

FOR BOROUGH OFFICE USE ONLY – DO NOT WRITE IN THIS BLOCK

Property Address: _____ Permit #: _____ Res/Com: _____
Applicant Name: _____ Property ID #: _____

BOROUGH OF CATASAUQUA
90 BRIDGE STREET, CATASAUQUA, PA 18032
PH: 610-264-0571 FAX: 610-264-8228
EMAIL: INFO@CATASAUQUA.ORG

PERMIT APPLICATION PACKET

Submission Checklist

- Application Fee/Plan Review Fee (\$50.00, will be applied to total cost of Permit; non-refundable).
- Application completed in ink and signed by the applicant and property owner, if the applicant is not the property owner, or provide written authorization from the owner to act as their agent.
- Completed plot plan with all required information attached (please refer to sample provided).
- (3) Sets of detailed Construction Plans as applicable for all new construction, including additions and decks.
- Ground Coverage Percentage for new primary structures and/or additions to primary structures (impervious coverage divided by lot area), if applicable.
- Contractor Certificate of Insurance naming Catasauqua Borough as certificate holder.
- Workers Compensation Certificate of Insurance or Completed & Notarized WC Exemption Form (see attached form).
- Height and size of structure specified on application where indicated.
- Parcel ID number and property address.
- Contact person and phone number.
- Copy of recorded deed (if required).
- Copy of Septic or Sewage Approval Permit (if required).
- Copy of Water Supply Approval/Permit (if required).
- Copy of Driveway Permit (if required).
- Highway Occupancy Permit (if required).
- County Conservation District Approval (if required).
- Copy of Storm Water Approval/Permit (if required).
- Copy of Elevation Certificate (if required).
- All Property lines and proposed location of structure(s) must be marked on the site prior to submitting the application.
- Copy of signed contract detailing project and cost of construction.

FOR OFFICE USE ONLY:

Zoning Action Taken: Approved Denied N/A **Date:** _____

PA UCC Action Taken: Approved Denied N/A **Date:** _____

ADDITIONALLY, IF APPLICABLE:

Fire Marshall
ZHB
Planning
Other _____

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

A. The applicant is a contractor within the meaning of the *Pennsylvania Worker's Compensation Law*.

___ Yes ___ No

If the answer is "yes", complete Section B or C
If the answer is "no" complete Section C below.

B. Insurance Information:

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation

___ Original Certificate attached.

Name of Workers' Compensation insurer _____

Workers' Compensation Insurance Policy No. _____

___ Original Certificate attached.

Policy Expiration Date



C. Exemption. **MUST BE NOTARIZED...**

Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation issuance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's 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.

___ Homeowner who elects to perform all of the work without contracting or hiring others to assist.

___ Religious exemption under Worker' Compensation Law.

Signatures of applicant: _____

Address: _____

Commonwealth of Pennsylvania County of _____

On this, the ___ day of _____, 20___, before me _____ the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public



Code Services

BARRY ISETT & ASSOCIATES
Multidiscipline Engineers & Consultants

www.barryisett.com

** OFFICE USE ONLY **

Date Received: _____
Zoning District: _____
Tax Parcel No.: _____
Zoning Permit No.: _____
UCC Permit No.: _____

PERMIT APPLICATION

Zoning PAUCC Construction

Application is hereby made for a permit in conformity with requirements of the PA UCC, Pennsylvania Municipalities Planning Code, Current Local Zoning Ordinance and any amendments thereto for the following described work:

I. PROPERTY INFORMATION

Residential: One Family Two Family Manufactured Non-Residential

Municipality: _____ Development: _____ Lot: _____ Section: _____

Proposed Work Site Address: _____ Tax Parcel ID: _____
(Acres or Sq. ft.)

Lot Width: _____ Lot Depth: _____ Lot Size: _____

Property within Floodplain Yes No If Yes, Market Value of Property: _____

Do you have an elevation certificate Yes No If Yes, please attach a copy with submission

Property located in Historic District Yes No If Yes, also complete the Application for COA

II. CONTACT INFORMATION

Applicant: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

(If different than Applicant)

Property Owner: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

Contractor: _____ email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

III. CONSTRUCTION

Erect a Structure Principal Accessory Size (length, width and height) i.e. 20' L, 15' W, 12' H: _____

Add to a Structure Principal Accessory Size (length, width and height) i.e. 20' L, 15' W, 12' H: _____

Change of Use Existing: _____ Proposed: _____

Erect a Fence Height: _____ (feet) Install a Swimming Pool In-ground Above-ground

Erect a Sign (Provide sign proof along with plot plan) Sign Copy Change (Provide sign proof)

Type: Wall Mounted Ground Roof Other (Please Specify): _____

Height (distance from top of sign to ground): _____ (feet) Size (length and height of sign face) i.e. 6' L x 18" H: _____

