



Borough of Sewickley
601 Thorn Street
Sewickley, PA 15143

**Non-Residential / Commercial
Building Permit Application**

**PLANS MUST BE SUBMITTED TO A CERTIFIED UCC 3RD PARTY PLANS
EXAMINER FOR REVIEW AND APPROVAL AT APPLICANT'S EXPENSE**

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 answered yes, a pre-application meeting is highly recommended. Contact Joe Motznik, Zoning/Building Code Officer at 412-741-1762 to schedule during regular business hours.

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
- Swimming Pool Other _____

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:

Owner Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

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**

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 Code Officer with questions.

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 _____

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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 _____

<p>MECHANICAL PERMIT</p> <p>Contractor _____ (If owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee # _____ (Certificate of Insurance for Workers Compensation needed or sign Exemption form)</p> <p>Estimate of total costs for all work _____</p> <p>Technical Site Data:</p> <table><thead><tr><th>No.</th><th>Fixture/Equipment</th></tr></thead><tbody><tr><td>_____</td><td>Water Heater</td></tr><tr><td>_____</td><td>Fuel Oil Piping</td></tr><tr><td>_____</td><td>Gas Piping</td></tr><tr><td>_____</td><td>Steam Boiler</td></tr><tr><td>_____</td><td>Hot Water Boiler</td></tr><tr><td>_____</td><td>Hot Air Furnace</td></tr><tr><td>_____</td><td>Oil Tank</td></tr><tr><td>_____</td><td>LPG Tank</td></tr><tr><td>_____</td><td>Fireplace</td></tr><tr><td>_____</td><td>Hydronic Piping</td></tr><tr><td>_____</td><td>Appliances</td></tr><tr><td>_____</td><td>Solar</td></tr><tr><td>_____</td><td>Heat Pump</td></tr><tr><td>_____</td><td>Fire Dampers</td></tr><tr><td>_____</td><td>Exhaust Hood Sys</td></tr><tr><td>_____</td><td>HVAC</td></tr></tbody></table> <p>Others: _____</p> <p>_____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	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	
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PERMIT APPLICATION

FIRE ALARM 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 _____

<p>FIRE ALARM PERMIT</p> <p>Contractor _____ (If owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee # _____ (Certificate of Insurance for Workers Compensation needed or sign Exemption form)</p> <p>Estimate of total costs for all work _____</p> <p>Technical Site Data:</p> <p>Water Supply Source _____</p> <p>Method of Alarm/Supr./Sys Supervised _____</p> <p>Storage Tanks:</p> <p>Type – () Flammable Liquid () Combustible Liquid () LPG () LNG Capacity _____ Fuel _____</p> <p>Alarm Systems () 110 V Interconnected () System</p> <p>No. ITEM</p> <p>_____ Alarm devices (smoke, heat, pulls, waterflow)</p> <p>_____ Supervisory devices (tamper, low/high air)</p> <p>_____ Signaling devices (horns/strobes, bells)</p> <p>_____ Fire pump GPM Type _____</p> <p>_____ Dry pipe/Alarm valves</p> <p>_____ Sprinkler heads (dry & wet)</p> <p>_____ Standpipes</p> <p>_____ Wet chemical or Dry chemical</p> <p>Circle one: CO2 suppression – Foam suppression – Halon suppression</p> <p>Others: _____</p> <p>Estimate of total costs for all work _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	
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PERMIT APPLICATION

FIRE PROTECTION 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 _____

<p>FIRE PROTECTION PERMIT</p> <p>Contractor _____ (If owner, put same name above)</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____</p> <p>Fed Employee # _____ (Certificate of Insurance for Workers Compensation needed or sign Exemption form)</p> <p>Estimate of total costs for all work _____</p> <p>Technical Site Data:</p> <p>Water Supply Source _____</p> <p>Method of Alarm/Supr./Sys Supervised _____</p> <p>Storage Tanks:</p> <p>Type – () Flammable Liquid () Combustible Liquid () LPG () LNG Capacity _____ Fuel _____</p> <p>Alarm Systems () 110 V Interconnected () System</p> <p>No. ITEM</p> <p>_____ Alarm devices (smoke, heat, pulls, waterflow)</p> <p>_____ Supervisory devices (tamper, low/high air)</p> <p>_____ Signaling devices (horns/strobes, bells)</p> <p>_____ Fire pump GPM Type _____</p> <p>_____ Dry pipe/Alarm valves</p> <p>_____ Sprinkler heads (dry & wet)</p> <p>_____ Standpipes</p> <p>_____ Wet chemical or Dry chemical</p> <p>Circle one: CO2 suppression – Foam suppression – Halon suppression</p> <p>Others: _____</p> <p>Estimate of total costs for all work _____</p> <p>Signature: _____ Owner () Contractor () Owner Representative ()</p>	
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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

Must be notarized if the property owner is not the applicant. If this step is not completed, the application will be deemed not complete and the permit will not be issued.

Notary Signature: _____

Notary Stamp:

Date: _____