



TOWNSHIP OF
Hampton

ITEMS REQUIRED TO OBTAIN A RESIDENTIAL BUILDING PERMIT

Swimming Pools (In-ground & Above ground)

- **Two (2) sets of plans in detail**
- **Copy of workers compensation insurance certificate(s)** – see page 9 for more information
- **Copy of stamped property survey** – Please mark the following information on the survey:
 - Draw the proposed location of the pool *as well as any associated structures* (sump, patios, sidewalks, fences, pool mechanics, decks, etc.) on the survey and mark the distances from the proposed location to the property lines
 - Show location of any septic system or any on-lot storm water controls
 - Show the location of all water run off and erosion controls (silt fence, straw bales) as applicable
 - Show the area of excavation
- **Please turn in a completed application filled out in blue or black ink**

PLEASE BE AWARE:

There will be an additional charge for re-inspections that exceed two or more of the allotted number of inspections that are listed on the building permit. No Certificate of Occupancy will be issued until such time as the additional inspection fees are paid in full.

The fee for the electrical permit and associated inspection(s) is not included in the building permit fees. The building inspector will calculate the fee for the electrical permit, which will be required at the time of permit issuance.

If you plan to erect a deck, fence, hot tub, pool house, or any other associated structure, you must fill out the appropriate application to be submitted separately.

The associated fee for this permit is to be paid when the permit is issued. Please bring payment when you pick up the permit. The permit will not be released until payment has been received.

RESIDENTIAL PERMIT APPLICATION FEES

PLEASE SUBMIT ONE CHECK FOR THE TOTAL AMOUNT DUE

In-ground Swimming Pool Permit \$150.00

+

PA State Administration Fee \$4.50

TOTAL AMOUNT DUE = \$154.50

We accept check or cash.

All checks are made payable to: “**Township of Hampton**”

*Please complete all sections that pertain to you.
Thank you!*



TOWNSHIP OF
Hampton

PROCEDURE FOR SCHEDULING INSPECTIONS

We advise a minimum of 48 hours advance notice when scheduling an inspection

The Township of Hampton currently employs the third-party plan review agency Code.sys for all UCC plan review and inspections. The Township Building Inspector through Code.sys is Kevin Karman. Please contact him directly for all UCC Building Permit inspections (including electrical).

Kevin Karman: 412-491-6868

For **sump or storm water control** inspections please contact the Hampton Permitting Office at:

Permitting Office: (412) 486-0400 x 1304

*For sump inspections, please schedule the inspection once the pit has been dug & the framework installed but **BEFORE** the hole has been filled in.*

PLEASE have the following information ready before calling the Building Inspector:

- ✓ Permit Number
- ✓ Site Address
- ✓ Contractor's name and phone number
- ✓ Home/business owner's name and phone number
- ✓ Type of inspection needed
- ✓ Type of construction

If you do not have the above information ready, an inspection **CANNOT** be scheduled.



For Township Use Only:

Permit #: _____
Approved Yes ___ No ___
Date _____

IN-GROUND POOL PERMIT APPLICATION

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Complete Site Address: _____

Tax Parcel# _____ Lot# _____ Zoning: _____

Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner: _____ Phone# _____ Fax# _____

Mailing Address: _____

E-Mail: _____

Contractor: _____ Phone# _____ Fax# _____

Mailing Address: _____ PA# _____

E-Mail: _____

Architect: _____ Phone# _____ Fax# _____

Mailing Address: _____

I/We being the owner and/or contractor and/or agent of the owner and/or agent of the contractor by the execution of this “Application for Residential Building” do represent that I/we the undersigned SHALL BE PERSONALLY RESPONSIBLE AND DO HEREBY PERSONALLY ASSURE that the Building Inspector of the Township of Hampton or his designee shall be permitted access onto the premises under construction at all reasonable times as set forth in the Building Code of the Township of Hampton. I/We do further understand, acknowledge and intend that such foregoing representations are intended to induce the Township of Hampton to issue said residential building permit.

OWNER

OWNER

TOWNSHIP OF HAMPTON

CONTRACTOR

AGENT FOR OWNER

AGENT FOR CONTRACTOR



3101 McCully Road, Allison Park, Pennsylvania 15101 ♦ Area Code 412-486-0400
412-443-7585
Fax: 412-486-5019

TOWNSHIP OF HAMPTON
RELEASE FORM

This page must be signed and dated by the property owners.

I / We, _____,
being the owner or owners of the property listed below, located at _____
_____, agree to *HOLD HARMLESS* the Township
of Hampton of any and all legal responsibilities in the removal of fence, hedge, post, mailbox,
sign, wall, tree or shrub which has been placed over the road right-of-way easement for utilities at
the above location, should it ever become necessary to remove same for maintenance purposes.
In addition, I/We recognize that the installation of any structure within an easement or right-of-
way (ROW) is restricted by the Township’s Zoning Ordinance. If any easements and/or right-of-
ways exist that were not included on the submitted survey/plan, I/We assume all responsibilities
for compliance with Township Zoning Ordinance restrictions regarding placement of any
structure in these areas.

Further, this **RELEASE FORM** is to be made a part of, and recorded with the building
permit issued on the above property.

Owner

Date

Owner

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 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 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:

- 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:

- 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.

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.

Subscribed and sworn before me this day of _____ 20____.
_____ <i>(Signature of Notary Public)</i>
Commission expires: _____ (Seal)

Signature

Name (Please Print)

Title

Name of Company