

**Commercial
Sandy Lake Borough**

P.O. Box 87
Sandy Lake PA 16145-2030

Telephone (724) 376-2676
FAX (724) 376-7047

**BUILDING PERMIT
INSPECTION SHEET**

INSPECTIONS NOTED ON THIS CARD CAN BE SCHEDULED BY TELEPHONE WITH A 24-HOUR NOTIFICATION. WORK SHALL NOT PROCEED UNTIL THE FIELD INSPECTION HAS BEEN APPROVED.

FOOTINGS – Prior to pouring concrete footings & pier boxes. Rebar & forms shall be installed.

FOUNDATION – Prior to backfilling below grade & prior to pouring 5' maximum grout lift or bond beam.

UNDERGROUND FIRE MAIN – Prior to covering or pouring thrust blocks. 200 PSI test required.

UNDERGROUND PLUMBING – Prior to covering, drainage line test required.

UNDERGROUND ELECTRICAL – Prior to covering.

ABOVEGROUND PLUMBING – Prior to covering, water & drainage line test required.

ELECTRICAL ROUGH IN – Prior to covering, all boxes shall be installed and all grounds shall be made.

MECHANICAL ROUGH IN – Prior to covering. Gas piping requires an air test.

FIRE ALARM ROUGH IN – prior to covering conductors.

FRAMING – Prior to insulation. Steel connection report required.

ABOVEGROUND FIRE SPRINKLER ROUGH IN – Prior to installing ceiling. 200 PSI test required.

ELECTRICAL FINAL – All equipment, fixtures, & devices. Shall include a test of the emergency lighting.

MECHANICAL FINAL – All equipment shall be functional. Kitchen exhaust system test required.

PLUMBING FINAL – All equipment & fixtures shall be functional. Potable water certificate required.

FINAL FIRE ALARM/FIRE SPRINKLER – Inspector's test & main drain flow with the activation of all alarm initiation devices and supervisory devices.

FINAL – Prior to any use or occupancy _____.

CONTRACTOR: _____

PROJECT: _____

DATE: _____

PERMIT NUMBER: _____

**SANDY LAKE BOROUGH
UNIFORM CONSTRUCTION PERMIT APPLICATION**

Telephone: 724-376-2676

email: slboro@zoominternet.net

LOCATION OF PROPOSED WORK OR IMPROVEMENT/PERMIT # _____

County: Mercer Municipality: Sandy Lake Borough

Site Address: _____ Tax Parcel # _____

Lot # _____ Subdivision/Land Development: _____ Map: _____ Section: _____

Owner: _____ Phone # _____ FAX # _____

Mailing Address: _____ E-Mail: _____

Principal Contractor: _____ 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-2)
 Two-Family Dwelling (R-2)

NON-RESIDENTIAL

Specific Use: _____

Use Group: _____

Change in Use: YES NO

If YES, Indicate Former: _____

Maximum Occupancy Load: _____

Maximum Live Load: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwellings Units: _____ Existing, _____ Proposed

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc. _____)

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 of Vent _____

Elevator/Escalators/Lifts/Moving walks: (Check) YES NO

Sprinkler System: YES NO

Pressure Vessels: YES NO

Refrigeration Systems: YES NO

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft. Number of Stories: _____
Proposed Building Area: _____ sq. ft. Height of Structure Above Grade: _____ ft
Total Building Area: _____ sq. ft. Area of Largest Floor: _____ sq. ft.

FLOOD PLAIN

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

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirement of the Nation Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978) specifically *Section 60.3*

Lowest Floor Level: _____

HISTORIC DISTRICT

Is the site located within a Historic District? YES NO

If construction is proposed within a Historic District, a certificate of appropriateness may be required by the Municipality.

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, 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.

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

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Directions to Site: _____

(FOR CODE ADMINISTRATOR USE ONLY)

ADDITIONAL PERMITS/APPROVALS REQUIRED

<input type="checkbox"/> STREET CUT/DRIVEWAY	APPROVED _____
<input type="checkbox"/> CUT AND FILL	APPROVED _____
<input type="checkbox"/> PENNDOT HIGHWAY OCCUPANCY	APPROVED _____
<input type="checkbox"/> DEP FLOODWAY OR FLOODPLAIN	APPROVED _____
<input type="checkbox"/> SEWER CONNECTION	APPROVED _____
<input type="checkbox"/> ON-LOT SEPTIC	APPROVED _____
<input type="checkbox"/> ZONING	APPROVED _____
<input type="checkbox"/> HARB	APPROVED _____
<input type="checkbox"/> OTHER _____	APPROVED _____

APPROVALS

BUILDING PERMIT DENIED: Date _____ Date Returned _____

BUILDING PERMIT APPROVED: Date _____

CODE ADMINISTRATOR _____

Date Issued _____ Date Expired _____ PERMIT # _____

BUILDING PERMIT FEE	\$ _____	RECEIPT # _____
PLAN REVIEW FEE	_____	RECEIPT # _____
PLUMBING PERMIT (if appl.)	_____	RECEIPT # _____
MECHANICAL PERMIT (if appl.)	_____	RECEIPT # _____
ELECTRICAL PERMIT (if appl.)	_____	RECEIPT # _____

PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

Type of Document:	Submitted	Signed & Sealed	Date:	Revision Date:
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		_____	_____

Pennsylvania Plumbing System Lead Ban and Notification Act

Lead-Free Plumbing Material Certification

(NAME OF CURRENT OWNER)

(STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

(TELEPHONE NUMBER)

I, _____, being fully knowledgeable of the plumbing
(NAME OF APPLICANT)

system located at _____ and being duly authorized to
(ADDRESS OF BUILDING/FACILITY)

request its connection to the Borough of Sandy Lake Waterworks, certify that after
(NAME OF WATER SYSTEM)

after January 6, 1991 only lead-free materials were used in its construction and/or repair.

