



City of Beaver Falls

Code Enforcement & Zoning Office
715 Fifteenth Street, Beaver Falls, PA 15010
Office: (724) 847- 2808 Ext. 200
Fax: (724) 847-4748
WWW.BEAVERFALLSPA.ORG

UCC/Building Permit Application

APPLICATION No. _____

DATE _____

I. PROJECT LOCATION:

Project Address: _____ Parcel No.: _____
BUILDING USE:
[] Single Family Dwelling [] Two- Family Dwelling [] Multi-Family Dwelling _____ units
[] Commercial/Residential _____ units [] Commercial [] Industrial
Specific Use: _____ Use Group: _____

II. IDENTIFICATION:

A. APPLICANT:
MAILING ADDRESS:
CITY, STATE, ZIP:
DAYTIME PHONE: () CELL PHONE: () FAX: ()
EMAIL:
B. PROPERTY OWNER (IF DIFFERENT FROM ABOVE):
ADDRESS:
CITY, STATE, ZIP:
DAYTIME PHONE: () CELL PHONE: () FAX: ()
EMAIL:
C. CONTRACTOR:
ADDRESS:
CITY, STATE, ZIP:
DAYTIME PHONE: () CELL PHONE: () FAX: ()
EMAIL:
D. DESIGN PROFESSIONAL/ARCHITECT:
ADDRESS:
CITY, STATE, ZIP:
DAYTIME PHONE: () CELL PHONE: () FAX: ()
EMAIL:

III. PROJECT DESCRIPTION:

[] DEMOLITION [] NEW BUILDING [] ADDITION [] REPAIR [] RELOCATION [] FOUNDATION ONLY
[] CHANGE OF USE [] PLUMBING [] MECHANICAL [] ELECTRICAL [] OTHER _____

Describe the proposed work:

ESTIMATED COST OF DEMOLITION/CONSTRUCTION (REASONABLE FAIR MARKET VALUE): \$

IV. DEMOLITION (if applicable):

PA-ONE CALL #:

SIGN OFFS REQUIRED: (initial each) a. Water/ Sewage b. Gas c. Electric

_____ It is the responsibility of the owner and/or contractor to notify DEP and L&I for asbestos removal and disposal for all commercial and multi-family structures.

_____ It is the responsibility of the owner and/or contractor to contact Pennsylvania One Call (Dial # 811) to mark utility lines on the property before any digging is started under Act 287.

_____ All utilities must be abated before a permit will be issued.

_____ Upon removal of building materials, the site must be inspected before backfill begins.

_____ No burning of any materials will be permitted on site.

_____ Must follow regulations provided in City Ordinance 1899 (Grading, Excavation, Fill)

_____ Lot must be leveled and in a neat orderly appearance on completion of backfill.

V. GRADING/EXCAVATION/FILL (if applicable):

No person shall commence or perform any grading (excavation or fill) without first having obtained a grading permit from the City. A separate permit shall be required for each site. One (1) permit may cover both an excavation and any fill made on the same.

Before issuance of a grading bond, the applicant shall post a bond with a corporate surety. Such bond shall be executed by a corporate surety as well as by the principal and shall be subject to approval of the City Solicitor as to form. The bond shall be issued to the benefit of the City and be conditioned upon the faithful performance of the work required under the terms and conditions of the grading permit to the satisfaction of the City. In lieu of said bond, a cash deposit in said amount may be made with the City. Said bond or cash deposit shall be in the amount of fifty percent (50%) of the contract cost of the work to guarantee the completion of said work, including erosion and sedimentation control and storm drainage system contemplated by the permit.

VI. ZONING:

<input type="checkbox"/> R-1A Residential	<input type="checkbox"/> R-1B Residential	<input type="checkbox"/> R-2 Residential	<input type="checkbox"/> SGD South Gateway District	<input type="checkbox"/> DSD Downtown South District	<input type="checkbox"/> DCD Downtown Central District
<input type="checkbox"/> DND Downtown North District	<input type="checkbox"/> C-2 Commercial	<input type="checkbox"/> CLI Commercial/ Light Industrial	<input type="checkbox"/> CON Conservation	<input type="checkbox"/> I Industrial	<input type="checkbox"/> PEI Public/ Educational/ Institutional

ZONING COMMENTS:

ZONING APPROVED:

DATE:

ZONING DENIED:

DATE:

VII. CERTIFICATIONS:

1. PLUMBER:

All plumbers conducting plumbing in the City must have a Beaver Falls Plumbers License.

