



Borough of Sewickley
601 Thorn Street
Sewickley, PA 15143

Residential UCC
Building Permit Application

Applicant Name _____ email _____

Address _____ City _____ Zip _____

Phone _____

Site address _____ City _____ Zip _____

Municipality _____ Tax Parcel ID : _____

Do you live in a Historic District? Yes No

If yes, have you submitted a Historic Review Application? Yes No

Will this work require any landscaping and/or tree removal? Yes No

Is this property in a flood plain zone? Yes No

General Contractor _____ Contact _____

Address _____ City _____ Zip _____

Phone _____

New Structure Alteration or Renovation Addition Phased Approval

Above Ground Pool In-Ground Pool Pool Dimensions _____

Number of Stories Above Grade _____

Existing Gross Square Footage _____

New Construction Square footage _____

Total Gross Square Footage _____

Estimated construction cost (Labor and Materials) _____

Brief project narrative:

Applicant's certification:

1. The estimated construction cost and all other information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until all a Certificate of Occupancy (COO) has been received from the Building Code Official (BCO)
3. This project will be constructed in accordance with the approved drawings and specifications and the Uniform Construction standards, as specified in PA Code 34 §401-405.
4. Any changes to the approved documents will be filed with the BCO.

Owner Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Owner Signature _____ Date _____

Applicant Signature _____ Date _____

A Certificate of Appropriateness must be issued by the Historic Review Commission and approved by Borough Council prior to the issuance of a Building Permit

Required Documents:

- Three Copies construction documents (Please see plan review checklist)
- One Site plan
- One set of specifications / installation instructions

A UCC permit is not required for the following items:

- Fences 72" or less from grade
- Retaining walls 48" or less from grade
- Prefabricated swimming pools 24" or deeper
- Decks 30" or less from grade
- Replacement doors and windows (replacements must be of the same size and location)
- Roofing Wear Surfaces (shingles / metal surfaces. NOT SHEETHING or TRUSS WORK)
- Window awnings projecting less than 54" from exterior wall
- Swings or other playground equipment

Municipal Permits including, but not limited to, zoning, driveway, land development, sewage and utility may be required prior to the issuance of a building permit. Please contact the Zoning and Building Officer with questions.

Joe Motznik
Zoning & Building Code Officer
412-741-4015

PERMIT APPLICATION

MECHANICAL PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone _____ State _____ Zip _____ Phone _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ Residential _____ Other Residential _____

MECHANICAL PERMIT

Contractor _____

(If owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee # _____

(Certificate of Insurance for Workers Compensation needed or sign Exemption form)

Estimate of total costs for all work _____

Technical Site Data:

No.	Fixture/Equipment
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys
_____	HVAC

Others: _____

Signature: _____

Owner () Contractor () Owner Representative ()

PERMIT APPLICATION

ELECTRICAL PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone _____ State _____ Zip _____ Phone _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ Residential _____ Other Residential _____

ELECTRICAL PERMIT

Contractor _____

(If owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee # _____

(Certificate of Insurance for Workers Compensation needed or sign Exemption form)

Estimate of total costs for all work _____

Technical Site Data:

No.	Size	ITEM
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee

Others: _____

Signature: _____

Owner () Contractor () Owner Representative ()

PERMIT APPLICATION

PLUMBING PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone _____ State _____ Zip _____ Phone _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ Residential _____ Other Residential _____

PLUMBING PERMIT

Contractor _____

If owner, put same name above

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed. Employee No. _____

Certificate of Insurance for Workers Compensation needed or signed exemption form)

Technical Site Data No.	Items	Technical Site Data No.	Items
	Water Closet		Water Service Connection
	Urinal Bidet		Interceptor/Separator
	Bath Tub		Backflow Preventer
	Lavatory		Grease Trap
	Shower		Sewer Connection
	Floor drain		Sewer Pump
	Sink		Stacks
	Dishwasher		Solar
	Drinking Fountain	Others: _____	
	Washing Machine	_____	
	Hose Bibb	_____	
	Washing Machine	Signature: _____	
	Hose Bibb	Owner () Contractor () Owner Representative ()	
	Water Heater		
	Fuel Oil Piping		
	Gas Piping		
	Steam Boiler		
	Hot Water Boiler		



