



TOWNSHIP OF
Hampton

RESIDENTIAL BUILDING PERMIT APPLICATION

- Permit for Residential Renovations -

Please submit the following items with your completed application:

- Two (2) sets of plans in detail. Plans **MUST** show front, rear, and section views with elevations
- Application **MUST** include HVAC/Mechanical Application (if applicable)(Page 10). ***A separate fee is due for this at the time the permit is issued.***
- If necessary, the application must include proof of compliance with energy requirements. One of the following three methods may be used:
 - The REScheck program. Available at: www.energycodes.gov
 - Pennsylvania's Alternative Residential Energy Provisions
 - Requirements specified in the ICC (International Energy Conservation Code 2006).
- Copy of workers compensation insurance certificate(s) – if applicable (see page 7)
- Copy of survey – if applicable
- For Solar Panel Applications – an additional \$20 fee is added for the required photovoltaic sign. For additional information on submission requirements please reference the Township of Hampton's Solar Panel Ordinance Number 813.
- Please turn in a completed application filled out in blue or black ink

Please note: If you plan to have a dumpster on site, please submit a Temporary Use Permit application

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

RESIDENTIAL PERMIT APPLICATION FEES

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.

SFD Permit (Alterations)	\$5.00 per each \$1,000 of building cost. <i>(Round up to the nearest thousand)</i>
+	
Base Cost of Building Permit	\$50.00
+	
PA State Administration Fee	\$4.50
TOTAL AMOUNT DUE = \$ _____	
<i>(*\$20 will be added for Solar Panel applications for the required signage)</i>	

MECHANICAL FEE – PLEASE SUBMIT SEPARATE CHECK

We accept cash or check made payable to “**Township of Hampton.**”

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.

PLEASE BE AWARE: The following fees are not covered by this Building Permit:

Electrical inspection(s) and permit: The electrical inspector will calculate the fee for your electrical permit, which will be required at the time of permit issuance.

Plumbing Inspection: The plumbing inspection is performed by Allegheny County Health Department. The associated fee for this inspection is collected by ACHD.

Occupancy Permit: Once the UCC final inspection has been approved, you may submit the application for the Occupancy Permit to the Township. A \$100 fee will be assessed at that time. See page 13 for more information regarding obtaining an Occupancy Permit.



TOWNSHIP OF
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PROCEDURE FOR SCHEDULING INSPECTIONS

We require a minimum of 48 hours advance notice when scheduling any 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 inspections).

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.



TOWNSHIP OF
Hampton

For Township Use Only:

Permit #: _____
Approved: ___ Yes ___ No
Date: _____
Initials: _____

RESIDENTIAL
BUILDING 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: _____

TYPE OF WORK OR IMPROVEMENT (*Check one*)

Renovation/Alteration Roof Repair Deck Repair

Replace Structure: _____ Other: _____

ESTIMATED COST OF CONSTRUCTION: \$ _____

Please describe the purpose and extent of the proposed construction:

FLOODPLAIN

Is the site located within an identified flood hazard area? (Check one) YES NO

Will any portion of the flood hazard area be developed? (Check one) YES NO

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*

Lowest Floor Level: _____

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the “approved” construction documents and **PA ACT 45 (UNIFORM CONSTRUCTION CODE)** and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, right of way, flood areas. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either, or by the *registered design professional* employed in connection with the proposed work.

Signature of Owner or Authorized Agent

\$5.00 x \$1,000 of Construction Cost: \$_____ (Rounded up to the nearest thousand)

+
(Solar Panels Applications Only)
Photovoltaic Warning Sign \$ _____
\$20.00

+
Base Cost of Building Permit: \$ 50.00

+
PA State Administration fee: \$ 4.50

Total Amount Due: \$_____

Township Use Only:
Received By: _____
Date : _____
Check#: _____
Cash: _____
Amount Paid: _____

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

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__.

(Signature of Notary Public)

Commission expires: _____
(Seal)

Signature

Name (Please Print)

Title

Name of Company

GUTTERS AND DOWNSPOTS:

Gutters: Material _____

Downspouts: Material _____

Downspouts connected to: Storm sewer _____ Dry-well _____

FOUNDATIONS:

Footings: Concrete mix _____ Reinforcing _____

Foundation wall: Material _____ Size _____ No. Of courses high _____

Columns: Material and size _____ Piers: Material and reinforcing _____

Girders: Material and size _____

Basement entrance areaway _____ Window areaways _____

FRAMING LUMBER:

Type of frame lumber: _____ Specific grade _____

Type of grade of wall sheathing: _____

Type of siding: _____

Size framing (all 16" O.C.): 1st floor joists _____ 2nd floor joists _____

Studs: _____

Roof trusses: Yes _____ No _____ Size _____ Pitch to roof _____

Sub-flooring: 1st floor _____ 2nd floor _____

Overhang sizes: Roof _____ Front _____ Back _____ Materials _____

Soffit: Front _____ Back _____ Size _____ Material _____ Gable trim _____

Facia board _____

Exterior trim material _____

ROOFING:

Sheathing: Grade _____ Size _____ Type _____

Roofing: _____ Grade _____ Weight of thickness _____ Underlay _____

Flashing: Material _____

ELECTRIC WIRING:

Service: Overhead _____ Underground _____ Size of Service _____

PATIOS/DECKS: _____

HVAC / MECHANICAL INSPECTION APPLICATION

Address of Construction Site: _____

Tenant Name: _____

Owner:

Name: _____ Phone: _____

Address: _____

Email: _____

Contractor:

Name: _____ Phone: _____

Address: _____

Email: _____

Permit: _____

List all equipment and provide necessary data:

Commercial Cooling Hood	<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	<input type="checkbox"/> Electric
Heating System	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Solar
Fuel	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	
Type	<input type="checkbox"/> Hydronic	<input type="checkbox"/> Forced Air	

Description of Work: _____

Estimate cost of mechanical work: \$ _____

<u>No:</u>	<u>Equipment:</u>	<u>No:</u>	<u>Equipment:</u>	<u>No:</u>	<u>Equipment:</u>
_____	Water Heater	_____	LPG Tank	_____	Fireplace
_____	Fireplaces	_____	A/C Units	_____	Heat Pump
_____	Fan Units / Fan Coil Units	_____	Gas Piping		
_____	Fuel Oil Piping	_____	Hot Air Furnace		

Other Mechanical and Duct Systems (List Below)

