BLDG. PERMIT #_____
DATE ISSUED: _____

TOWNSHIP OF INDIANA

3710 Saxonburg Blvd.
Pittsburgh, PA 15238
(412) 767-5333, ext. 320 Fax: (412) 767-4705
www.indianatownship.com

BUILDING PERMIT APPLICATION

Date:_____
Property Owner:_____
Address:_____
_____
Phone:_____Cell:_____
Email Address:_____

Architect/Engineer:_____
Phone:_____
Fax:_____
E-Mail:_____

Person to contact for Pick Up of Permit:
Owner Builder/Contractor

PERMIT DESCRIPTION

☐ Addition
☐ Decks/Porches
☐ Demolition
☐ Garage
☐ New Construction
☐ Signs/Billboards
☐ Swimming Pool
☐ Other:_____

Property where work is proposed:_____
_____
Lot and Block #:_____

Total Cost of Construction: $_____ Construction in a Floodplain? Yes___ No___

CONTRACTOR INFORMATION

Contractor Name:_____Contact Name/Number:_____
Address:_____
Phone:_____Fax:_____
Worker's Compensation Policy No.:_____
Insurer:_____Expiration Date:_____

*****Note: A permit will not be issued until a copy of the worker's compensation insurance certificate is submitted indicating Indiana Township as the certificate holder. If an exemption is claimed, the Insurance Addendum (attached) must be completed and notarized.*****

All permits required by the Commonwealth of Pennsylvania Department of Labor & Industry, including Highway Occupancy Permits, shall be obtained by, and are the responsibility of, the applicant. The applicant shall be responsible for identification of all utilities prior to excavation. Call PA One Call at 1-800-242-1776 three days prior to performing any excavation activities.

Applicant Signature:_____Date:_____

For Township Use Only

Building Permit Number:_____Permit Date:_____

Building Permit Fee:	$_____	*(Based on the completed cost of construction) ($50 base fee for projects under $8,000 of the total cost, or, for projects over $8,000.01 will be $6.00 per $1,000 of the total cost)*
Occupancy/Final Inspection Fee:	$ 40.00	*(For Residential Permits)*
	$100.00	*(For Commercial and Industrial Permits requiring Occupancy)*
Filing Fee:	$50.00	
TOTAL FEE:	**$_____**	

(NOTE: The above fees are set by the Township's current Fee Schedule, which is set by Resolution, as amended.)

Approved by:

_____
Building Code Official

(Below For Township Use Only)

Zoning Notes

Zoning District:_____Use:_____

Set Backs

Front Yard:_____Rear Yard:_____

Side Yard:_____Side Yard:_____

Comments:_____

_____

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Pittsburgh, PA 15238
(412) 767-5333, ext. 320

PERMIT AGREEMENT

In consideration for the issuance by the Township of Indiana (the "Township") of a building, demolition, or grading permit to the undersigned Applicant (the "Applicant"), the Applicant acknowledges that the Township is reviewing plans and specifications, issuing permits, and/or inspecting work of the Applicant solely for the purpose of insuring compliance with the minimum requirements of the applicable ordinances of the Township. The Township does not warrant to the Applicant or to any third party the quality or adequacy of the design, engineering or work of the Applicant. Applicant further acknowledges that it will not be possible for the Township to review every aspect of Applicant's work. Accordingly, neither the Township nor any of its elected or appointed officials shall have any liability to the Applicant for defects or shortcomings in such design, engineering or work, even if it is alleged that such defects or shortcomings should have been discovered during the Township's review or inspection.

The undersigned confirms the construction requested by this permit is in compliance with any covenants of their Subdivision or Plan, if any.

_____ _____
BUILDING PERMIT NUMBER JOB LOCATION

_____ _____
TYPE OF WORK PERMIT ISSUE DATE

_____ _____
APPLICANT'S SIGNATURE & TITLE *(if applicable)* DATE SIGNED

TOWNSHIP OF INDIANA

Building Permit Instructions & Checklist

(To be checked off by the applicant)