Borough of Sewickley
601 Thorn Street
Sewickley, PA 15143

Plan Review Checklist

Site Plan - showing distances to property lines and existing structures on site

Floor Plan - Showing names and sizes of all rooms

Footing detail - must include depth below frost line, thickness, width and rebar

Foundation - type of wall, waterproofing, footer drain, and anchorage of sill plate

Roof Construction – rafters, ceiling joist size and spacing, truss location and spacing, sheathing thickness, roof covering, and underlayment

Wall section details from footer to the roof

Location sizes of all support beams

Floor Joist size and spacing

Sizes and locations of all doors and windows

Locations of all smoke alarms and carbon monoxide detectors

Insulation values for all walls, ceilings, floors, and basement walls

Stair Details

(Stair riser 8 $\frac{1}{4}$ " max / tread 9" min / guards 34" min / handrail 34" – 38")

Electrical Plans - must include complete electrical floor plans for each floor, must show size and location of the main electrical service equipment and all sub-panels with wire sizes, location of all outlets, switches, light fixtures, smoke detectors, and special outlets. All required GFCI and AFCI devices must be marked. Detail all aspects of grounding, including ground rod, water line ground, etc.

HVAC plans – complete mechanical floor plan for each floor showing duct layout, and sizes with required insulation R-Values, location of mechanical units, specifications on all equipment to be installed.

For Mobile / Modular Home Installation, in addition to site plan:

Pier Prints – a copy of the required positioning and sizes for piers

Installation instructions – Two (2) copies of complete manufacturers installation instructions. One is to be submitted with application and one to be kept on site until Certificate of Occupancy is issued.

*A registered and licensed installer must be used.

All manufactured structures need to be anchored to manufacturers specifications before Certificate of Occupancy will be issued

For Home Deck Construction, in addition to site plan:

*For construction of any deck 30" or more above grade, a building permit is required.

Drawings must show all deck construction including materials, beams, and planking.

Footer or pillar specifications must be shown.

Railing height and spindles must be shown.

Any steps and railings must be shown.

Lateral load connectors must be shown

Sewickley Borough

601 Thorn Street
Sewickley, PA 15143
Phone: 724-741-4015

Office Use Only	
Date:	_____
Rcd By:	_____
Fee Rcd:	_____
Check #:	_____

ZONING PERMIT APPLICATION

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

SITE LOCATION: _____

TAX PARCEL ID: _____

ZONING DISTRICT: R-1 R-1A R-2 C-1 C-2 OMU I Inst. OS
IS THE PARCEL SITUATED IN THE HISTORIC DISTRICT: Yes No

CURRENT USE OF PROPERTY:

____ Residential ____ Single Family ____ Duplex ____ Multi-Family
____ Commercial / Industrial - Please specify _____
____ Other: _____

PROPOSED USE OF PROPERTY: _____

(Attach 4 copies of proposed site plan)

SETBACKS PROVIDED: Front (____)ft Rear (____)ft Left (____)ft Right (____)ft
MAXIMUM HEIGHT OF STRUCTURE PROPOSED : (____)ft

PLEASE CHECK ONE:

____ PERMITTED USE ____ CONDITIONAL USE
____ SPECIAL EXCEPTION ____ OTHER (describe): _____

ARE ANY VARIANCES REQUIRED/REQUESTED: ____ NO ____ YES (please attach approvals)

PLAN APPROVALS (as applicable): Planning Commission Date: _____

Borough Council Date: _____

I hereby make application for a zoning permit only for the location and the work described herein and certify to the accuracy of that information. I further certify I am the property owner, or a duly authorized representative on behalf of the owner(s) of said property, and I have read and understand all of the conditions of this permit and will construct the project in compliance with those conditions and all applicable Borough Ordinances and requirements.

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY	
Complete Application Date Received: _____	Permit #: _____
Total Fee Paid: \$ _____	Plan Approved: _____
Approved/Denied (reason): _____	
Zoning Officer Signature: _____	

THE BOROUGH OF SEWICKLEY
ADDENDUM TO BUILDING AND ZONING PERMIT

For completion by municipal official:

Municipality: _____

Date Issued: _____

Permit #: _____

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a certificate of Insurance of Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy #: _____ Coverage Period Ends: _____

Name of Contractor/Policyholder: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contractor/Policyholder's Federal or State Employer Identification # (EIN): _____

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation, or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.
Please explain:

- All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

- Other. Please explain:

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Federal or State Employer Identification # (EIN): _____

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. S4909 relating to unsworn falsifications to authorities.

