

# NORTH STRABANE TOWNSHIP

## DEPARTMENT OF BUILDING CODE ENFORCEMENT

1929 Route 519 South • Canonsburg, PA • 15317 • 724-745-8880 • Fax 724-745-8935

### Residential Building Permit Application Requirements

Construction drawings are necessary to obtain a building permit for most structures. Only complete applications that include construction drawings and other required documents, as described below will, be accepted for review.

Once plans are submitted, any revision to the project that alters the original description must be approved.

This checklist is provided to insure you have all materials necessary to submit for your project. This checklist will be used to review your application submittal for acceptance. **Plans will not be accepted if the checklist is not followed.**

An unlicensed person may prepare plans for one and two story wood-framed single family dwellings, accessory structures, and decks in conformance with conventional construction provisions; however, the Building Code Official may require some structural plans and specifications by a licensed engineer or architect. An architect or engineer, registered in the State of Pennsylvania, must prepare calculations, plans, and specifications for any other project.

QUESTIONS OR TO SCHEDULE AN APPOINTMENT CONTACT THE BUILDING DEPARTMENT.

#### **GENERAL REQUIREMENTS FOR SUBMITTAL** *(As applicable)*

- Completed Permit Application.
- Signed and Sealed survey.
- Proof of property ownership. *(Deed or Tax Receipt)*
- Home Owners Association approval, if applicable
- Contractors Certificate of Workers Compensation, listing the Township as the certificate holder, or workers comp waiver.
- Completed Residential Sprinkler Supplemental. *(Detached single family homes only)*
- Energy compliance documentation. *(Res-Check or Prescriptive Details)*
- Proof of accepted means of sewage disposal. *(septic / municipal)*
- PA DOT Highway Occupancy Permit, if accessing a state highway.
- Application for road occupancy if accessing township road.
- All documents which are prepared by state licensed professional(s) shall be stamped and wet signed (including revisions) before issuance of permits.
- 3 complete sets of architectural / structural drawings in sufficient detail to review for code compliance.
- For townhomes, duplexes and commercial sites; provide a **separate application** and address or designation for each unit, building, or structure.



# North Strabane Township

1929 Route 519 South  
Canonsburg, PA 15317  
(724) 745-8880 • Fax (724) 745-8935

Permit No. \_\_\_\_\_

## RESIDENTIAL BUILDING PERMIT APPLICATION

**A. Applicant:** Applicant is:  Owner  Authorized agent of owner

Name / Co.			Phone	
			Email/Fax	
Street address	Suite	City	State	Zip

**B. Owner (if different from applicant)**

Name / Co.			Phone	
			Email/Fax	
Street address	Suite	City	State	Zip

**C. Property information:**

Street address	Suite	Parcel ID.	Lot No.
City	State	Zip	Plan / Bldg. Name

**D. Zoning Information**

Zoning District	Front Set back	Rear Set back	Right side Set back	Left side Set back
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Describe Current use  N/A

Variances, conditions or other

**E. Purpose of application:**

New Construction  Addition to  Alteration / repair  Demolition  Other

Contractor		Phone
		Email/Fax

Proposed use	Description of proposed work
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Area of work (sq.ft.)	No. stories or levels	Project value est. \$
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**F. Declaration of applicant**

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED ABOVE ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AND HEREBY APPLY FOR A BUILDING PERMIT TO PERFORM THE WORK ON THE PREMISES AS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT I MUST COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES AS ADOPTED BY THE TOWNSHIP AND THE UNIFIED CONSTRUCTION CODE OF PENNSYLVANIA.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Received By \_\_\_\_\_ Date \_\_\_\_\_

**RESIDENTIAL SPRINKLER SUPPLEMENTAL  
(FOR NEW SINGLE FAMILY DETACHED HOMES INCLUDING FACTORY BUILT)**

In 20011, House Bill 377 became law requiring "All newly constructed Single Family homes shall be equipped throughout with a code compliant fire sprinkler system, unless prior to entering into contract, the builder and home buyer agree as follows."

- The option install an automatic sprinkler system is provided.
- Information explaining the initial and ongoing cost of installing a residential fire sprinkler system is provided. (BELOW)
  - North Strabane Township Ord. no. 313, 6/27/2006 requires all residential fire sprinkler systems to be inspected by the NST Fire Department every 2 (two) years.
  - A fee of \$20.00 (Twenty Dollars) will be assessed, in accordance with NST Resolution No. 2012-5.
- Information, as made available buy the PA State Fire Commissioners Office, on the possible benefits of installing a sprinkler system is provided.

