### PROCEDURE FOR OBTAINING A DECK/PORCH PERMIT

- 1. Fully complete the application for your permit making sure to date and sign it and return it along with the required application fee. The applicant for a permit may be the owner or owner's agent. (Please note that although the application fee is non-refundable, it will be applied toward the total cost of your permit(s), with the balance due at pick-up.)
- 2. For residential applications, the Building Inspector has a **3 week** period to review and approve or deny your permit application. For non-residential (commercial) applications, **6 weeks** is allotted. Make sure there are daytime and evening telephone numbers for the Building Inspector to reach you should there be any questions about your application.
- 3. After the application has been approved, the applicant will be contacted when the permit is ready to be picked up and informed of the balance due. At pick up you will be asked to sign all copies of the permit, pay the balance of the permit fee and you will be given a check list with the inspection requirements for your project.
- 4. Permits are valid for one (1) year from date of issuance.
- 5. If you have any questions concerning your application, please contact Kraft Code Services at 610.775.7185. If no one is available when you call, please state the municipality your call pertains to and leave a detailed message.
- 6. **PLEASE NOTE**: No construction may begin without paying for and receiving your approved permit. Performing work without a permit will result in the doubling of all permit fees.

The following information should be included with your permit application:
☐ Application fee. (Applications received without the required application fee will be
considered incomplete and will not be processed.)
☐ Completed deck/porch zoning/building permit application
☐ (2) sets of construction drawings including the following:
Plot plan to include:
✓ All lot lines and dimensions from new structure to front, side & rear property lines
<ul> <li>Existing structures and distances between existing and new structures</li> </ul>
✓ Streets (public/private)
✓ Well, septic system; tank; drainfield
✓ Location of any easement or right-of-way
Footer or pier specifications
Foundation specifications (if applicable)
Framing plans including the following
✓ Stair location
✓ Locations and sizes of support posts or columns
✓ Beam and/or headers sizes and locations
✓ Joist and/or rafter sizes and locations/spacing
✓ Ledger board fastening specification
☐ Electrical permit (if necessary)
☐ Proof of contractor workers' compensation insurance or notarized exemption form

# WARWICK TOWNSHIP DECK/PORCH ZONING/BUILDING PERMIT APPLICATION

PROPERTY INFORMATION						
Owner:	11 To Miles	Phone #:	Mil faultraubheimmennen			
Street Address:						
City/State/ Zip:						
Cell #:	Fax #:	Email:				
Tax Parcel #	Tax Parcel # Zoning District:					
CONTRACTOR INFORMATIO	N					
Contractor:	~~~~	Phone #:				
Street Address:	· · · · · · · · · · · · · · · · · · ·		_			
City/State/ Zip:			_			
Contact Person:			_			
Cell #:	Fax #:	Email:				
IMPROVEMENT INFORMATI	ON:					
Cost of improvement:	Location:		100000000000000000000000000000000000000			
Length: Width:	Height:					
(Note: Height should be measured	· · ·	· · · · · · · · · · · · · · · · · · ·				
Support Post: Size	Spacing	Footer Depth tween balusters:	_			
Guard Rail: Height from floor _	Spacing be	tween balusters:				
be in conformance with the Pennsylva be performed as well as in accordance begin work, but only an application for work starts without a permit. I unders information will be invalid and the mu	nia Uniform Construction Code an with the approved plan after a pla a permit and that work is not to s tand that if I give false information nicipality could initiate legal proce	in this application is complete and accurate d/or any applicable ordinances of the mun on review has been completed. I understate start without a permit and that the fees for a regarding this permit application that any edings against me, which could result in manedy appropriate under the circumstances	licipality in which the work is to nd that this is not a permit to the permit may be doubled if y permits issued based on this y being fined or imprisoned, or			
Property Owner Signature	Print Name	of Property Owner	Date			
Contractor Signature	Print Name	Print Name of Contractor				

