

FEE _____ **(Per Act 45 a \$4.00 PA Surcharge will be added to all permits)**
(BUILDING PERMIT FEE IS NON REFUNDABLE)
WEST NORRITON TOWNSHIP 1630 WEST MARSHALL STREET JEFFERSONVILLE, PA 19403
OFFICE OF BUILDING INSPECTOR

APPLICATION FOR BUILDING PERMIT

*** BUILDING INSPECTOR HAS 15 BUSINESS WORKING DAYS TO ISSUE PERMIT*** NO WORK
MAY START UNTIL PERMIT IS RECEIVED

PA STATE CONTRACTOR'S LICENSE # _____ DATE _____

I HEREBY MAKE APPLICATION TO (WORK THAT IS BEING DONE) _____

LOCATION _____

ZONING DISTRICT _____ NUMBER OF STORIES _____

TYPE OF CONSTRUCTION (FRAME, BRICK, ETC.) _____

INTENDED USE OF BUILDING _____
(IF FOR DWELLING, STATE NUMBER OF FAMILIES)

WORK PROPOSED AND MATERIALS TO BE USED (IF COMPLETE PLANS OR SKETCHES ARE
NOT ATTACHED)

IF COMMERCIAL OR INDUSTRIAL BLDG., DEPT. OF LABOR AND INDUSTRY FILE NUMBER.

SIZE OF LOT ON WHICH BUILDING IS LOCATED _____

PERCENT OF LOT AREA OCCUPIED BY BUILDING _____

DATE ON WHICH WORK WILL BE COMMENCED _____

VALUE OF PROPOSED \$ _____ **(include copy of signed contract)**

OWNER _____ ADDRESS _____
PHONE NO. _____ ARCHITECT: _____
ADDRESS _____ PHONE NO _____
CONTRACTOR: _____ ADDRESS: _____
PHONE NO _____ CONTRACTOR'S WORKERS' COMPENSATION
CARRIER _____ CONTRACTOR'S FEDERAL EMPLOYER
IDENTIFICATION NO. OR STATE EMPLOYER IDENTIFICATION NUMBER _____
ARE YOU USING SUBCONTRACTORS? _____

(ALL SUBCONTRACTORS USED MUST BE LICENSED WITH THE STATE OF PA)

IF SO, YOU MUST SUBMIT A STATEMENT CONFIRMING THAT THE SUBCONTRACTOR HAS AFFIRMED THEY ARE NOT OBLIGATED TO MAINTAIN WORKERS' COMPENSATION INSURANCE AND THE REASON WHY THEY DO NOT NEED THE INSURANCE.

ATTENTION VERY IMPORTANT INFORMATION – PLEASE READ

EVERY MUNICIPALITY THAT ISSUES A BUILDING PERMIT MUST BE NAMED AS A WORKERS' COMPENSATION POLICY CERTIFICATE HOLDER. THIS CERTIFICATE MUST BE FILED WITH THE MUNICIPALITY'S COPY OF THE BUILDING PERMIT.

THE INSURANCE CARRIER THAT ISSUES A POLICY THAT NAMES A MUNICIPALITY AS A WORKERS' COMPENSATION POLICY CERTIFICATE HOLDER MUST NOTIFY THE MUNICIPALITY OF THE EXPIRATION OR CANCELLATION OF ANY SUCH POLICY OF INSURANCE WITHIN THREE WORKING DAYS OF THE CANCELLATIONS OR EXPIRATION.

IF A MUNICIPALITY RECEIVES NOTICE THAT THE CONTRACTOR'S WORKERS' COMPENSATION INSURANCE, OR STATE APPROVED SELF-INSURANCE STATUS HAS BEEN CANCELLED, THE MUNICIPALITY MUST ISSUE A STOP WORK ORDER TO THE CONTRACTOR WHO IS PERFORMING WORK PURSUANT TO THE BUILDING PERMIT.

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

IF COMPLETE PLANS ARE NOT SUBMITTED, USE SPACE BELOW TO MAKE PLOT PLAN SHOWING POSITION OF BUILDING ON PROPERTY AND NOTING DISTANCE FROM SIDE, FRONT AND REAR PROPERTY LINES. THE PLOT PLAN MUST ALSO SHOW ALL EXISTING BUILDINGS ON ABUTTING LAND WITHIN FIFTY FEET (50') OF THE SIDE AND REAR LOT.

Building Permit Fees as follows:

\$ 0.00 TO \$ 499.00	\$25.00
\$ 500.00 TO \$ 999.00	\$30.00
\$1000.00 TO \$1499.00	\$35.00
\$1500.00 TO \$1999.00	\$45.00
\$2000.00 TO \$2999.00	\$50.00
\$3000.00 TO \$3999.00	\$60.00
\$4000.00 TO \$4999.00	\$70.00
\$5000.00 TO \$5999.00	\$80.00
\$6000.00 TO \$6999.00	\$90.00
\$7000.00 TO \$7999.00	\$100.00
\$8000.00 & OVER	\$25.00 PER \$1000.00 OR ANY PART THEREOF