ENGINEERS SURVEYORS BUILDING CODE INSPECTORS MUNICIPAL SERVICES

LIGHT-HEIGEL

SURVEYORS BUILDING CODE INSPECTORS MUNICIPAL SERVICES

A full service provider of Pennsylvania Uniform Construction Code (UCC) services.

Uniform Construction Code

Porch & Deck Permit Application

Rapho Township

LOCAL LIGHT-HEIGEL OFFICE CONTACT INFORMATION:

Light-Heigel & Associates, Inc. 930 Red Rose Court, Suite 103
Lancaster, PA 17601
Attn: Building Codes

Phone: (717) 892-7002 Fax: (717) 892-7020

FOR ADDITIONAL INFORMATION: Website: www.light-heigel.com
E-mail: Permits @light-heigel.com

Rapho Township

Lancaster

UCC Porch & Deck Permit Application

COMPLETENESS CHECKLIST

The individual completing the application should use the checklist below to assure that all items are included in the application package. The Building Codes Officer will confirm that the required items have been included within 5 days of receipt.

| Completed Application with applicant's name, signature and date | | | |
|---|--|--|--|
| Project plans and specifications, (including plot plan) with all required information to verify code compliance | | | |
| Engineer's Seal on drawings (required for commercial work and special residential situations) | | | |
| Zoning Permit / Contact: Rapho Township | | | |
| Completed Worker's Compensation Insurance Coverage Form | | | |
| Completed Fee Schedule Worksheet | | | |
| Total Permit Fee enclosed payable to Light-Heigel & Associates, Inc.) | | | |
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| Completeness Signature of Building Code Official | | | |
| Date Submittal Determined Complete | | | |

UNIFORM CONSTRUCTION CODE PORCH & DECK PERMIT APPLICATION

PLEASE PRINT LEGIBLY

| Country Lancaster Township of Descript Descript | |
|---|--|
| County: Lancaster Township or Borough: Rapho Town Site Address: | |
| Subdivision/Land Development: | |
| Directions to Work Site: | |
| Owner: | Phone #: |
| Complete Mailing Address: Email: | |
| Principal Contractor: | |
| Mailing Address: | Email: |
| The Building Permit and Occupancy Permit should be sent to: DESCRIPTION OF WORK: | · |
| ESTIMATED FAIR MARKET VALUE OF CONSTRU | JCTION \$ |
| BUILDING/SITE CHARACTERISTICS Proposed Building Area:sq. f Height of Structure Above Grade:f | ft. it. |
| FLOODPLAIN Is the site located within an identified flood hazard area Will any portion of the flood hazard area be developed? | |
| If checked yes, applicant must submit certification that I design 100-year flood elevation, as required in the Nation Pennsylvania Flood Plain Management Act (Act 166-19 spaces and mechanical equipment shall be placed about | onal Flood Insurance Program and the 978), specifically <i>Section 60.3</i> . All living |
| Note: The National Flood Insurance Program recomme structures be elevated 1.5' above the 100-year flood eleall or part of these recommendations in their zoning ord regulation will apply. | evation. Many municipalities have adopted |
| | Lowest Floor Level: |

CONSTRUCTION PLANS AND SPECIFICATIONS Are construction plans and/or specifications attached, illustrating elevations, floor plans, electrical, plumbing, mechanical layouts, energy code compliance data, design loads and calculations, window and door schedule, typical cross sections, typical footer and foundation details, etc.? YES NO

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| 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 ☐ NO |
| |

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.

Note: Contractor may fax or mail Workman's Compensation Insurance Coverage directly to Light-Heigel. Be sure to include the <u>job name</u> on the fax. Fax # (717) 892-7020

☐ Worker's Compensation Insurance Coverage Worksheet attached.

CERTIFICATION AND/OR ACKNOWLEDGEMENT OF RESPONSIBILITY

Application for a permit shall be made by the *owner* or *lessee* of the building or structure, the *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

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, right-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.

<u>Authorized Agent Acknowledgement</u> – I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and agree to conform to all applicable regulations set forth by PA ACT 45.

Pennsylvania Act 45, Sections 403.45 & 403.46 requires that a final inspection be performed. <u>A building, structure or facility may not be used or occupied without a certificate of occupancy.</u>
Failure to arrange for your final inspection after the project is completed is a violation that will result in possible legal action from your municipality. This action may include a fine of not more than \$1,000.00 in costs for each day the violation exists (Section 903).

Failed/Additional inspections – Permit fees are calculated based on a set number of inspections. In the event that additional inspections are required due to failed inspections, not ready, lack of access, etc., the permit holder will be billed at the full rate for that type of inspection. A Certificate of Occupancy will not be issued until all fees have been paid.

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 Age | | |
|--|---------------------------------------|--|--|
| | | | |
| Address, City, State, Zip | Date | | |

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

| A. | The Applicant or Authorized Agent is |
|----|---|
| | A contractor within the meaning of the Pennsylvania Worker's Compensation Law |
| | ☐ YES ☐ NO |
| | If the answer is "yes" complete Section B, if "no" complete section C below. |
| В. | Insurance Information |
| | Name of Applicant |
| | Federal or State Employer Identification No. |
| | Applicant is a qualified self-insurer for Worker's Compensation. Certificate Attached |
| | Name of Worker's Compensation Insurer |
| | Worker's Compensation Insurance Policy |
| | No Certificate Attached |
| | Policy Expiration Date: |
| C. | Exemption |
| | I,, do attest 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 will notify this 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.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. Act 44 |

PORCH & DECK PERMIT FEE SCHEDULE

Please use the following fee schedule. All fees should be submitted with the application. Permit will not be issued until all fees are collected.

| Porch/Deck Permit Fee | = | \$250.00 | | |
|---|--------------|-------------------------------|----------|--|
| Government Surcharge | + | \$4.50 | | |
| Total | Permit Fee = | \$254.50 | | |
| TOTAL PERMIT FEE Check made payable to FOR OFFICE L CHECK# | JSE ONLY: | = SSOC/ATES, INC VED ON | C. BY | |