

PERMIT # \_\_\_\_\_  
APPLY DATE \_\_\_\_\_  
ISSUE DATE \_\_\_\_\_

BLAIR TOWNSHIP  
375 Cedarcrest Drive  
Duncansville, PA 16635  
Phone: (814) 696-4363 Fax: (814) 695-0744  
811 Serial Number \_\_\_\_\_

UNIFORM CONSTRUCTION PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT

County: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_  
Lot # \_\_\_\_\_ Subdivision/Land Development: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_  
Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Principal Contractor: \_\_\_\_\_ PA Reg. # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Architect: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

TYPE OF WORK OR IMPROVEMENT (Check One)

- New Building
- Addition
- Alteration
- Repair
- Demolition
- Relocation
- Foundation Only
- Change of use
- Plumbing
- Mechanical
- Electrical

Describe the proposed work: \_\_\_\_\_  
\_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ \_\_\_\_\_

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

- One-Family Dwelling (R-3)
- Two-Family Dwelling (R-3)

NON-RESIDENTIAL

Specific Use: \_\_\_\_\_  
Use Group: \_\_\_\_\_  
Change in Use:  YES  NO  
If YES, Indicate Former Use: \_\_\_\_\_  
Maximum Occupancy Load: \_\_\_\_\_  
Maximum Live Load: \_\_\_\_\_

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: \_\_\_\_\_ Existing \_\_\_\_\_ Proposed \_\_\_\_\_  
Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil) \_\_\_\_\_  
Water Service (Check)  Public  Private  
Sewer Service (Check)  Public  Private (Septic Permit # \_\_\_\_\_)

Does or will your building contain any of the following:

Fireplace(s): Number \_\_\_\_\_ Type of Fuel \_\_\_\_\_ Type Vent \_\_\_\_\_  
Elevator/Escalator/Lifts/Moving Walks: (Check)  YES  NO  
Sprinkler System: (Check)  YES  NO  
Pressure Vessels: (Check)  YES  NO  
Refrigeration System: (Check)  YES  NO

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft. Number Of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ sq. ft. Height of Structure Above Ground \_\_\_\_\_ ft.  
Total Building Area: \_\_\_\_\_ sq. ft. Area of the Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN**

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

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

Lowest Floor Level: \_\_\_\_\_

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 assume the responsibility of locating all property lines, easements, right-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 and provisions of the codes or ordinances of the Municipality of 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* of lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

I certify that the code administrator of the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hours to enforce the provisions of the code(s) applicable to such permit.

\_\_\_\_\_  
Signature of Owner of Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Directions to Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(FOR CODE ADMINISTRATOR USE ONLY)

ADDITIONAL PERMITS/APPROVALS REQUIRED

- STREET CUT/DRIVEWAY APPROVED \_\_\_\_\_
- CUT AND FILL APPROVED \_\_\_\_\_
- PENNDOT HIGHWAY OCCUPANCY APPROVED \_\_\_\_\_
- DEP FLOODWAY OF FLOODPLAIN APPROVED \_\_\_\_\_
- SEWER CONNECTION APPROVED \_\_\_\_\_
- ON-LOT SEPTIC APPROVED \_\_\_\_\_
- ZONING APPROVED \_\_\_\_\_
- OTHER ( \_\_\_\_\_ ) APPROVED \_\_\_\_\_

APPROVALS

BUILDING PERMIT DENIED: Date \_\_\_\_\_ Date Returned \_\_\_\_\_  
 BUILDING PERMIT APPROVED: Date \_\_\_\_\_  
 CODE ADMINISTRATOR \_\_\_\_\_  
 Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_ Permit # \_\_\_\_\_  
 BUILDING PERMIT FEE \$ \_\_\_\_\_ Receipt # \_\_\_\_\_  
 PLUMBING PERMIT (if appl.) \$ \_\_\_\_\_ Receipt # \_\_\_\_\_  
 MECHANICAL PERMIT (if appl.) \$ \_\_\_\_\_ Receipt # \_\_\_\_\_  
 ELECTRICAL PERMIT (if appl.) \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

<u>Type of Document:</u>	<u>Submitted:</u>	<u>Signed &amp; Sealed:</u>	<u>Date:</u>	<u>Revision Date:</u>
Foundation Plans	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Construction Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Electrical Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Mechanical Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Plumbing Drawings	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Specifications	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Flood Hazard Area Data	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Workers Comp Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

DATE STAMP:

DATE APPLIED \_\_\_\_\_

GIVEN TO MDIA \_\_\_\_\_

RETURNED BY MDIA \_\_\_\_\_

PERMIT ISSUED \_\_\_\_\_

DRAWING OF BUILDING SHOWING SET BACKS FROM PROPERTY LINE.  
SET BACKS FRONT - 35' REAR - 25' SIDES - 15' (A corner lot has two front set backs)

THIS FORM REQUIRES A NOTARY SEAL

**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 contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ 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 municipality.

\_\_\_\_\_ 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).

\_\_\_\_\_  
Signature of Applicant

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

Subscribed, sworn to and acknowledged  
before me by the above \_\_\_\_\_  
this \_\_\_\_\_ Day of \_\_\_\_\_  
20 \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public