

**Lower Burrell Building Plan Requirements
for Non-Residential (Commercial/Industrial) Projects**

**Contact Code.sys at
412-821-0337
or 1-877-821-0337**

Office	Date	<h1>City of Lower Burrell</h1> <h2>Permit Application</h2>	Permit No.
	Status		Permit Expiration

Applicant	Owner Information:		Contractor Information:	
	Company		Company	
	Name		Contact Person	
	Address		Address	
	City/State/Zip		City/State/Zip	
	Phone 1	Phone 2	Phone 1	Phone 2
	Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____		Type: <input type="checkbox"/> General <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other	
	Type of Construction		Type of Occupancy	
	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Garage <input type="checkbox"/> Other _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____	
	Parcel Information		Zoning Information	
Tax Map No.	Lot No.	<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/> C-3 <input type="checkbox"/> M-1 <input type="checkbox"/> M-2		
Construction Information				
Address of Proposed Work		Width of Lot	Depth Front Yard	Depth Side Yard (R)
Cost of Construction	Total Floor Area	Length of Lot	Depth Rear Yard	Depth Side Yard (L)
<p>I hereby agree to abide by the Zoning Ordinances and Building Codes of the City of Lower Burrell and laws of the State of Pennsylvania.</p> <p>A street opening permit is required for the digging of any trench or excavating through or under the limits of any ordained or dedicated street in the City, or any public sidewalk, or the cutting into, or opening, and removal of any public pavement surfaces within the City.</p>				
Applicant's Signature X			Date	

Office	OFFICE USE ONLY – Engineer & Ordinance Officer's Evaluation		Square Footage Area	
	Sanitary sewers <input type="checkbox"/> are <input type="checkbox"/> are not available. Availability does not assure connection by gravity flow. It is the applicant's responsibility to situate the proposed structure at the proper elevation flow to the City Sewer.		Based on: .12 .17 N/A	
	Property <input type="checkbox"/> is <input type="checkbox"/> is not located in a flood plain area. The surface drainage plans <input type="checkbox"/> are <input type="checkbox"/> are not approved. All items are subject to inspection by City personnel at any time.		Total _____	
			OFFICE USE ONLY - Permit Fees	
	Remarks		Sewer Tap-In:	\$ _____
		Building Permit:	\$ _____	
		State Fee:	\$ 4.00	
Engineer's Signature / Ordinance Officer Signature		Date	Total:	\$ _____

Worker's Compensation Insurance Coverage Information

Section A

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.

Section B (Insurance Information)

Name of Applicant

Federal or State Employer Identification No.

Applicant is a qualified self-insurer for Workers' Compensation. Certificate Attached

Workers' Compensation Insurer

Workers' Compensation Insurance Policy No. Certificate Attached

Policy Expiration Date

Section 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 Pennsylvania Workers' 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.

Section D (Applicant Information)

Signature of Applicant

Address

County

Municipality

Subscribed and sworn to before me this

_____ day of _____, _____

(Signature of Notary Public)

My commission expires: _____

(seal)