- ❑ **The Building Permit application has been completed in full and signed.**
- ❑ **A survey by a PA registered land surveyor has been submitted with the construction documents. The survey shall indicate the setback distance to every property line. The location of all proposed driveways shall be indicated on the submitted survey.**
- ❑ **If needed, all required Zoning Permits and approvals have been obtained from the Township *(attach copies)*.**
- ❑ **Two (2) copies of scaled and accurate construction drawings have been submitted for all proposed new single family dwellings and additions to existing single family dwellings over 5,000 square feet, and all commercial and industrial structures.**
- ❑ **If needed, all applicable Highway Occupancy Permits shall be obtained.** ***(attach copies)***
- ❑ **A worker's compensation certificate for all contractors identified on the permit application have been submitted indicating Indiana Township as the "Certificate Holder".**
- ❑ **The Permit Agreement has been signed by the property owner.**
- ❑ **The Required Inspections sheet has been read and is understood.**
- ❑ **Fees for public sewer and public water taps have been paid *(provide receipts)*. Or, if private system(s), proof of availability must be provided.**
- ❑ **Pennsylvania One Call shall be notified 3 days prior to any excavation (1-800-242-1776)**

Plan Review Requirements *(for new construction and additions)*

❑ **The drawings include a typical wall section indicating the following: footer size and reinforcement, foundation wall details including drainage, anchor bolts, floor joist size, framing sizes, header schedule, ceiling joist and roof rafter details, roof covering details & ventilation details.**

❑ **Floor plans for every story, including basement.**

❑ **HVAC details, including equipment to be installed.**

❑ **General wiring details, including smoke detectors and service size.** *(Third Party)*

❑ **A plumbing isometric design including drainage size, vent size and location, trap location, cleanout locations and drainage fixture details. All building sewer specifications shall be in accordance with the local sanitary authority.** *(Third Party Allegheny County Health Department (ACHD)*

❑ **Window schedules from the window manufacturer indicating sleeping room egress window and habitable basement egress sizes.**

❑ **Energy Efficiency Data Worksheet. **NOTE* A "ResCheck Certificate" and/or print out of ResCheck for compliance (www.energycodes.gov) must be submitted.***

Energy Efficiency Data Worksheet

The following information must be submitted with the construction documents. The following information must be clearly indicated on the construction document (ceiling, floor, wall assemblies only). Mechanical equipment must be identified, located and labeled on the construction documents. A dimensional section drawing shall be submitted for all insulated floor slabs. ResCheck energy software is available at www.energycodes.gov. (This is where you insert the information needed to get the actual "ResCheck Certificate".)

1. Ceiling Framing Type_____

2. Ceiling Insulation Type_____R-Value_____

3. Skylight Frame Material: Metal Frame Metal Frame With Thermal Break
   Wood Frame Vinyl Frame
   Other_____

4. Skylight U-Factor_____ Skylight sq.ft._____
   Single Pane Double Pane Double Pane-Low E Triple Pane

   Triple Pane Low-E

5. Wall construction_____

6. Gross sq.ft. of Wall space_____

7. Wall Cavity Insulation R-Value_____ Continuous Insulation R-Value_____

8. Window Frame Material: Metal Frame Metal Frame With Thermal Break
   Wood Frame Vinyl Frame Other_____

9. Gross sq.ft. of Window openings_____

10. Windows; Enter information on the poorest window efficiency in the building:

    Single Pane Double Pane Double Pane-Low E Triple Pane
    Triple Pane Low-E

    ***Each window must be identified separately or number of each type. Attach schedule.**

11. Doors: 1. Solid (under 50% glazing) Glass U-Factor_____ R-Value_____
    Sq.ft._____

    2. Solid (under 50% glazing) Glass U-Factor_____ R-Value_____
    Sq.ft._____

3. Solid (under 50% glazing) Glass U-Factor_____ R-Value_____ Sq.ft._____

4. Solid (under 50% glazing) Glass U-Factor_____ R-Value_____ Sq.ft._____

5. Solid (under 50% glazing) Glass U-Factor_____ R-Value_____ Sq.ft._____

12. Basement Wall Type_____ Gross sq.ft. Area_____

Measured in feet; (ie 7.5')

- Wall Height (top of wall to basement floor)_____
- Depth below grade (finish outside grade to basement floor_____
- Height of insulation (top of wall to where insulation stops)_____

13. Floor Assembly:

- **Wood Assembly**: Over un-conditioned space Over outside air

Gross Area_____ Cavity R-Value_____Continuous Insulation R-Value_____

- **Slab on Grade:** Unheated Heated

Gross Area_____ Cavity R-Value_____

Continuous Insulation R-Value_____

- **Structural Insulated Panels:** Over un-conditioned space

Over outside air

Gross Area_____ Cavity R-Value_____

Continuous Insulation R-Value_____

14. Crawl Space Wall Type_____Gross sq. ft. Area_____

Measured in feet; (ie 7.5')

