## **UNIFORM CONSTRUCTION CODE** "SMALL PROJECTS" BUILDING PERMIT APPLICATION PLEASE PRINT LEGIBLY To be completed in lieu of regular permit application – For decks, porches and pools

## LOCATION OF PROPOSED WORK OR IMPROVEMENT

County:	Township or Borough:		Tax Parcel #	
Site Address:		City & Zip:		
	e:			
	Area Code &			
	ess:			
Principal Contractor:_		Area Code & Phone #		
Mailing Address:		Cell #		
	work:			
CONSTRUCTION I	PLANS AND SPECIFICATIONS			
For <b>Above Ground</b> No additional documents inspection is required.	nentation is necessary for an abo	ove the ground	pool. Only a <i>Final</i>	
required are: Footii	ls:  py of the pool installer's technica  ng inspection, Electrical bonding  d/or specifications attached?  YES  NO	and a Final ins	pection.	
porch or deck and the	onstruction documents. We need the size and placement of the stru spection and a Framing/Final ins	ıctural member	s. The required inspections	
Are plans and/or sp	ecifications attached?	□NO		

## **FLOODPLAIN** YES NO Is the site located within an identified flood hazard area? (*Check one*) NO Will any portion of the flood hazard area be developed? (*Check one*) YES | | N/A If checked yes, applicant must submit certification that lowest floor elevation is at or above the design 100-year flood elevation, as required in the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3. All living spaces and mechanical equipment shall be placed above the 100-year flood elevation. Note: The National Flood Insurance Program recommends that residential and non-residential structures be elevated 1.5' above the 100-year flood elevation. Many municipalities have adopted all or part of these recommendations in their zoning ordinances, in which case the most restrictive regulation will apply. SITE PLAN Is a site plan attached, showing the size and location of the new construction and existing structures on the site and the structure's distance from the property lines? ∐ YES ON WORKER'S COMPENSATION INSURANCE COVERAGE All applicants are required to submit evidence of Worker's Compensation Insurance Coverage or an exemption form as directed by PA ACT 44. Complete and attach the Worker's Compensation Insurance Coverage Worksheet on page 13. Note: Contractors may fax or mail Workman's Compensation Insurance Coverage directly to Light-Heigel. Be sure to note the job name on the fax. Fax # 717-474-8146 Worker's Compensation Insurance Coverage Worksheet attached.

ESTIMATED FAIR MARKET VALUE OF CONSTRUCTION \$