

**CONSTRUCTION PERMIT APPLICATION
BOROUGH OF NEW EAGLE, PENNSYLVANIA**

PERMIT NO. _____

CONSTRUCTION ADDRESS _____

NAME _____
STREET _____
CITY _____ PHONE _____
NAME _____
STREET _____
CITY _____ PHONE _____
NAME _____
STREET _____
CITY _____ PHONE _____

PLUMBING WORK

	NO.		NO.
BATH TUBS	_____	URINAL	_____
SHOWERS	_____	FLOOR DRAINS	_____
LAUNDRY SINKS	_____	SAND TRAP	_____
TOILETTES	_____	SUMP	_____
SLOP SINKS	_____	EX. SEWER	_____
KITCHEN SINKS	_____	GAS VENTS	_____
DRINKING FOUNTAINS	_____	GAS OUTLETS	_____
DISH WASHERS	_____	HOT WATER TANKS	_____

NEW
 ADDITION
 ALTERATION
 REPAIR

ELECTRICAL WORK - UNDERWRITERS INSPECTION REQUIRED

	NO.		NO.
LIGHT FIXTURES	_____	SERVICE ENTRANCE (SIZE)	_____
RECEPTACLES	_____	MAIN PANEL (AMPS)	_____
LIGHT SWITCHES	_____	RANGE CONDUCTORS (SIZE)	_____
RANGE	_____	NO. OF CIRCUITS	_____
ELECTRICAL HEATERS	_____	MOTORS (H.P.)	_____
TOTAL KW _____		TOTAL LOAD (KW)	_____
WATER HEATER (SIZE) _____			

DESCRIPTION OF ALL WORK TO BE COMPLETED

CONSTRUCTION SPECIFICATIONS

MATERIAL	DEPTH IN GROUND		
FOOTER	REINFORCING	SIZE	SPACING
			SPAN
R W PLATE (SILL)	_____	_____	_____
GIRDERS	_____	_____	_____
JOIST FIRST FLOOR	_____	_____	_____
JOIST SECOND FLOOR	_____	_____	_____
JOIST CEILING	_____	_____	_____
EXTERIOR STUDS	_____	_____	_____
INTERIOR STUDS	_____	_____	_____
ROOF RAFTERS	_____	_____	_____
BEARING WALLS	_____	_____	_____
EXTERIOR WALLS	_____	_____	ROOF _____
INTERIOR WALLS	_____	_____	REINFORCING _____
GAS _____	_____	_____	PUBLIC SEWER _____
ELECTRIC _____	_____	_____	GIL _____

PLANS APPROVED BY PENNSYLVANIA DEPARTMENT OF LABOR & INDUSTRY

FILE NO _____

TOTAL CONSTRUCTION COST \$ _____

STATE FEE	\$	4.50
BUILDING PERMIT FEE	\$	_____
PLUMBING PERMIT FEE	\$	_____
ELECTRICAL PERMIT FEE	\$	_____
SEWER TAP FEE	\$	_____
TOTAL PERMIT FEE	\$	_____

INSPECTION RECORD

	DATE	INITIALS	DATE	INITIALS
EXCAVATION	_____	_____	FRAME	_____
FOUNDATION	_____	_____	FINAL	_____

HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGARDING CONSTRUCTION

DATE _____ CONTRACTOR OR OWNER'S SIGNATURE _____

THE ABOVE APPLICATION HAS BEEN APPROVED ON THIS _____ DAY OF _____ 20____

CODE ENFORCEMENT OFFICER _____

BOROUGH OF NEW EAGLE BUILDING PERMIT APPLICATION FEE

BUILDING PERMIT FEE (NEED 3 DOCUMENTS FOR THE PERMIT: PERMIT, ADDENDUM & WORKERS COMP ADDENDUM)

Residential: \$0-\$3,000 Construction Cost	\$41.00
Per \$1,000 or fraction thereof over \$3,000	\$6.00
Commercial: \$0-\$3000 Construction Cost	\$81.00
Per \$1000 or fraction thereof over \$3000	\$7.00
Demotion Permit: Residential 1-3 stories	\$50.00
Commercial 1-6 stories	\$100.00
Building Permit Renewal Fee: Permit can be renewed for one year Renewal must be made prior to permit expiration	\$25.00
Occupancy Permit: Certificate of Occupancy inspection- original certificate	\$50.00
Reinspection Fee (if fail first inspection)	\$25.00

WORKERS' COMPENSATION ACT ADDENDUM TO BUILDING PERMIT

PERMIT NO. _____

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 or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____ Name of Contractor _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Federal or State EIN _____

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and where applicable, the Federal Long shore and Harbor Worker's Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named as 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:

- 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. Explain:

Name of Applicant _____
 Address _____
 City _____ State _____ Zip _____
 Federal or State 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. §4904 relating to unsworn falsifications to authorities.

Subscribed and sworn to before me this _____

Day of _____, 20 _____

My commission expires: _____

Signature _____ Print Name _____
 Title _____ Company Name _____