

WHITE TOWNSHIP
950 INDIAN SPRINGS ROAD
INDIANA, PA 15701

Phone: 724-463-8585 Fax: 724-463-0705



BUILDING PERMIT & PLANS EXAMINATION APPLICATION

RESIDENTIAL and COMMERCIAL

Location (911 address) _____

Tax Parcel No. 42- _____ - _____ (leave blank if not known)

Type of Improvement/Project _____

Please Check One: Commercial ☐ Residential ☐

Brief Description of Project (attach additional sheet, if needed)

Proposed Use _____

COST OF PROJECT

| | |
|------------------------------|-----------------|
| Construction | \$ _____ |
| Electrical | \$ _____ |
| Plumbing | \$ _____ |
| Heating, Air Conditioning | \$ _____ |
| Other | \$ _____ |
| TOTAL COST OF PROJECT | \$ _____ |

IS THE PROJECT IN A FLOOD HAZARD AREA

Yes _____ * No _____

* If yes, submit one copy of the hazard certification mandated in Section 1612.4
of the International Building Code

Characteristics

Type of Frame _____

Public or Private Sewage _____ Permit # _____

Public or Private Water _____

Electricity Provider _____

Type of Heating Fuel _____

Central Air Conditioning Yes _____ No _____

Total Square Feet of Floor Areas (all floors) _____

Number of Stories _____

Finished Basement Yes _____ No _____

Residential Only No. of Bedrooms _____ No. of Bathrooms _____

Commercial Only No. of Off-Street Parking Spaces _____

IDENTIFICATION

Owner _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Cell _____

Email Address _____

Contractor _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Cell _____

Email Address _____

Applicant (please check one)

Owner _____ Contractor _____ Architect/Engineer _____ Other _____

Signature

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and we agree to conform to all applicable codes and laws of this jurisdiction

Signature of Applicant

Date

Print Name

**** Please provide a sketch plan/drawing with set backs and two (2) sets of drawings. ****
Commercial and/or Multi-Family Project drawings must be sealed by a design professional.

TOWNSHIP OFFICE USE ONLY

Code Enforcement Officer/Date

Sewage Enforcement Officer/Date

TKL Code Inspection, Inc.

Phone 724-801-8204 Fax 724-801-8205

www.tklinspection.com

All applicable provisions of the UCC must be met on every discipline.

Even if it is not depicted on the plans.

NO EXCEPTIONS

PLEASE NOTE - some projects may require Planning Commission approval

By signing and submitting the White Township Building Permit Application, the applicant acknowledges and agrees they are responsible for the plan review fee. If the project is canceled or the permit is not picked up within 30 days of notification, the applicant will be invoiced for the plan review fee.

WORKERS' COMPENSATION INSURANCE COVERAGE

(attach to building permit application)

APPLICANT INFORMATION

Name _____
Street _____
City _____ State _____ Zip _____

INSURANCE INFORMATION

Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law

☐ Yes (I do have employees who are covered for Workers' Compensation Insurance)

If "Yes", please complete the information requested below

☐ Applicant is a qualified self-insurer for Workers' Compensation

☐ Insurance certificate attached and/or on file in office
White Township must be listed as certificate holder on the certificate

Certificate verified by Township staff Initials _____ Date _____

Name of Workers' Compensation Insurer _____

Policy Number _____ Expiration Date _____

☐ No (I do have employees and do not carry Workers' Compensation Insurance)

Signature of Applicant _____

EXEMPTION

Complete this section if applicant is a contractor claiming exemption from providing
Workers' Compensation Insurance

☐ Property owner performing own work/acting as contractor

☐ 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 Worker's Compensation Law

NOTARIZATION - to be completed only if claiming an exemption

(Information in this section to be completed in the presence of a Notary Public)

I, _____, the above named applicant, do swear that the

PRINT NAME

foregoing information is true and correct, and affix my signature hereto in the presence of a
Notary Public.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____ 20 _____.

(Signature of Notary Public)

(Seal)

Commonwealth of Pennsylvania
County of Indiana
Municipality of White Township