## WARWICK TOWNSHIP ELECTRICAL PERMIT APPLICATION

PROPERTY INFORMA	TION						
Owner: Phone #:							
Street Address:							
City/State/ Zip:							
Cell #:		Fax #:		Em	ail:	·	
Tax Parcel #	Zoning District:						
CONTRACTOR INFOR	MATIO	٧	eriak de est emisentilarenn den kennen de komzente den immer dit bilden bisk im soordinas m				
Contractor:	ntractor: Phone #:						
Street Address:		10 West Late 1 West Late 1 Let				_	
City/State/ Zip:						_	
Contact Person:						<del></del>	
Cell #:	Fax #:			Email:			
IMPROVEMENT INFO	RMATIC	ON:	Makes addressed to the Madelline of the constraint of the constrai				
Location:				Cost	of improvement:		
Utility Work Order #:							
Type of Work: ☐ New	v Constru	iction 🗆 A	ddition 🗆 Alte	ration/Re	eplacement 🏻 Pool		
Service feeder/distribut	ion pane	el: 🗆 N	lew 🛭 Exis	ting S	ize: Amps		
Brief description of wor	k:				es e		_
							•
EQUIPMENT IDENTIF	ICATIO	٧				-manusch versche mitter für verschillte under für eine finde der finde	ACTIVATE TO THE PROPERTY AND ADDRESS AND A
Туре	#	Туре		#	Туре	#	
Ceiling Outlets		Ranges			Meters		
Switches		Water He	ater		Subpanels		
Plug Receptacles		Heaters			Generators		
Heat/Smoke Detectors		Air Condi	tioners		Motors		
By applying for this permit, I acknowith the Pennsylvania Uniform C with the approved plan after a pi work is not to start without a per regarding this permit application which could result in my being fit circumstances.	Construction lan review h rmit and tha I that any pe	Code and/or any las been complet It the fees for the ermits issued base	y applicable ordinances ed. I understand that t e permit may be double ed on this information v	of the munichis is not a p d if work sta will be invalid	cipality in which the work is to be ermit to begin work, but only an rts without a permit. I understan I and the municipality could initi	e performed application I and that if I give ate legal pro-	as well as in accordand for a permit and that ve false information ceedings against me,
Property Owner Signature	Print Name of Property Owner				Date		
Contractor Signature	ignature Print Name of Contractor				Date		

# CERTIFICATION FOR WETLANDS / BURIED SOLID WASTE

#### **WETLANDS**

I hereby certify that I am fully aware of, and acknowledge that construction on or use of any property may be significantly restricted or totally prohibited by Federal Law. Lands that are identified as "wetlands" by the United States Army Corps of Engineers cannot be used unless and until a permit is issued by the Corps. Before commencing subdivision, construction or any other improvement of any land, the owner or his/her agent should contact either the Corps of Engineers or a qualified professional to determine whether or not said land could be considered either in whole or in part a "wetland." The Corps has the authority to require the removal of any improvement placed within a "wetland" by the owner of such land <u>regardless</u> of the cost of the removal or other effect upon the landowner.

No agent or employee of the municipality in which this work will be performed has made any effort to determine whether or not all or a portion of said land constitutes a "wetland." The granting of a building permit, occupancy permit, onsite sewage disposal permit, or subdivision approval by the municipality <u>DOES NOT</u> in any way imply that the land does <u>NOT</u> constitute a "wetland," or that a permit has been issued by the Corps to place an improvement upon the land, or that it is not necessary to determine if any portion of the land constitutes a "wetland." Any person who proceeds with subdivision, construction, or the placing of any improvement upon land without prior Corps review and/or approval does so <u>AT HIS OWN RISK WITHOUT ANY RESPONSIBILITY ON</u> THE PART OF THIS MUNICIPALITY, ITS AGENTS OR EMPLOYEES!

## BURIED SOLID WASTE

I hereby certify that I have not buried any solid waste on the property of this application. I acknowledge that the Commonwealth of Pennsylvania Solid Waste Management Act specifically prohibits the disposal of solid waste except at legally permitted landfills.

I understand that violation of this act may result in prosecution by appropriate agencies of the Commonwealth.

Applicant signature:	Date:
Name of applicant (please print):	

PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly. 1. Are you the homeowner/property owner performing the work (as requested in this application) yourself? ☐ No - go to question #2 ☐ Yes – read this exemption statement, sign to indicate your understanding and submit this form with your application "Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project." Signature: 2. Are you the homeowner/property owner who has hired a contractor to perform the work (as requested in this application)? ☐ No – go to question #3 ☐ Yes – please have your contractor complete Sections A & B 3. Are you the contractor hired by the homeowner/property owner to perform the work as requested in this application)? ☐ Yes – complete Section A & B □ No – please explain: A. Name of Company Contact person \_\_\_\_\_ Phone # Address of company \_\_\_\_\_ Federal or State Employee Identification # Please select one of the following options: ☐ Applicant is a qualified self-insurer for workers' compensation ✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder ☐ Applicant carries workers' compensation coverage with an insurance company ✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a ☐ Applicant is exempt from providing workers' compensation insurance because: ☐ The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.) ☐ All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act. Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public. Will you be using any subcontractor(s) on this project? 
No 
Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.) B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public. Signature \_\_\_\_\_ Address NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE County Municipality of \_\_\_\_\_

Subscribed and sworn to before me this-

day of 20 .

My commission expires:

**SEAL**