

Marshall Township

525 Pleasant Hill Rd., Suite 100, Wexford, PA 15090

Ph: (724) 935-3090 Fx (724) 935-3203

Building Permit Application

Date: _____	Architect/Engineer: _____
Applicant Name: _____	Address: _____
Address: _____	_____
Ph: _____ Fax: _____	Phone: _____
E-Mail: _____	Fax: _____
	E-Mail: _____

Property where work proposed: _____
Parcel # _____

New Construction or Alterations

Proposed construction or alteration (explain in detail) _____

Demolition? _____

Total Square Footage: Basement: _____ 1st _____ 2nd _____

Total Construction Cost: _____

Contractor Information

Contractor Name: _____

Address: _____

Phone: _____ Fax: _____

Worker's Compensation Policy No.: _____

Insurer: _____

Expiration No.: _____

Note, A permit will not be issued until a copy of the worker's compensation insurance certificate is submitted indicating Marshall Township as the certificate holder.

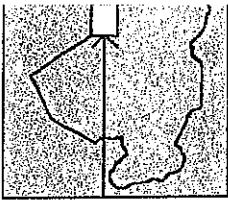
All permits required by the Commonwealth of Pennsylvania Department of Labor & Industry including Highway Occupancy Permits shall be obtained by and are the responsibility of the applicant. The applicant shall be responsible for identification of all utilities prior to excavation.

The undersigned hereby acknowledges that the above information and attached documents and drawings are true and accurate and that the permit requirements have been read and understood.

Applicant Signature: _____ Print _____ Date _____

Building Owner's Signature: _____ Print _____ Date _____

Township Use: Date Received _____ / _____ / _____	Initials _____
Date Approved: _____ / _____ / _____	Date Denied: _____ / _____ / _____



MARSHALL TOWNSHIP
 525 PLEASANT HILL ROAD
 WEXFORD, PA 15090
 724-935-3090

APPLICATION FOR ZONING PERMIT

To be considered complete the application must be accompanied by a "to scale" drawing showing "accurate" dimensions of the proposed improvement relative to property lines. Non-Residential Land Developments must submit two (2) "to scale" drawings. The following information must also be provided as per Section 208-256 of the Marshall Township Code:

The following information shall also be provided:

Date: _____ Location of proposed work: _____
(number and street)

Plan: _____ Lot Number: _____ Zoning District: _____

Nature of Work/Use of Property: _____ Estimated Value: _____ dollars

Lot Area: _____ square feet

Lot Width at street line: _____ feet Lot Width at Building Set Back Line: _____ feet

Depth of Front Yard (from proposed improvement): _____ feet

Depth of Side Yards (from proposed improvement): (R) _____ feet (L) _____ feet

Depth of Rear Yard (from proposed improvement): _____ feet

Total Impervious Coverage of Lot with Proposed Improvement: _____ %

(Note: Impervious surface includes any hard surface, man-made area that does not readily absorb or retain water, including but not limited to, building roofs, parking and driveway areas, sidewalks or paved recreational facilities).

Structure Height: _____ feet Total Square Footage of Proposed Improvement: _____ feet

Public Water & Sewer? _____ Yes _____ No

List variances approved for property (if applicable): _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____

Applicant's interest in premises: _____ owner _____ tenant _____ vendee under contract

_____ Authorized agent _____ other (specify) _____

I HEREBY CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS TRUE AND CORRECT.

 Applicant's Signature

 Date

DO NOT WRITE IN THIS SPACE. OFFICIAL USE ONLY.

Reviewed By: _____ Date Reviewed: _____

Approved / Denied By: _____ Fee Paid: _____ Fee Due: _____

Comments or reason for denial: _____

Conditions: _____



MARSHALL TOWNSHIP
 MUNICIPAL SANITARY AUTHORITY
 525 PLEASANT HILL ROAD
 SUITE 200
 WEXFORD, PA 15090

APPLICATION FOR
SANITARY SEWER TAP-IN PERMIT

To be considered complete the application must be accompanied by a "to scale" drawing showing "accurate" location of the proposed connection point relative to existing sanitary lines and the proposed structure. Non-Residential Land Developments must submit two (2) "to scale" drawings.