In addition to the above it also became mandatory that in the event it is decided not to install an Automatic Fire Sprinkler System, any ceiling / floor assembly, not fire rated, (unfinished ceilings in areas with living space above, NORMALLY the basement with exposed floor joist) shall be protected by sprinklers, covered, with a minimum 1/2-Inch gypsum wall board, covered with 5/8-inch wood structural panel (plywood) or covered with equivalent approved material.

- Exceptions:
  - The unprotected level is located over a crawlspace not intended for storage.
  - The space does not exceed 80 sq.ft. is properly fire blocked or is constructed of dimensional or composite lumber equal to or greater than 2-inch by 10-inch nominal dimension lumber.

I HEREBY CERTIFY THAT I HAVE READ THE STATEMENTS CONTAINED ABOVE AND THE INFORMATION REGARDING RESIDENTIAL SPRINKLER SYSTEMS AS PROVIDED BY BUILDER, THE PA FIRE COMMISSIONERS OFFICE AND OR LOCAL FIRE DEPARTMENT. I UNDERSTAND THE RISKS AND REQUIREMENTS OF NOT HAVING A FIRE SPRINKLER SYSTEM INSTALLED IN MY HOME. I AM THEREFORE APPLING FOR A BUILDING PERMIT TO PERFORM THE WORK ON THE PREMISES AS DESCRIBED, IN THE ATTACHED DOCUMENTATION IN ACCORDANCE WITH THE LAWS AND REGULATIONS OF THE STATE OF PENNSYLVANIA AND THE TOWNSHIP OF NORTH STRABANE .

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Workers' Compensation Insurance Coverage Information  
(Attach to building permit application)

- A. The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law  Yes  No

If "Yes", Complete sections B and C below as appropriate

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B. Insurance Information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.  Certificate Attached.

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Policy No. \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

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C. Exemptions

*Complete section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.*

The undersigned swears or affirms 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:

- Contractor with 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 township**
- Religious exemption under the Workers' Compensation Law

Subscribed and sworn to before me this

\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

(SEAL)

Signature of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

# SEALED SURVEY WAIVER

(NOT TO BE USED FOR NEW SINGLE FAMILY DWELLINGS)

**The Township, at its sole discretion, reserves the right to require a sealed survey prior to the issuance of any construction, grading alteration, demolition or other permit.**

NOT TO BE USED FOR NEW RESIDENTIAL STRUCTURES

Parcel Id. No. \_\_\_\_\_

I, \_\_\_\_\_, certify that the information shown  
(PRINT NAME)  
on the accompanying drawing is representation of my existing home and property lines. All information is correct and true and all easements, right-of-ways, buildings, property lines, setbacks and any other recorded requirements are shown on the drawing.

I further understand that I am solely responsible for showing all recorded information and agree that North Strabane Township is neither responsible for providing nor keeping records of deeds and recordings of properties within the Township and that the Township is not responsible for the removal, demolition or damages incurred by the property owner should this structure encroach on or into any unidentified easement or other as above mentioned.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR TOWNSHIP ROAD OCCUPANCY PERMIT

North Strabane, Washington County  
1929 Route 519 S. Canonsburg PA 15317

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Inspection Fee \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_\_\_  
ROUTE NO. ROAD OR STREET WHERE WORK IS BEING DONE

Application is hereby made by \_\_\_\_\_  
NAME OF APPLICANT

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under and subject to all the conditions, restrictions and regulations prescribed by the Township and on the general provisions and specifications, a true Copy, hereof is attached and made part thereof; with the same force and effect as if written or printed herein and under and subject to the special conditions, restrictions and regulations hereafter set forth.

**General:**

Approximate date when work will be started: \_\_\_\_\_ Approximate date work will be complete: \_\_\_\_\_. The road surface is improved to a width of \_\_\_\_\_ feet. Distance from the center of line to roadway to ditch: \_\_\_\_\_. Distance from centerline of road to Right-Of-Way \_\_\_\_\_ feet.

**Poles and Tower:**

Number of poles to be erected: \_\_\_\_\_ Nearest distance from center of road to structure: \_\_\_\_\_ Feet. Distance of proposed work along road: \_\_\_\_\_ Feet.

