

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

Uniform Construction Code

Solar Panel Permit Application

Delaware Township

LOCAL LIGHT-HEIGEL OFFICE CONTACT INFORMATION:

Light-Heigel & Associates, Inc.
135 Walter Drive Suite 3
Lewisburg Pa 17837
Attn: Building Codes
Phone: (570) 524-7742
Fax: (570) 524-7746

FOR ADDITIONAL INFORMATION:

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

Delaware Township

Northumberland

UCC Solar Panel 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: Delaware Township
- ☐ Completed Worker's Compensation Insurance Coverage Form
- ☐ Completed Fee Schedule Worksheet
- ☐ Total Permit Fee enclosed payable to Light-Heigel & Associates, Inc.)

Completeness Signature of Building Code Official

Date Submittal Determined Complete

**UNIFORM CONSTRUCTION CODE
SOLAR PANEL PERMIT APPLICATION**
PLEASE PRINT LEGIBLY

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Tax Parcel #: _____

County: Northumberland Township or Borough: Delaware Township

Site Address: _____ City & Zip: _____

Subdivision/Land Development: _____ Lot #: _____

Directions to Work Site: _____

Owner: _____ Phone #: _____

Complete Mailing Address: _____

Email: _____

Principal Contractor: _____ Phone # _____

Mailing Address: _____ Email: _____

The *Building Permit* and *Occupancy Permit* should be sent to: ☐ Owner ☐ Contractor (please check)

DESCRIPTION OF WORK: _____

ESTIMATED FAIR MARKET VALUE OF CONSTRUCTION \$ _____

BUILDING/SITE CHARACTERISTICS

Proposed Building Area: _____ sq. ft.

Height of Structure Above Grade: _____ ft.

FLOODPLAIN

Is the site located within an identified flood hazard area? (Check one) ☐ YES ☐ NO
Will any portion of the flood hazard area be developed? (Check one) ☐ YES ☐ NO ☐ 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.

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

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 ☐ 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 job name on the fax. Fax # (570) 524-7746

☐ 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.

Authorized Agent Acknowledgement – 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. A building, structure or facility may not be used or occupied without a certificate of occupancy. 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 Agent

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.

B. 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.

SOLAR PANEL 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.

Roof/Ground (res) mount solar (Max 60A)	\$300.00
Solar (60-100A)	\$400.00
Solar (Over 100A)	\$500.00
Government Surcharge	+ \$4.50
Total Permit Fee	= _____

TOTAL PERMIT FEE = _____

Check made payable to: *LIGHT-HE/GEL & ASSOC/ATES, INC.*

FOR OFFICE USE ONLY:

CHECK# _____ RECEIVED ON _____ BY _____

Payment methods: money order or personal check. All returned checks will be assessed a \$25.00 penalty fee.