Residential Tap-In Fee: \$3,391 (\$3,341 for the tap-in and \$50 for the inspection); an additional \$7,540 Special Purpose Fee is required within the Valley Special Purpose Area

Commercial Tap-In Fee: \$3,391 minimum; for usage over 289 GPD, the fee is calculated by taking the estimated additional water usage multiplied by \$11.56, plus the \$3,391 minimum fee. (Fees are calculated by Authority Staff upon application)

* PLEASE PROVIDE 24 HOURS NOTICE PRIOR TO REQUESTING A TAP-IN INSPECTION *

Date: _____ Location of proposed work: _____
(number and street)

Township: _____ Plan: _____ Lot #: _____

Nature of Work/Use of Property: _____ Source of Water: _____

Estimated Daily Water Usage in Gallons Per Day (Commercial Only): _____

Owner's Name: _____ Phone: _____

Owners's Address: _____

Contractor's Name: _____ Phone: _____

Contractor's Address: _____

I HEREBY CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS TRUE AND CORRECT.

Applicant's Name _____ Applicant's Signature _____ Date _____

DO NOT WRITE IN THIS SPACE. OFFICIAL USE ONLY.

Reviewed By: _____ Date Reviewed: _____

Approved / Denied By: _____ Fee Due: _____ Fee Paid: _____

Comments or reason for denial: _____

Conditions: _____

*****Construction Hours 7am – 7 pm only*****

Residential Building Permit Instructions & Checklist

- The Building Permit application has been completed in full and signed by both applicant & owner.
- A survey by a PA registered land surveyor has been submitted with the construction documents. The survey shall indicate the setback distance to every property line. The location of all proposed driveways shall be indicated on the submitted survey.
- All required Zoning Permits and approvals have been obtained from the municipality (attach copies).
- All required Plumbing approvals and permits from Allegheny County Health Department
- Two (2) copies of scaled and accurate construction drawings have been submitted. See instruction below. **Contact PCS for ALL Non-Residential/Commercial project submittals.**
- All applicable Highway Occupancy Permits from PennDot shall be obtained (attach copies).
- The attached “Worker’s Compensation Affidavit” has been completed.
- The Required Inspections sheet has been read and signed. (Township will identify required inspections)
- All sewer or on-site sewage disposal permit (attach copies).
- Pennsylvania One Call shall be notified prior to any excavation. 1-800-242-1776

¹. Residential Plan Review Requirements

- Two (2) sets of complete drawings shall be submitted with the Building Permit Application.
- The required plan review fee shall be submitted with the Building Permit Application, payable to Marshall Township. \$150.00 for New Dwellings; \$50.00 for additions, decks, pools, accessory structures**
- The drawings include a typical wall section indicating the following: footer size and reinforcement, foundation wall details including drainage, anchor bolts, floor joist size, framing sizes, header schedule, ceiling joist and roof rafter details, roof covering details & ventilation details.
- Engineered lumber specifications and manufacturers product information
- Floor plans for every story including basement.
- HVAC details including equipment to be installed.
- General wiring details including smoke detectors and service size.
- Window schedules from the window manufacturer indicating sleeping room egress window and habitable basement egress sizes.

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¹. Checklist for Residential applications. Contact PCS (724 449-2662) for commercial review instructions.

Worker's Compensation Affidavit

The applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits the following Information and Affidavit. One of the following requirements must be marked:

- A current *Certificate of Insurance* indicating Worker's Compensation is attached. The certificate must indicate *Marshall Township* as the holder.

- The building permit applicant or indicated contractor qualifies as "Exempt from Worker's Compensation. Please indicate the reason for the exemption by checking on of the following and completing the subsequent information:
 - The Contractor/applicant is the owner of the property.
 - Contractor/Applicant is a Sole Proprietor without employees.
 - All of the contractor/applicants employees on the project are exempt on religious grounds under Section 304.2 of the Act. Please explain in detail:

 - 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 Act. Explain the status of any/or all workers on the project:

Complete the following:

Date: _____		
Name of Applicant/Contractor: _____		
Address: _____		
City _____	State _____	Zip Code _____
1. Any subcontractors used on this project will be required to carry their own worker's 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 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.		
Signature: _____		Print Name _____
Company: _____		Title: _____

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Required Inspections

Contact Professional Code Services Inc. to schedule inspections

724 449-2661 FX 724 449-2673

The following periodic inspections (marked ✓) are required to ensure compliance with the Building Permit you have been issued. All inspections shall be requested no sooner than 48 hours before the inspection is required. A FINAL INSPECTION IS REQUIRED FOR ALL BUILDING PERMITS.