- Wall Height (top of wall to basement floor)_____
- Depth below grade (finish outside grade to basement floor_____
- Height of insulation (top of wall to where insulation stops)_____

15. Heating Equipment; Where more than (1) unit, use least efficient data

- Furnace Heating Efficiency_____%
- Boiler Heating Efficiency _____%
- Heat Pump Heating Efficiency_____%

Air Conditioner Cooling Efficiency _____SEER

TOWNSHIP OF INDIANA

Required Inspections

The following periodic inspections (marked) are required to ensure compliance with the Building Permit you have been issued. All inspections shall be requested no sooner than 48 hours before the inspection is required. Call (412)767-5333, ext. 320 or 322 to request an inspection. **A FINAL INSPECTION IS REQUIRED FOR ALL BUILDING PERMITS.**

- ☐ FOOTING INSPECTION: Before placement of concrete. All required re-enforcement in accordance with the approved drawings should be installed. All reinforcement shall be placed in the bottom 1/3 of the footing and shall be suspended on chairs or other approved device.

- ☐ FOUNDATION: (When reinforcement is required) Prior to the placement of all required cell block grouting. All required reinforcement shall be in place. When added to the grout, all aggregate shall be 3/8 inch maximum.

- ☐ BACKFILL: Prior to any backfill. All waterproofing shall be completed. All drains and filter fabric shall be in place. All anchor bolts shall be installed.

- ☐ ROUGH ELECTRICAL: All electrical installations shall be installed in accordance with the 2000 NEC. Approval stickers from a listed Third Party Agency (approved by the Township) shall be visible and fixed on the structure.

- ☐ ROUGH PLUMBING: All drains, vents and water distribution shall be in place. A pressure test shall be conducted at this time and accessible for the Allegheny County Health Dept. - Plumbing Division.

- ☐ ROUGH MECHANICAL: After the installation of all ductwork, fuel gas piping & flues.

- ☐ ROUGH FRAMING: After all rough electrical and plumbing inspections have been approved and prior to all insulations.

- ☐ INSULATION: All required insulation installed in walls including areas to be concealed, prior to wallboard.

- ☐ WALLBOARD: All fasteners installed prior to compound or finish material.

- ☐ FINAL ELECTRICAL: Approval stickers from a Third Party Agency shall be fixed to the service panel.

- ☐ FINAL PLUMBING: All fixtures shall be installed and fully functional. Approval must be issued by the Allegheny County Health Dept. - Plumbing Division.

- ☐ FINAL MECHANICAL: After all equipment and installation of fixtures.

- ☐ OCCUPANCY/FINAL INSPECTION: All mechanical inspections shall be completed. House numbers must be posted in compliance with Act 45.

- ☐ OTHER_____ *(Where in the opinion of the Building Official a special inspection is required.)*

Work shall not proceed until the above inspections are approved by the Township of Indiana. Failure to obtain any of the above inspections may result in penalties imposed in accordance with the UCC Act 45.

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(attach to Building Permit Application)

A. **THE APPLICANT IS:**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

☐ Yes ☐ No

If the answer is "yes", complete Sections B and C below as appropriate.
If the answer is "no", sign Section D below, in front of a Notary Public

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B. **INSURANCE INFORMATION**

Name of Applicant: _____

Federal or State Employer Identification #: _____

Applicant is a qualified self-insurer for worker's compensation.

☐ *Certificate Attached*

Name of Workers' Compensation Insurer: _____

Workers' Compensation Policy # :_____

☐ *Certificate Attached*

Policy Expiration Date: _____

C. **EXEMPTION**

(Complete Section "C" if the applicant is a contractor claiming exemption from providing workers' compensation insurance.)

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated:

☐ CONTRACTOR WITH NO EMPLOYEES. *Contractor prohibited by law from employing any individual to perform work pursuant to this Building Permit unless contractor provides Proof of Insurance to the Township.*

☐ RELIGIOUS EXEMPTION UNDER THE WORKERS' COMPENSATION LAW.

D. **SUBSCRIBED TO AND SWORN TO BEFORE ME THIS** _____ DAY OF _____, 2_____

_____
(Signature of Notary Public)

MY COMMISSION EXPIRES:_____

(Seal)

SIGNATURE OF APPLICANT:_____

ADDRESS:_____

_____

COUNTY:_____

MUNICIPALITY_____