

CARROLL TOWNSHIP



130 BAIRD STREET
MONONGAHELA, PENNSYLVANIA 15063-1008
PHONE: (724) 483-7330
FAX: (724) 483-9549
email - carrolltownship@comcast.net

APPLICATION FOR COMMERCIAL BUILDING PERMIT

PROPERTY ADDRESS:

LOT NO.:

PROPOSED PROJECT:

MINIMUM SETBACKS REQUIRED BY ZONING OR ORDINANCE (FT):

Front: Rear: Right Side: Left Side: Other:

Is project in flood hazard area? Yes No

If "yes," attach one of the flood hazard certifications mandated in section 1612.5 of the International Building Code.

OWNER(S) NAME:

Address:		City	Zip
Home Phone: () -	Business Phone: () -	Cell Phone: () -	

TENANT NAME:

Phone: () -

GENERAL CONTRACTOR NAME:

Address:		City	Zip
Home Phone: () -	Business Phone: () -	Cell Phone: () -	

APPLICATION TYPE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration/Renovation | <input type="checkbox"/> New Structure/Facility |
| <input type="checkbox"/> Accessibility Review under §403.141(b) of UCC | <input type="checkbox"/> New Building | <input type="checkbox"/> Revision of App. Plan |

USE/OCCUPANCY CLASS: (Check all that apply)

- | | | | | | | |
|---|------------------------------|---|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 | <input type="checkbox"/> B | <input type="checkbox"/> E |
| <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |
| <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | <input type="checkbox"/> M | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 |
| <input type="checkbox"/> R-3 Adult Care | | <input type="checkbox"/> R-3 Child Care | | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 |
| | | | | <input type="checkbox"/> S-2 | <input type="checkbox"/> U | |

PROJECT DATA: Provide a description of existing and/or proposed use(s), with sufficient detail for determination of appropriate classification of occupancy type(s):

Applicant's Certification:

As the owner or the authorized agent of the project for which this application is filed, I certify that:

1. The description of use, 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 known code violations are corrected and a Certificate of Occupancy has been received from the Department of Labor and Industry.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non-design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401.405.
4. Any changes to the approved documents will be filed with **CARROLL TOWNSHIP**.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided.
6. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.
7. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as:

_____ ARCHITECT _____ ENGINEER _____ CONTRACTOR _____ AGENT/OTHER: _____

APPLICANT MUST COMPLETE ONE OF THE SECTIONS BELOW:

Applicant:

Applicant, if other than owner:

(typed or printed)

(typed or printed)

() -
Phone Number

() -
Phone Number

Mailing Address:

Mailing Address:

OWNER'S OR AUTHORIZED AGENT'S AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA : SS
COUNTY OF :

Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____ who, being by me first duly sworn according to law, depose(s) and say(s) that, he, she or they (is, are) the Owner(s), or authorized agent for the owner, of the above-described property (or if said Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above and all of the statements contained on the reverse side hereof are true and correct, that the accompanying three sets of plans and specifications truly and correctly set forth the extent and character of the work for which this application for a Commercial Building Permit is made, and that the accompanying Plot Plan truly and correctly represents the above-described property and all existing structures and physical improvements thereon, as well as the location and dimensions on that property of the proposed structure (if any) or addition to a structure (if any) for which this application for a Commercial Building Permit is made.

Sworn to and subscribed before me this _____ day of _____, 20 _____

NOTARY

OWNER SIGNATURE OR AUTHORIZED AGENT

FEES

<input type="checkbox"/> ZONING:	\$
<input type="checkbox"/> ELECTRICAL:	\$
<input type="checkbox"/> ELECTRICAL:	\$
<input type="checkbox"/> DRIVEWAY:	\$
<input type="checkbox"/> STREET OPENING:	\$
<input type="checkbox"/> BUILDING: ESTIMATED CONSTRUCTION COST \$ LIST TOTAL SQ. FT. OF FLOOR AREA: SEE FEE SCHEDULE + \$4 Pennsylvania State Permit Surcharge	\$ 4.00
<input type="checkbox"/> DEMOLITION:	\$