Plumber Name: _____ BF Plumber License #: _____

2. CONTRACTOR:

Pennsylvania Home Improvement Consumer Protection Act 132

Contractor: _____ HIC #: _____

VIII. WORKERS' COMPENSATION:

The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance OR Certificate of Self-Insurance (Please Attach)
- Affidavit of Exemption

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: _____

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.

IX. NOTICES FOR APPLICANT:

READ, UNDERSTAND AND COMPLY WITH THE FOLLOWING NOTICES

NOTICE: In addition to a construction/zoning permit, if the subject property does or will require access to a public road or street, and/or will require improvement/change of curb to have access to a public road or street: If such State road or street is under the jurisdiction of the Commonwealth of Pennsylvania, you must obtain a Highway Occupancy Permit pursuant to Act No. 428 of 1945, as amended, known as the "State Highway Law"; Application for such Highway Occupancy Permit as to a Commonwealth road or street must be made to, with and processed by the Pennsylvania Department of Transportation. If such road or street is under the jurisdiction of City of Beaver Falls, you must apply for and obtain a Curb Cut application from the City.

NOTICE: In addition to a zoning permit, you may need to make other applications and obtain other permits for the development you propose, including but not limited to, depending on location of your premises, for sewage tap-in permit for connection to a public sewer, water connection permit (to be obtained from the Beaver Falls Municipal Water Authority, and/or Land Development approval, prior to being able to commence construction. Furthermore, following construction and prior to your placing into use the proposed structure/building, you will need to procure an UCC building permit from the City's Third Party Agency. Also, if building onto several parcels the property will need to be consolidated before construction starts.

NOTICE: Contractor prohibited by law from employing any individual to perform work pursuant to this zoning permit unless contractor provides proof of worker's compensation to the City of Beaver Falls. Contractor also prohibited by law as to building or remodeling under subject Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to subcontractor's employees. Failure of Contractor and Applicant for this Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania requires stoppage of all construction/work under Building Permit issued and a Building Permit may be revoked.

NOTICE: Property Owner or Project Owner or Applicant is responsible to contact Pennsylvania One Call (Dial #811) to locate and mark underground utility lines on the property before any digging or excavating is started under Act 287.

NOTICE: Property owner is responsible for determining if property is subject to private covenants or private plan restrictions and compliance with the restrictions. Private covenants may be more restrictive than zoning regulations. Issuance of a building or zoning permit does not constitute compliance with private covenants or restrictions. Permits issued in violation of any private covenants or a restriction is the sole responsibility of the property owner or their authorized representative.

X. VERIFICATION:

I do hereby agree to observe and adhere to any and all provisions of the City of Beaver Falls Zoning Code, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by the City of Beaver Falls via its Zoning Officer or other designated agent.

I/We hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I/we knowingly make false statements or averments, I/we may be subject to criminal penalties. I/We hereby authorize representatives of the City to make the required inspections upon the property to verify that the construction requested under this application complies with the City of Beaver Falls Zoning and Building Code Ordinances or other applicable codes.

If applicant is Contractor or Agent of Owner, he/she hereby certifies that he/she has the authority to act on behalf of the Owner.

I certify that the code administrator of the code administration's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Print Name of Owner or Authorized Agent

Signature of Owner or Authorized Agent *Date*

XI. FEES:

PLAN REVIEW FEES:	MDIA INSPECTION FEES:	1% OF COST FEE:	ZONING PERMIT FEE:	STATE FEE:	TOTAL PERMIT FEES:	PAID DATE:	CHECK NO:
\$	\$	\$	\$	\$ 4.50	\$		