Off-street Parking Area or Parking Lot Establish a Home Occupation

Other (Please Specify): _____

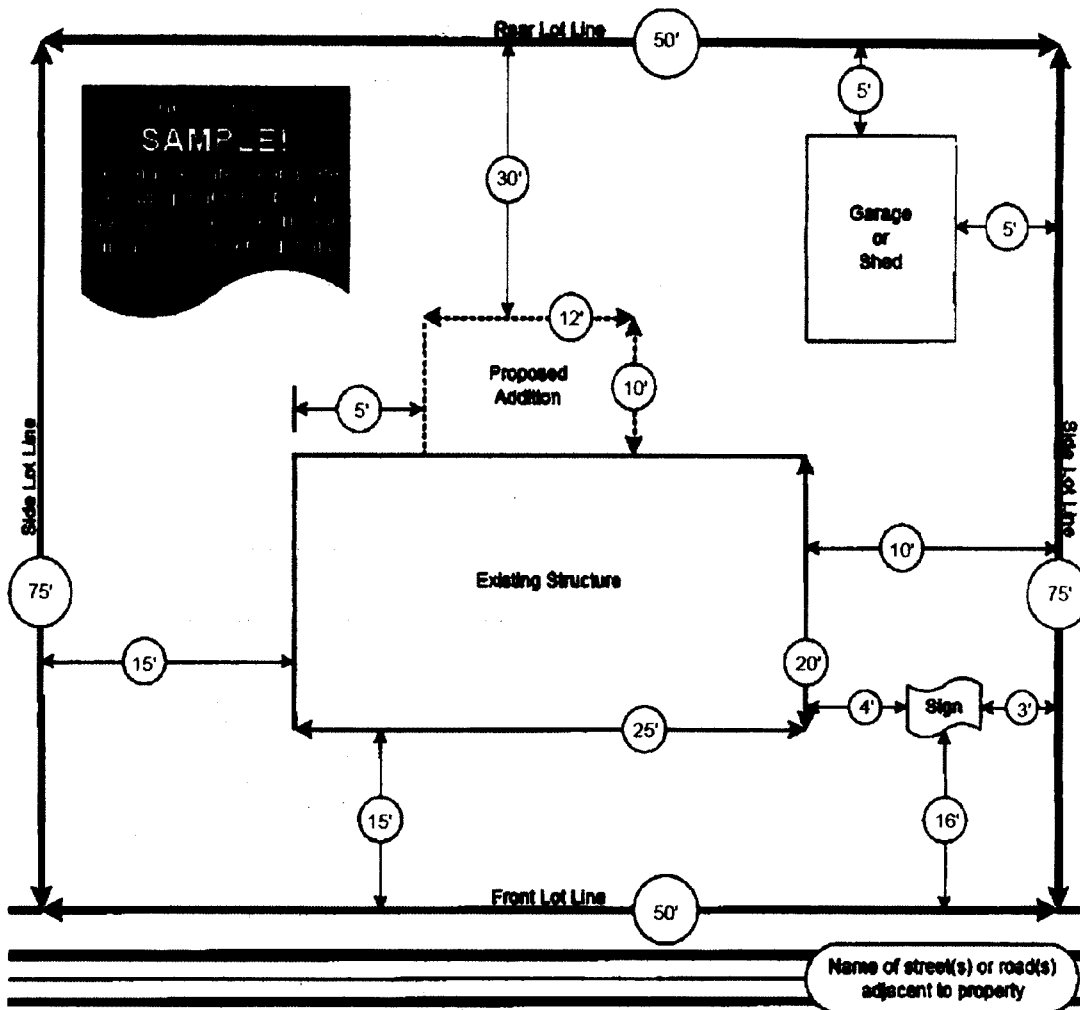
IV. PROJECT DESCRIPTION Provide a narrative which explains the proposed project based upon the items checked in the previous section (III)

Cost of Construction: _____ Street Access: Municipal State Other
 Sewage Disposal: Public Sewer On-Lot Water Supply: Public Sewer On-Lot

V. PLOT PLAN

PLEASE INCLUDE THE FOLLOWING:

1. Indicate the length of all property lines
2. Show all existing and proposed structures on property and the distance from the structure to the property lines
3. Indicate name of streets abutting property
4. Identify all bodies of water and show distance to proposed structure(s)
5. Show septic, well, driveway locations and distance from new structure to septic
6. Label distances from principal structure to proposed accessory structure(s)
7. Physically mark property lines & proposed location of structure onsite prior to submitting zoning application

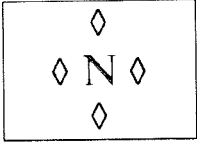


IMPERVIOUS COVERAGE

Proposed: _____ (Sq. ft.)

Existing: _____ (Sq. ft.)

Address: _____



PLOT PLAN

** A survey or other prepared plot plan can be attached, in lieu of this sketch sheet.*

Approved by: _____

Date: _____ Permit No.: _____

**** PA UCC OFFICE USE ONLY ****

PA UCC PERMIT FEES

Plan Review:
Permit & Inspection:
Municipality Admin:
State:
Total Permit Fee:

PROJECT DATA

Use Group:	Code Edition:
Construction Type:	Fire Sprinkler: Y N

APPROVED PERMITS

Zoning Permit No.:	NPDES Permit No.:
Sewage Permit No.:	Water/Well Permit No.:

Permit No.:	Approval Date
Approved by:	

**** ZONING OFFICE USE ONLY ****

Meeting Dates (if applicable)

Historic: _____ Approved: Yes No

ZHB: _____ Approved: Yes No

Planning: _____ Approved: Yes No

Other: _____ Approved: Yes No

PA UCC Construction Permit Required: Yes No

Action Taken: Approved Denied

Zoning Fee: _____ Application Fee Paid: _____

Balance Due: _____ Date Paid: _____

Zoning Officer Signature: _____ Date: _____

If the permit is denied, the zoning officer shall note the applicable sections/basis of denial below:

A copy of the zoning officer's official letter of denial shall be attached to this application.