

Oakland Township Assessment/Building Permit Application

Permit Applicants Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Address of Applicant: _____

Is property owned by applicant? YES NO

Building/Construction Information

Property Address of Construction Site: _____

Parcel Number: _____ Specific Use: Residential Agriculture Commercial

Pennsylvania One Call Number: _____ Phone Number: 1-800-242-1776

All Existing Buildings (sq. ft.): _____ Proposed Bldg. Area (sq. ft.): _____

Total Bldg. Area (sq. ft.): _____ Total property Size (sq. ft.): _____

Number of Stories: _____ Height of Structure above grade (ft): _____

Set back from street right-of-way (ft): _____ Distance from structure to rear property line (ft): _____

Side yards structure to line (ft): Left _____ Right _____

Check all that apply to scope of construction:

- Footing Foundation Concrete Slab Framing Wallboard Plumbing Mechanical Electrical Energy
 Fire Protection Accessibility Other _____

Oakland Township building setback ordinance requires a setback of 60ft minimum from street right-of-way all other sides 15ft minimum from property lines.

Flood Plain

Is the site located within an identified flood hazard area? YES NO

Will any portion of the flood hazard are be developed? YES NO

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically section 60.3

Description of construction: _____

Estimated Value of Construction Cost: _____ Estimated Start Date: _____

Estimated Completion Date: _____ applicant or property owner must notify the Oakland Township building code office to schedule a date and time for final inspection Phone: 724-287-8067 Email: permits.oaklandtwp@zoominternet.net

I hereby certify that to the best of my knowledge, The above facts are true and understand that in the event of falsification, I can be subject to fines.

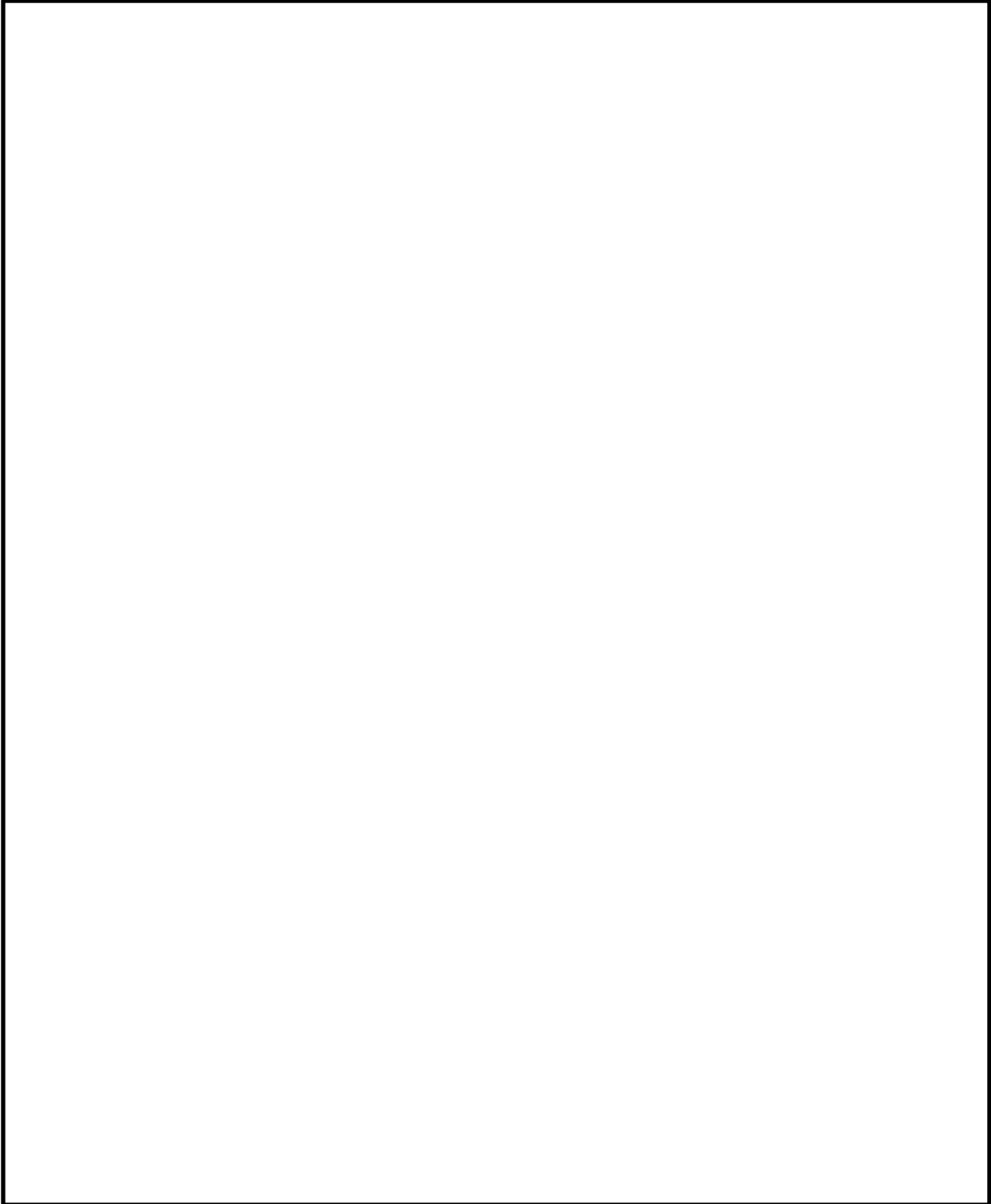
Property Owners Signature: _____ Date: _____

The cost of the Oakland Township Assessment permit is \$50.00 UCC Permit is \$40.00 Please include payment with this application. Check should be made payable to the Township. Check Number: _____

Oakland Township Assessment/Building Permit Application

Draw Plot Plan Here or Attach Drawing

Plot plan is a diagram of the lot with the foot prints of all buildings and structures in relation to property lines with measurements. Drawing should include any utility and other infrastructure, to the extent possible, and additional information.



Oakland Township Assessment/Building Permit Application

Workers' Compensation Insurance & Insurance Coverage Information

I. The applicant for a permit, in compliance with Act 44 of 1993, hereby submits
(Check one):

- Certificate of Insurance (please attach) does not require notary service
- Certificate of Self-Insurance (please attach) does not requires notary service
- Applicant is an individual who owns the property and is performing all construction.

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer Or Self Insurer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy No: _____ Coverage Period Ends: _____

Name of Contractor / Policy Holder _____

Address _____

City: _____ State: _____ Zip Code _____

Contractor/Policyholder's federal or state employer identification number (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: Sign, date page four (4) and check one of the options listed below (check one):

- Applicant is an individual who owns the property and is performing all construction.
- 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: _____

Oakland Township Assessment/Building Permit Application

The entire contractor / applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

Name of Applicant: _____

Address: _____

City: _____ ST _____ Zip _____

Phone #: _____ Email _____

Applicant's Federal or State employer Identification Number (EIN) _____

Any subcontractors used on this project will be required to carry their own workers' compensation coverage. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. Violation of the Worker's 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.

Name of Company: _____

Name (Printed): _____ Title: _____

Signature _____

Note: Applicant's copy to be attached to permit and posted. Municipality copy to be filed with its permit copy.