- STORMWATER RETENTION/SUMP PIT:** Prior to backfill, all conductors and storage in place. Marshall Township Engineer 412 297-6401
- FOOTING INSPECTION:** Before placement of concrete. All required re-enforcement in accordance with the approved drawings should be installed. All reinforcement shall be placed in the bottom 1/3 of the footing and shall be suspended on chairs or other approved device. **Re-Bar Grounding Electrode for Electric Service completed.**
- FOUNDATION:** (When reinforcement is required) Prior to the placement of all required cell block grouting. All required reinforcement shall be in place. When added to the grout, all aggregate shall be 3/8 inch maximum.
- BACKFILL:** Prior to any backfill. Rough framing must be completed. All waterproofing shall be completed. All drains and filter fabric shall be in place. All anchor bolts shall be installed.
- ROUGH ELECTRICAL:** All electrical installations shall be installed in accordance with the 2008 NEC. Electrical inspections are performed by PCS (724 449-2661).
- ROUGH PLUMBING: Allegheny County Health Department**
- SEWER LATERAL & TAP:** Bill Campbell 724 935-3090 Ext 106
- ROUGH MECHANICAL:** After the installation of all ductwork, fuel gas piping and flues.
- INSULATION:** All required insulation installed in walls including areas to be concealed, prior to wallboard.
- ROUGH FRAMING:** After all rough electrical and plumbing inspections have been approved prior to insulation.
- WALLBOARD:** All fasteners installed prior to compound or finish material.
- FINAL ELECTRICAL:** Electrical inspections are performed by PCS (724 449-2661).
- FINAL PLUMBING: Allegheny County Health Department**
- FINAL MECHANICAL:** After all equipment and installation of fixtures.
- OCCUPANCY/FINAL INSPECTION:** All mechanical inspections shall be completed.
- OTHER** _____ : Where in the opinion of the Building Official a special inspection is required.

Work shall not proceed until the above inspections are approved by the Building Official. Failure to obtain any of the above inspections may result in penalties in accordance with the UCC Act 45 & local ordinance.

Signature: _____ Print: _____ Date: _____

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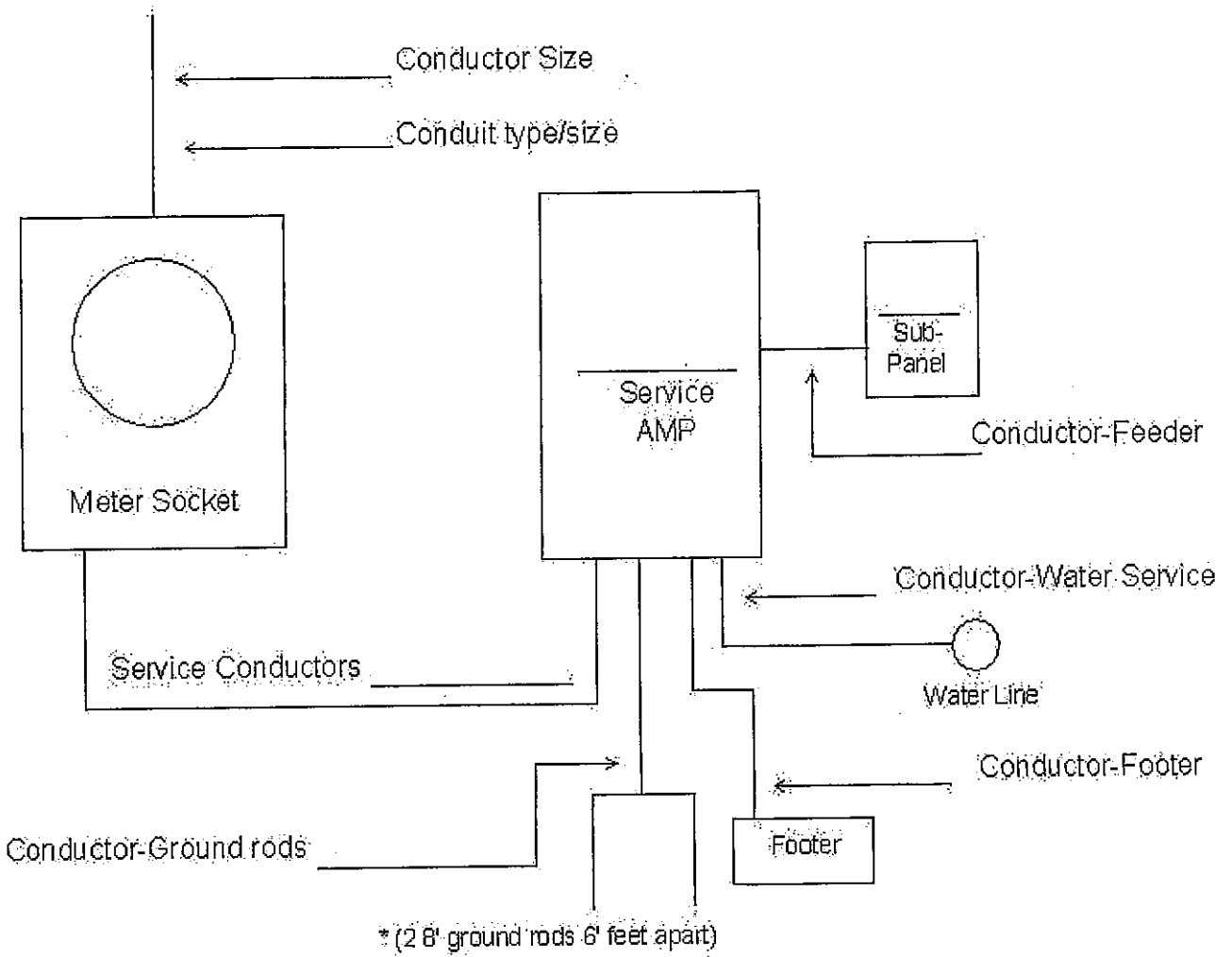
Energy Efficiency Data Sheet

