials or employees shall have any liability to the Applicant for defect or shortcomings in such design, engineering or work, even if it is alleged that such defects or shortcomings should have been discovered during Nottingham Township's review or inspection.

Furthermore, the Applicant agrees to defend, hold harmless and indemnify Nottingham Township, its elected and appointed officials and employees from and against any and all claims, demands, actions and causes of actions of any one or more third parties arising out of or relating to Nottingham Township's review of inspection of the Applicant's design, engineering or work or issuance of a permit or permits, or arising out of or relating to the design, or engineering or work done by the Applicant pursuant to such permit or permits. All references in this Agreement to Applicant's employees, agents, independent contractor, subcontractors or any other persons or entities performing work pursuant to the issuance of the building permit by Nottingham Township.

SIGNATURE: _____ DATE: _____

SAFETY STANDARDS

I am fully aware of the U.S. Department of Labor, Occupation Safety and Health Administration (OSHA) standards and understand that I must comply with these standards for the duration of my construction project.

SIGNATURE: _____ DATE: _____

**WORKERS' COMPENSATION INSURANCE COVERAGE
AFFIDAVIT OF EXEMPTION (must be attached to Building Permit)**

The undersigned affirms that he/she is not required to provide workers' compensations insurance under the provisions of PA's Workers' Compensation Law for one of the following reasons:

- () **Property owner performing own work.** If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to Nottingham Township. Homeowner assumes liability for contractor compliance with this requirement.
- () **Contractor has no employees.** Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance.
- () **Religious exemption under the Pennsylvania Workers' Compensation Law.** All employees of contractors are exempt from workers' compensation insurance. (Attach copies of religious exemption letter for all employees).

SIGNATURE _____ DATE: _____

() **WORKERS COMPENSATION INSURANCE ATTACHED.**

FOR MUNICIPAL USE

ZONING

APPROVED DENIED N/A

BY _____ DATE _____

COMMENTS/REASON FOR DENIAL _____

BUILDING PERMIT APPLICATION

APPROVED DENIED N/A

BY _____ DATE _____

COMMENTS/REASON FOR DENIAL _____

PERMIT NO. _____

TYPE	CODES (office use only)	FLAT FEE		PERCENTAGE CALCULATION		TOTAL
ZONING CERTIFICATE		\$50.00			=	
RESIDENTIAL BUILDING PERMIT					=	
DEMOLITION PERMIT					=	
STATE FEE (NEW)		\$4.00			=	
STATE FEE (OTHER)		\$4.00				
TOTAL PERMIT						

PAID BY: CASH CHECK Check No. _____

RECEIVED BY: _____ DATE: _____

ZONING CERTIFICATE/ BUILDING PERMIT INFORMATION

1. Name and current address of applicant/property owner.
2. Phone number of applicant (home/work/cell).
3. Address or location of proposed construction.
4. Contractor's name, address, and phone number.
5. Copy of Contractor's Insurance Certificate for Workers' Compensation. An Affidavit of Exemption is needed if the applicant/owner is exempt from providing Workers' Compensation Insurance (form available at Township Office).
6. Copy of plot plan or property survey or the Washington County Block and Lot Map if plot plan or property survey is not available. The drawing must include the following: (1) location and dimensions of all existing structures; (2) location and dimension of proposed structure; (3) location of well and/or septic (if existing) the front, side, and rear yard distances for all existing and proposed buildings and other structures
7. Estimated cost of construction.
8. Copy of **approved** permit from Washington County Sewage Council for installation of a new septic system **or** if reconnecting to an existing system.
9. Copy of receipt for paid cost of tap-in fee from Peters Creek Sanitary Authority and Clairton Municipal Authority when connecting to public sewage system.
10. PennDOT Driveway Permit for State Roads (Rte. 136, Valley View, Mingo Church, Little Mingo, Venetia, Ginger Hill, Brownlee, Sugar Run and Linden Roads).
11. **2 copies of building plans.** (We keep a copy of the floor plan, including the basement and garage.)
12. Use & Occupancy Permit prior to using or "occupying" the structure. This is done by the Building Inspector at the completion of construction.

