



TOWNSHIP OF

Hampton

Earth Disturbance Permit Application

With this application please submit two (2) sets of plans in detail.

- One additional copy of the plans **MUST** be submitted digitally (cd or flash drive)
- Plans **MUST** include the requirements listed on page 2 and any other requirements contained in the grading ordinance No. 584 (as amended)
- Plans **MUST** show, as applicable, water run off and erosion controls (silt fence, straw bales). This can be shown on the property survey.

With this application please submit a plot plan of the site showing soil types, utilities, boundaries, streets, etc.

EDP Fee Information:

Earth Disturbance Permit Fees	\$100.00 – Residential
	\$350.00 – Commercial, plus any additional fees or bonds required by Ordinance No. 504
PA State Administrative Fee	\$4.50

Payment is due upon issuance of the permit. Please bring payment when you pick up the permit. The permit will not be released until payment has been received. We accept check or cash. All checks are made payable to: “**Township of Hampton**”

Please complete all sections that pertain to you. A complete application must be returned in black or blue ink. Thank you!

EARTH DISTURBANCE PERMIT INFORMATION

The following supplemental items may be required in addition to your application.

- A survey showing the area of disturbance as well as the distance from the property lines. Also show any septic systems or on-lot storm water controls.
- A plot plan of the site showing soil types, utilities, boundaries, streets, etc.
- Contour map of present and proposed contours on a scaled drawing of at least one inch equals 50 feet with contour intervals at 2 feet.
- Cross-sections every 50 feet showing method of benching.
- Adequate drainage and erosion control plans to be reviewed and approved by Allegheny County Conservation District. (As applicable)
- Formal agreement if over 30,000 cubic yards or 50,000 square feet. This may also require to following:
 1. Fifty percent performance bond. (As applicable)
 2. Two percent inspection fee. (As applicable)
 3. Slopes not to exceed 1 1/2:1 or a fence and special soils report are necessary for cuts. Slopes of 2:1 for fills.
- Plans must be dated and may be required to bear a professional engineer, architect of landscape, or architect seal.
- Permit void if not started with in six months. Must be completed with in one year

SINGLE FAMILY HOUSE SITES REQUIRING A SEPARATE GRADING PERMIT

The Township of Hampton’s Grading Ordinance No. 584, enacted February 23, 2000 requires a separate grading permit for single-family house sites that meet or exceed the following criteria:

- If fill exceeds three (3) feet in vertical depth at its deepest point measured from the natural ground surface and covers an area of more than one thousand (1,000) square feet.
- For an excavation of a driveway between the building site and the street when extreme conditions (such as excessive cut or fill) exist.
- Where the maximum gradient between property lines or the maximum excavation or fill exceed the grades or quantities set forth in the following table.

Single Family House Site	Maximum Gradient w/o a Permit	Maximum excavation or fill w/o a permit, exclusive of Basements and foundations
Less than 10,000 sq. ft.	15 in. 100 ft.	100 cubic yards
10,000 to 24,000 sq. ft.	15 in. 100 ft.	200 cubic yards
24,000 to 44,000 sq. ft.	15 in. 100 ft.	250 cubic yards
Over 44,000 sq. ft.	20 in. 100 ft.	250 cubic yards

* One-acre equals 43,560 sq. ft.



TOWNSHIP OF

Hampton

For Township Use Only:

Permit #: _____

Approved Yes ___ No ___

Date _____

EARTH DISTURBANCE PERMIT

Application is hereby made to the Township of Hampton for a permit to perform the excavation, grading, and/or filling herein described. I understand that all provisions of the Zoning Ordinance, Building Code and Grading Ordinance must strictly adhere to. I do hereby agree that all such provisions shall be complied with whether specified herein or not.

Owner's Name: _____ Phone Number: _____

Address: _____ Zip _____

Contractor: _____ Phone Number: _____ PA# _____

Address: _____ Zip _____

Site Address: _____ Zip _____

Name of Plan: _____ Lot No. _____

Plan Book: _____ Page: _____

Size of Lot: Frontage: _____ Depth in Feet: _____

Proposed Depths of Excavation or Fill: Max: _____ Min.: _____

Proposed area of Grading or Filling: _____

Approximate Cubic Yards of Earth to Be Moved or Filled: _____

Description of Proposed Work: _____

Estimated Starting Date: _____ Completion Date: _____

Work performed under any Earth Disturbance Permit shall be in strict accordance with the requirements of the Grading Ordinance. No deviation from the plot plan or the excavation plans shall be made except after written notice to, and approval by, the Zoning Officer.

Work MUST begin within six (6) months of the date of issuance and shall be completed within one (1) year from the date of issuance unless the Zoning Officer shall extend such time for cause.

All work is to be inspected and approved by the Zoning Officer of the Township of Hampton in accordance with the following schedule:

-INITIAL INSPECTION: When work on the excavation or fill is about to be commenced.

-ROUGH GRADING: When all rough grading is completed.

-DRAINAGE FACILITIES: When drainage facilities are to be installed and before such Facilities are back filled.

-SPECIAL STRUCTURES: When excavations are complete for retaining and crib walls, and when reinforcing steel is in place and before concrete is poured.

-FINAL INSPECTION: When all work, including installation of all drainage and other Structures have been completed.

Total Estimated Cost of Excavation or Fill Work: \$ _____

If dirt excavated is being removed from property, will it be taken out of the Township?

Yes No

If remaining in the Township, please provide location: _____

Residential EDP Fee: \$100.00
Non-Residential Fee: \$350.00
PA State Administration Fee \$4.50

*Plus any additional fees or bonds
Required by Ordinance No. 584*

<i>Township Use Only:</i>	
Check#	_____
Initials:	_____
Date:	_____
Cash:	_____

Total Permit Fee: \$ _____

Signature of Applicant (Date) Signature of Owner (Date)

Signature of Zoning Officer (Date)

I/We being the owner and/or contractor and/or agent of the owner and/or contractor by the execution of this "APPLICATION FOR EARTH DISTURBANCE PERMIT FROM THE TOWNSHIP OF HAMPTON" do represent that I/We, the undersigned, SHALL BE PERSONALLY RESPONSIBLE for requesting all inspections required by Ordinance Number 584 of the Township of Hampton during all excavation, regarding, reseeding, application of sewers or installation of sewers, storm and sanitary sewers, any fill being placed and what type of fill it is to be used, at the discretion of the township of Hampton Zoning Officer and/or his subordinate. I understand that all provisions of Ordinance Number 584 pertaining to Earth Disturbance must be strictly adhered to. I do hereby agree that all such provisions shall be complied with whether specified herein or not. I/We do further understand, acknowledge and intend that such foregoing representations are intended to induce Hampton Township to issue said Earth Disturbance Permit.

OWNER _____ Date _____

OWNER _____ Date _____

CONTRACTOR _____ Date _____

AGENT FOR OWNER _____ Date _____

AGENT FOR CONTRACTOR _____ Date _____

Township of Hampton (Date)



TOWNSHIP OF

Hampton

Addendum to Building Permit

PA Act 44 requires all contractors with employees to provide proof of current Workers Compensation Insurance. If you are a contractor with employees, please check the appropriate box in Section I, fill out the information in Section II and attach a copy of your Certificate of Insurance. If you are claiming an exemption to this law, please check the "Affidavit of Exemption" box in Section I, check the appropriate box in Section III, and have the form notarized in the box on page 10 of this application.

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

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

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 Long shore 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 and sign in the presence of a notary public:

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:

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

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.

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

(Signature of Notary Public)

Commission expires: _____

(Seal)

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.

Signature

Name (Please Print)

Title

Name of Company