The following information must be submitted with the construction documents OR a valid Recheck shall be submitted. The following information must be clearly indicated on the construction document (ceiling, floor, wall assemblies only). Mechanical equipment must be identified, located and labeled on the construction documents. A dimensional section drawing shall be submitted for all insulated floor slabs. ResCheck energy software is available at www.energycodes.gov

1. Ceiling Framing Type _____
2. Ceiling Insulation Type _____ R-Value _____
3. Skylight Frame Material: Metal Frame Metal Frame With Thermal Break
Wood Frame Vinyl Frame Other _____
4. Skylight U-Factor _____ Skylight sq.ft. _____ Single
Pane Double Pane Double Pane-Low E Triple Pane Triple Pane Low-E
5. Wall construction _____
6. Gross sq.ft. of Wall space _____
7. Wall Cavity Insulation R-Value _____ Continuous Insulation R-Value _____
8. Window Frame Material Metal Frame Metal Frame With Thermal Break
Wood Frame Vinyl Frame Other _____
9. Gross sq.ft. of Window openings _____
10. Windows; Enter information on the poorest window efficiency in the building: Single Pane Double
Pane Double Pane-Low E Triple Pane Triple Pane Low-E
***Each window must be identified separately or number of each type. Attach schedule**
11. Doors:
 1. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
 2. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
 3. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
 4. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
 5. Solid (under 50% glazing) Glass U-Factor _____ R-Value _____ Sq.ft. _____
12. Basement Wall Type _____ Gross sq.ft. Area _____ Insulation R-Value _____
Measured in feet; (ie 7.5')
 - Wall Height (top of wall to basement floor) _____
 - Depth below grade (finish outside grade to basement floor) _____
 - Height of insulation (top of wall to where insulation stops) _____
13. Floor Assembly;
 - **Wood Assembly;** Over un-conditioned space Over outside air
Gross Area _____ Cavity R-Value _____ Continuous Insulation R-Value _____
 - **Slab on Grade;** Unheated Heated
Gross Area _____ Cavity R-Value _____ Continuous Insulation R-Value _____
 - **Structural Insulated Panels;** Over un-conditioned space Over outside air
Gross Area _____ Cavity R-Value _____ Continuous Insulation R-Value _____
14. Crawl Space Wall Type _____ Gross sq.ft. Area _____
Measured in feet; (ie 7.5')
 - Wall Height (top of wall to basement floor) _____
 - Depth below grade (finish outside grade to basement floor) _____
 - Height of insulation (top of wall to where insulation stops) _____
15. Heating Equipment; Where more than (1) unit, use least efficient data
 - Furnace Heating Efficiency _____ %
 - Boiler Heating Efficiency _____ %
 - Heat Pump Heating Efficiency _____ %
 - Air Conditioner Cooling Efficiency _____ SEER

Provide Information for New Electrical Service Work

Overhead or Underground



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Marshall Township
New Construction
Occupancy permit / Inspection Request

APPLICANT / _____ PHONE NUMBER _____
CONTACT PERSON

BUILDING PERMIT DATE _____ *BUILDING PERMIT NUMBER _____

AT (LOCATION) _____ SUBDIVISION _____

*DATE BUILDING WILL BE READY FOR INSPECTION _____

* HOME / BUSINESS OWNER _____

REMARKS _____

FAX TO:
MARSHALL TOWNSHIP

724-935-3203

(NO PHONE OCCUPANCY PERMIT REQUEST WILL BE ACCEPTED)

REQUEST FOR A INSPECTION MUST BE AT LEAST A TWENTY-FOUR
HOURS NOTICE

* DENOTES FIELDS THAT ARE REQUIRED TO BE FILLED OUT