Signature

Name (Please print)

Title

Name of Company

**THE BOROUGH OF SEWICKLEY
BUILDING AND ZONING PERMIT AGREEMENT**

This form must be signed by the owner of record and the applicant

In consideration of the issuance by the Borough of Sewickley of a Building or Zoning Permit to the undersigned Applicant, the Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in inspecting work of the Applicant, employees of the Borough are only performing their duties to require compliance with the minimum requirements of the applicable ordinances of the Borough pursuant to the police power of the Borough, and are not warranting to the Applicant or to any third party, the quality or adequacy of the design, engineering or work of the Applicant. The Applicant further acknowledges that it will not be possible for the Borough to review every aspect of the Applicant's design and engineering, or to inspect every aspect of the Applicant's work. Accordingly, neither the Borough nor any of its elected or appointed officials or employees shall have any liability to the applicant for defects or shortcomings which should have been discovered during the Borough's review or inspections.

The Applicant agrees to defend, hold harmless, and indemnify the Borough, its elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or relating to the Borough's review or inspection of the Applicant's design, engineering or work, or issuance of a permit or permits, or arising out of or relating to the design, engineering or work done by the Applicant pursuant to such permit or permits. All references in this agreement are applicable to the Applicant's employees, agents, independent contractors, subcontractors or any other persons or entities performing work pursuant to the issuance of the Building or Zoning Permit by the Borough.

Furthermore, the Applicant is hereby informed that any violation(s) of the Building Code and/or the Zoning Code for the Borough of Sewickley is subject to fines and penalties as stated in the applicable ordinance(s).

APPLICANT SIGNATURE

DATE

PROPERTY OWNER(S) SIGNATURE

DATE

PROPERTY OWNER(S) SIGNATURE

DATE

(Must be notarized if the property owner is not the applicant)

PERMIT #

DATE ISSUED

**THE BOROUGH OF SEWICKLEY
HISTORIC REVIEW COMMISSION APPLICATION
FOR EXTERIOR WORK IN A HISTORIC DISTRICT**



Date: _____
Address of Property: _____
Applicant name: _____ Phone: _____
Applicant address: _____
E-mail: _____
Property owner name: _____ Phone: _____
Property owner address: _____
E-mail: _____
Block/lot #: _____ Zoning district: _____

****A Certificate of Appropriateness must be recommended by the Historic Review Commission and approved by Borough Council prior to issuance of a Building Permit.**

REQUIREMENTS

Dependent upon the scope of the project, the building inspector will determine which of the requirements are necessary in each case to accompany the application in order for the commission to make an informed decision.

1. **Photographs:** 3" x 5" (or larger) photographs, in color if possible, showing the existing structure from all four (4) sides, its relationship with other structures on site or on adjacent property and its relationship on its block.
2. **Site Plan:** Scale 1 inch = 20.0 feet, identifying all property lines, metes and bounds, all structures, paved areas, acreage noted and adjacent properties with owners name noted.
3. **Floor Plan or Plans:** Showing detail for any affected area ¼ inch = 1.0 feet, detail and note affected area.
4. **Elevations:** Showing detail for any affected areas ¼ inch = 1.0 feet.
5. **Prospective and/or other renderings:** If necessary to enhance the presentation.
6. **General product specifications/cuts:** Noting products to be used, i.e., doors, windows, walls porches, light fixtures, etc.
7. **Samples:** Finish materials as may be necessary to enhance the presentations, i.e.; Bricks, siding, shingles.
8. **Historic Information:** Any available documentation of the history of the site and the structure and its architectural style would be useful to the commission in its deliberations.
9. **Sections:**

THE BOROUGH OF SEWICKLEY HISTORIC REVIEW COMMISSION APPLICATION FOR EXTERIOR WORK IN A HISTORIC DISTRICT

SUBMITTED MATERIALS	PROVIDED	ACCEPTED	DATE
A. PHOTOGRAPHS			
B. SITE PLAN			
C. FLOOR PLAN OR PLANS			
D. ELEVATIONS			
E. PERSPECTIVE/RENDERINGS			
F. GENERAL PRODUCT SPECS.			
G. SAMPLES			
H. HISTORIC INFORMATION			
I. SECTIONS			

Signatures:

Owner (mandatory): _____

Applicant: _____

Owners Representative: _____

Date of Historic Review Committee Meeting: _____

Recommendation: _____

 Secretary

Sewickley Borough Council at its regular meeting on _____, approved/denied this application. (DATE)

 PRESIDENT of COUNCIL