The terms "plumbing system" and "lead free" are used as defined in the Plumbing System Lead-Free Ban and Notification Act, 35 PS §723.1 et. Seq.

(Signature of Affiant)

(Name of Affiant)

SWORN TO AND SUBSCRIBED before me,

This ____ day of _____, 20 ____.

NOTARY PUBLIC

Worker's Compensation Affidavit

I, _____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit if I employ any other persons I must notify the borough office and provide proof of workers' compensation coverage within three working days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.L. 736), known as The Pennsylvania Workman's' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. (P.L.).

Subscribed and sworn to before me this _____
day of _____, 20 _____.

(signature of Notary Public)

My commission expires

To: Contractors & Sub-Contractors

From: Sandy Lake Borough Council P.O. Box 87 Sandy Lake, PA 16145
Sandy Lake Borough 3271 S. Main Street
724-376-2676

Re: Worker's Compensation Reform Act #44 of 1993

EFFECTIVE SEPTEMBER 1, 1993, the Borough of Sandy Lake will no longer issue a building permit to a contractor, subcontractor or resident (i.e. plumber, electrician, mason, heating, ventilation and air conditioning) who has not demonstrated current coverage and compliance with the requirements of Act #44 by fining with the Office of the Building Inspector one of the following:

1. Certificate of Insurance issued by your insurance carrier as proof of worker's compensation for your employees: or
2. Certification of self-insurance from the Department of Labor and Industry or
3. A notarized affidavit of exemption from workers' compensation insurance stating you will not hire any employees to work on the construction project.
4. Register via company letterhead or billhead including address and phone number (Post Office Box not acceptable) your Federal or State Identification Number.

Borough resident and/or homeowners please note: If resident and/or homeowner will be performing the work, they must file a notarized affidavit of exemption from workers' compensation insurance stating that they will not hire/employ any individual, or sub- contract work on the construction project.

Should resident and/or homeowner later choose or be forced to sub-contract work to comply with the building code, it is the responsibility of the resident to see that the sub-contractor comply with the regulations as outlined above.

Under Section 302 of Act 44, every building permit issued by the Borough to a contractor, sub-contractor, or resident shall clearly set forth one of the following:

1. Name and workers' compensation policy and the contractor's and/or subcontractors Federal or State Employee Identification Number.
2. Contractor's Federal or state Employer identification number and the substance of the affirmation that the applicant is not permitted to employ any individual to perform work pursuant to the building permit
3. Resident and/or homeowners notarized affirmation that he will not employ any individual to perform work pursuant to the building permit.

These certificates shall be filed with the Borough's copy of the building permit. Upon issuance of a building permit, the Borough will be named as a WC policy certificate holder. The issuer of the policy, your insurance carrier, must inform the municipality within three working days of any changes in, or termination of, coverage.

If the borough received notice that you have had coverage terminated, lost state-approved self-insurance status, or employed persons without providing coverage, the Borough must and will, under Section 302 (e) (4) issue a stopwork order. The stopwork order may not be lifted until the contractor and/or the sub-contractor re-obtains proper coverage.

The Council realizes the impact this Act will have upon contractors, sub-contractors and residents and for this reason suggests you;

1. Notify workers compensation insurance carrier that a certificate of insurance should be forwarded to the Borough of Sandy Lake Office of the Building Inspector the address noted above, at the same time you should register via company letterhead or billhead (which includes address and telephone - Post Office Box number is not acceptable), with the Office of the Building Inspector your Federal or State Employer Identification Number;
2. Provide certification of self-insurance from the Department of Labor and Industry, at the same time you should register via company letterhead or billhead (which includes address and telephone - Post Office Box number in not acceptable) , with the Office of the Building Inspector your Federal or State Employer Identification Number;
3. Notify frequently used sub-contractors to follow the same steps, providing the Borough with the information and data required.

These certificates, certifications and affidavits along with Federal and State Employer Identification Numbers will be filed alphabetically in the Office of the Building Inspector and need only be updated when there is a change of address, insurance coverage, insurance companies or notification by insurance company of expiration or cancellation.

Nothing in the Workers' Compensation shall be the basis of any liability on the part of the Borough. It is not the Borough's responsibility to notify you that your insurance has expired or been canceled, nor shall the Borough incur liability for any damages which may result from the issuance of the stopwork order.

It is in your best interest that we have taken the initiative to notify you of the requirements of the Act and to provide you with a means to comply so as not interrupt, delay or cause financial hardship and yet effectively and efficiently achieve the goals of the Act with regard to employee coverage for work-related illness or injuries.