TOTAL FEES FROM ABOVE Payable to:
 CASH REC# CHECK #/BANK NAME **TOTAL: \$**

<input type="checkbox"/> SEWER PERMIT:	# EDU'S TO BE ADDED:	WATERSHED:
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TOTAL SEWER PERMIT FEE (Payable to:)
 CASH REC# CHECK #/BANK NAME **TOTAL: \$**

COMMERCIAL OCCUPANCY/ZONING PERMITS

APPLICATION FOR TEMPORARY OR FINAL ZONING APPROVAL FOR OCCUPANCY AND USE
AND CERTIFICATE OF USE AND OCCUPANCY

CARROLL TOWNSHIP



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TEMPORARY APPROVAL FINAL APPROVAL	<input type="checkbox"/> NEW STRUCTURE Submit 4 prints and 1 electronic copy of as-built survey <input type="checkbox"/> EXISTING STRUCTURE <input type="checkbox"/> TEMPORARY STRUCTURE
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PROPERTY ADDRESS:	Tenant Space #
Full Lot No: Subdivision:	Zoning District:

PROPERTY OWNER NAME:

Address:	City:	State:	Zip:
Business Phone: () -	Cell Phone: () -		

PROPERTY CONTACT NAME:

Address:	City:	State:	Zip:
Business Phone: () -	Cell Phone: () -	FAX: () -	

Has Prior Occupancy/Use?	Description of Proposed Use:
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Percentage of Space:	Are you Leasing? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Type of Occupancy is Requested: B <input type="checkbox"/> Office A-1 <input type="checkbox"/> Theaters A-2 <input type="checkbox"/> Restaurant A-3 <input type="checkbox"/> Churches/Community Halls/Exhibition Halls M <input type="checkbox"/> Retail Sales E <input type="checkbox"/> Educational R-1 <input type="checkbox"/> Motels/Boarding Houses	I-1 <input type="checkbox"/> Res. Boarding & Care/Assisted Living/Group Homes I-2 <input type="checkbox"/> Hospitals/Nursing Homes/Mental Hospital I-3 <input type="checkbox"/> Prisons/Jails/Reformatory/Correctional Centers I-4 <input type="checkbox"/> Day Care Facilities F-1 <input type="checkbox"/> Dry Cleaning/Food Processing/Furniture/Bakeries S-1 <input type="checkbox"/> Storage of Aerosols/Cardboard/Lumber/Tires/Repair Garages S-2 <input type="checkbox"/> Storage of Bag Cement/Frozen Foods/Glass Bottles/Gypsum Board/Metal Parts
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TRACTOR (S) NAME: (complete only if building permit was issued)

Address:	City:	State:	Zip:
Business Phone: () -	Cell Phone: () -		

Type of Principal Land Use: Commercial Other principal building Other principal structure Garage

Estimated Cost of Construction: \$

COMPLETE FOR TEMPORARY APPROVAL

Requested Duration: From: To:
Submit bona fide bid or estimate of cost to complete project prepared by a registered architect or engineer, both of which must include quantities, unit prices and construction plan to be reviewed and approved by Township Engineer.
Submit performance security in the amount of 110% of the bid amount or cost to complete project approved by the Township Engineer.

Performance security attached: Amount \$ Form:
Before or to final occupancy and release of performance security, an application for Final Zoning Approval for Occupancy and Use and Final Certificate of Use and Occupancy must be made using this same form. A request for a Final Inspection should be made at the same time. Security will be released upon satisfactory completion of final inspection.

Use: New or Existing Structure
Temporary: \$
Final: \$
Temporary Structure - \$
PAID: \$
CHECK NO. & Bank Name/CASH REC. NO.

OWNER AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :
COUNTY OF : SS:
Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____ who, being by me first duly sworn according to law, depose(s) and say(s) that, he, or they (is, are) the Owner(s) or authorized agent for the Owner(s) of the above-described property (or if said Owner or authorized agent for the Owner is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above are true and correct, that the accompanying as-built plot plan (for new construction only) truly and correctly represents the above-described property and all existing structures and physical improvements thereon, for which this declaration is made.