REQUIREMENTS

1. Construction area must be staked prior to issuance of a building permit.
2. Issuance of a building permit by the Township has no effect in regard to the obligation to abide by the covenants or conditions as established by the developer.
3. A stone entrance (minimum 20 feet) is required during construction to allow for control of mud on the road.
4. A sediment control device (silt fence) must be used on all areas of the property where runoff can affect adjoining lots or the Township right of way (street surface), until such time as permanent ground cover is in place.
5. All construction vehicles doing work in the Nottingham Forest Plan for construction work on Phases 6, 7 & 8 must use the Dyers Stone Drive entrance from Venetia Road. Please inform your sub contractors of this requirement!
6. **REQUIRED INSPECTION BY PETERS CREEK SANITARY AUTHORITY.** Peters Creek Sanitary Authority must be contacted and inspect all inside sewers and exterior sewer laterals prior to backfilling. Please contact the Peters Creek Sanitary Authority Office at (724) 348-6860 for inspection, tap-in and more details.
7. **DYE TEST REQUIREMENT.** A dye test is required by Peters Creek Sanitary Authority on a newly constructed improvement to real estate that has **not** been previously occupied.
8. **DYE TEST REQUIREMENT ON STRUCTURES REQUIRING USE OF EXISTING SEWAGE SYSTEM.** On any property with an existing dwelling that is adding a structure that will *require the use* of an existing sewage system will require a dye test before a Use and Occupancy Permit will be issued.
9. Any time that you are tying into an existing on-lot sewage system, contact the Washington County Sewage Council at (724) 223-0504.

Name _____ Date _____

ELECTRICAL PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

CONTRACTOR SAME AS BUILDER CONTRACTOR: _____ (Reg #) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

TYPE OF ELECTRICAL WORK New Additional Repair/Alterations

UTILITY COMPANY: _____

WORK ORDER NUMBER: _____

DESCRIPTION OF WORK: _____

ESTIMATED COST OF ELECTRICAL WORK

NO:	EQUIPMENT	NO:	SIZE	EQUIPMENT	NO:	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	Amp Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	AMP Sub-Panels	_____	_____	KW Oven/Surface Unit
_____	Switches	_____	_____	AMP Sub-Panels	_____	_____	KW Electric Water Heater
_____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP/KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garbage Disposal	_____	_____	Kw Electric Dryer Receptacle
_____	Spa /Hot Tub	_____	_____	KW Central A/C Unit	_____	_____	KW Baseboard Heat
_____	Swimming Pool	<input type="checkbox"/>	Above Ground	<input type="checkbox"/>	In Ground		
_____	Other _____						
_____	Other _____						
_____	Other _____						

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

APPLICANT/AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

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

MECHANICAL PERMIT APPLICATION APPROVED DENIED

BY: _____ DATE: _____

PERMIT NO. _____

ELECTRICAL PERMIT FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$ 4. ⁰⁰ _____
TOTAL PERMIT FEE	\$ _____

ENERGY CODE COMPLIANCE

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

SELECT TYPE OF ENERGY CODE COMPLIANCE

REScheck ATTACH COMPLIANCE CERTIFICATE

REScheck SOFTWARE CAN BE OBTAINED AT: www.energycodes.gov

NOTE: - Section N1101.8 of the 2006 International Residential Code requires that: A permanent certificate shall be posted on or in the electrical distribution panel. The certificate shall be completed by the builder or registered design professional. The certificate shall list the predominate R-values of insulation installed in or on ceiling/roof, walls, foundation (slab, basement wall, crawlspace wall and/or floor) and ducts outside conditioned spaces; U-factors for fenestration; and the solar heat gain coefficient (SHGC) of fenestration.

===== OR =====

SIMPLIFIED PRESCRIPTIVE BUILDING ENVELOPE THERMAL COMPONENT CRITERIA

CLIMATE ZONE 5 REQUIREMENTS

FENESTRATION - (WINDOWS)	U-0.35	SKYLIGHTS	U-0.60
CEILING	R-38	WOOD FRAME WALLS	R-19 or R-13 & R-5 a
MASS WALLS	R-13	FLOORS	R-30 b
BASEMENTS	R-10 or R-13 c	SLABS	R-10 - 2 FOOT
CRAWLSPACES	R-10 or R-13 c		

- R-13 & R-5 means R-13 in the walls and R-5 insulated sheathing. Less than 25% corner bracing no insulated sheathing required, over 25% R-2 insulated sheathing required.
- Floor insulation is to fill framing cavity R-19 minimum.
- Either R-10 continuous or R-13 cavity insulation.

SIGN ENERGY COMPLIANCE FORM

My signature on behalf of or as the contractor / applicant for this building permit constitutes that I will comply with energy code as outlined in the Rescheck certificate attached or the climate zone checked above.

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE