

WILKINS TOWNSHIP
DEPARTMENT OF BUILDING AND CODE ENFORCEMENT

PERMIT PROCESS

A plot plan or survey shall be submitted with each application for zoning approval.

Three sets of signed and sealed construction documents for commercial projects shall be submitted to:

Code.sys Code Consulting
Attn: Peg Russell
321 Grant Avenue
Pittsburgh PA 15209

Construction documents for 1 & 2 family dwellings and their accessory structures can be submitted to the Wilkins Township Office..

A Certificate of insurance shall be submitted with the application for a building permit.

Additional information will be provided with the building permit application.

If you have any questions concerning the building permit application contact:
Dave McGuigan at 412-821-0337 Ext. 24.

For questions concerning zoning in Wilkins Township contact:
The township office at 412-824-6650

CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED: _____

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

SUBDIVISION: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

BUILDING PERMIT

One Family Dwelling Two Family Dwelling Commercial Use _____

New Construction Alteration Repair Demolition

DESCRIPTION OF CONSTRUCTION: _____

TOTAL SQ. FT. OF CONSTRUCTION: _____ ESTIMATED COST OF CONSTRUCTION: _____

Plan Review Required ARCHITECT/ENGINEER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

BUILDER NAME: _____

DBA: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISIONS OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

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 *****

BUILDING PERMIT APPLICATION APPROVED DENIED BUILDING PERMIT FEE \$ _____

BY: _____ PLAN REVIEW FEE \$ _____

DATE: _____ MUNICIPAL FEE \$ _____

PERMIT NO. _____ TRAINING FEE \$ 2.00

TOTAL PERMIT FEE \$ _____

OVER FOR SUBCODES PERMIT

ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

- ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIU OF THIS FORM
- APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P. S. § 670-420, AS WELL AS COMPLIANCE WITH THE REQUIREMENTS OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

===== **FOR MUNICIPAL USE ONLY** =====

ZONING SIGNOFF APPROVED DOES NOT APPLY

ADDITIONAL COMMENTS: _____

HISTORICAL DISTRICT SIGNOFF APPROVED DOES NOT APPLY

ADDITIONAL COMMENTS: _____

FLOOD HAZARD AREA YES NO
IF YES COMPLIANCE WITH § 403.62a(d)(1)(2)(3) IS REQUIRED

ADDITIONAL COMMENTS: _____

BY: SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

PHONE NUMBER: (_____) _____ - _____

WORKERS' COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

PART I

The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance OR Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

PART II

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain: _____

- All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

- Other: Please explain: _____

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to un-sworn falsifications to authorities.

Signature: _____ Title: _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

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

OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

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 OF APPLICANT/OWNER

DATE SIGNED