Subscribed before me this _____ day of _____, 20____

NOTARY

OWNER OR AUTHORIZED AGENT FOR OWNER

PRINT NAME

TENANT AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA :
COUNTY OF : SS:
Before me, the undersigned authority in and for the Commonwealth and County aforesaid, personally appeared _____ who, being by me first duly sworn according to law, depose(s) and say(s) that, he, or they (is, are) the Tenant(s) of the above-described property (or if said Tenant is a firm or corporation, that he or she is an officer or representative of such firm or corporation), that all of the statements contained above are true and correct.

Subscribed before me this _____ day of _____, 20____

NOTARY

TENANT OR AUTHORIZED AGENT FOR TENANT

PRINT NAME

GUIDELINES FOR CONSTRUCTION DRAWINGS

The following is a guideline and is not all-inclusive.

DECKS

DESIGNATE NEW FROM EXISTING & SCALE OF DRAWING

DEPTH OF FOOTERS

- Minimum of 36" below grade required

GUARDRAIL FOR RAISED SURFACE OVER 30"

- 36" min. height required

HANDRAIL FOR STAIRS

- 34"-38" min height w/ 2" maximum grip required

DISTANCE BETWEEN RAILING POSTS

- Must be small enough a 4" sphere cannot fit through

STAIRS

Residential
min. 36" wide
max. rise 8"
min tread 9"

Commercial
min. 36" wide
max. rise 7-1/4"
min tread 10"

TYPE AND SIZE OF CONSTRUCTION MATERIALS

- Must be pressure treated wood
- Specify size and spacing of joists (e.g. 2x10's @ 16" on center)
- Specify size of posts (e.g. 6x6) required for deck columns and girder beam support

DIMENSIONS OF STRUCTURE

- All dimensions must be given
- Be sure to check for zoning setback requirements based on zoning district

BEARING ON EXISTING STRUCTURE

- Indicate use of ledger board, lagbolts, and joist hangers, where applicable

RETAINING WALLS

SUBMITTAL

- planview and/or section drawing to scale
- all dimensions and materials designated

CONSTRUCTION

- masonry, concrete, steel piling or other approved material
- wood used for retaining walls shall be of approved preservative-treated wood or naturally durable wood if not more than 2 feet in height

DEPTH OF FOOTERS

- footers shall be 36" in depth for frost protection

DESIGN

- to resist the natural lateral soil loads, both dead and live load surcharges, and to ensure stability against overturning, sliding, excessive foundation pressure and water uplift

HYDROSTATIC PRESSURE

- unless drainage is provided, the hydrostatic head of the water pressure shall be assumed to be equal to the height of the wall
- show proposed drainage

COPING

- masonry retaining walls must be protected with an approved coping of concrete or other approved material

GUARDS

- where walls with differences in grade level on either side, in excess of 4 feet, are located closer than 2 feet to a walk, path, parking lot or driveway on the high side, said walls must have guards not less than 36" in height either solid or with balusters with openings no greater than 4" or other approved protective measures such as plantings, etc.

CARROLL TOWNSHIP

BOARD OF SUPERVISORS

Thomas Rapp, Chairman
(724) 250-6329
Gary J. Lenzi, (724) 483-3691
James Harrison, (724) 379-8726

SECRETARY-TREASURER

Sharon B. Cramer, (724) 483-7330

ZONING OFFICER

James E. Bierbower, (724) 483-2003



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SOLICITOR

Herman Blgi, (724) 483

ENGINEERS

Widmer Engineering, Inc.
(724) 228-1550

POLICE DEPARTMENT

Paul Brand, Chief of Police
Office — (724) 483-555
Emergency — 911

Owner's Agreement

In consideration for the issuance by the Township of Carroll (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 all 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 whatsoever 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 of inspection.

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

BUILDING PERMIT NUMBER

JOB LOCATION

TYPE OF WORK

PERMIT ISSUE
DATE

GRADING PERMIT #
(if applicable)

APPLICANT'S SIGNATURE & TITLE
(if applicable)

DATE SIGNED

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