**Pipelines and Conduits:**

The improved surface of the road (will) (will not) be opened. Approximate area of opening in improved surface: \_\_\_\_\_ Sq. Yds. Approximate area of openings on unimproved part: \_\_\_\_\_ Sq. Yds. Length of trench along road: \_\_\_\_\_ Ft. Depth of trench below surface: \_\_\_\_\_ Ft. / Inch

### TO BE COMPLETED BY TOWNSHIP

Date Submitted: \_\_\_\_\_

Schedule Item No.						
Unit Fee						
Number of Units						
Total Fee						

The applicant is (and individual) (a partnership) (a corporation incorporated under the law of \_\_\_\_\_)

(Corporate Seal)

Name of applicant: \_\_\_\_\_

Applicants Contact Info. \_\_\_\_\_

Representative: \_\_\_\_\_

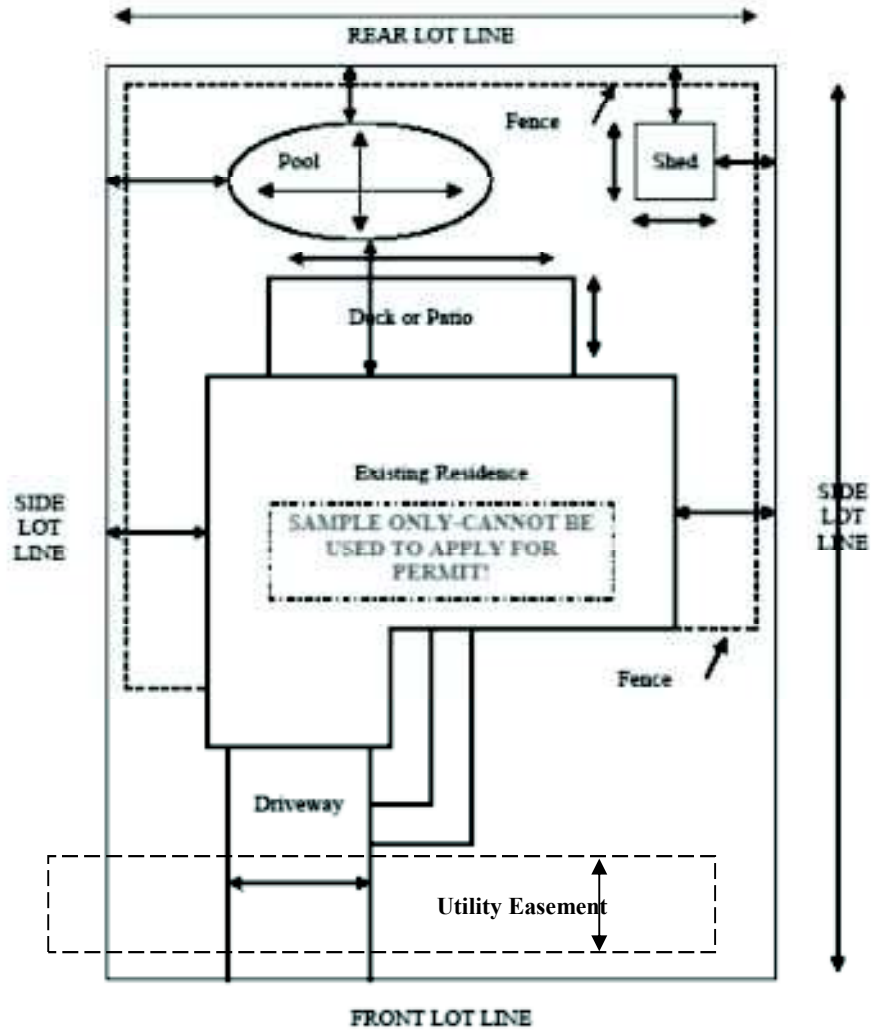
#### GENERAL INSTRUCTIONS

Any work performed within the right-of-way of a township road requires submission of three (3) copies of this form along with three (3) copies of a sketch showing the location and details of proposed work. Any work on a township road over, under, or within the limits of a limited access state highway, requires a state permit. The prescribed permit fee shall accompany the application and sketch. Schedules of fees are furnished on request.  
THE FEE SHALL BE PAID BY CHECK OR MONEY ORDER AND SHALL BE MADE TO NORTH STRABANE TOWNSHIP

## TYPICAL SITE PLAN (EXAMPLE ONLY)

All existing structures & proposed structures applied for under permit **must be drawn on copy of survey/site plan.**

Copy of completed survey **must be submitted** with permit application.



Include all dimensions where lines are shown.

Example: 25' 6"