

INDEPENDENCE TOWNSHIP

PERMIT APPLICATION PACKET

NOTICE! NEWLY UPDATED NPDES PERMIT REGS ON LAST PAGE OF PACKET



POOLS, SPAS AND HOT TUBS

Please note that if an electrical permit is needed, a separate fee will be issued

2015 International Swimming Pool & Spa Code

Pools in this Code refer to all private pools, any structure intended for swimming, recreational bathing or wading that is **capable** of containing water *over twenty-four (24) inches deep*. This also includes in-ground, above ground and on-ground pools; hot tubs, spas, fixed-in-place wading pools, inflatable and collapsible pools. Prefabricated swimming pools accessory to single family dwellings which are *less than twenty-four (24) inches deep* **AND** do NOT exceed 5,000 gallons installed entirely above ground and ornamental or landscape ponds are **NOT** regulated herein. PLEASE NOTE THAT SIMPLY NOT FILLING A POOL THAT IS CAPABLE OF CONTAINING OVER 5,000 GALLONS AND 24" OR MORE IN WATER DEPTH TO CAPACITY, DOES NOT EXCLUDE IT FROM THESE REGULATIONS!

Administered by
Code.sys Code Consulting, Inc.
For the Township of Independence

Municipal Office 724-378-3739 Hours 8-4, M-F

Contact information for our inspectors if you need
Additional information or to schedule inspections:

Code.sys™ Code Consulting, Inc.

Chris Jolliffe
Building Inspector
cjolliffe@code-sys.com

1-877-821-0337 Ext. 54 321 Grant Avenue
Toll Free Pittsburgh, PA 15209
www.code-sys.com 412-821-0337, ext. 54
Cell #: 412-491-0327

Code.sys™ Code Consulting, Inc.

John T. Lucchesi
Electrical Inspector

1-877-821-0337 Ext. 55 321 Grant Avenue
Toll Free Pittsburgh, PA 15209
www.code-sys.com 412-821-0337, ext. 55

CONSTRUCTION PERMIT INSTRUCTIONS

ALL INFORMATION IS REQUIRED UNDER THE COMMONWEALTH OF PENNSYLVANIA UNIFORM CONSTRUCTION CODE. ACT NO. 45 OF 1999

1. Construction Permit Application(s) are to be completed, signed and dated.
2. Pool plans and/or specifications
3. A site plan shall be submitted with the application. This can be obtained from the County GIS system – <http://www.beavercountypa.gov/Depts/Assessment/Pages/Property-Search.aspx>
4. The Municipality **MUST** sign off on the Zoning, Historical District and Flood Hazard form.
5. Provide proof of Workers Compensation Insurance or complete the addendum application stating that the work will be done solely by owner or by contractor without any employees.
6. Complete Energy Code Compliance form.
7. Sign OSHA Safety Standards Signoff form.
8. Return Items 1 through 7 to the Municipality.

Submission Checklist:

- Fence and gate details complying with code shown on plan
- Secured, lockable, code compliant barrier shown on plan
- If house is part of barrier, alarm information
- Number and location of all electrical devices shown on plan
- All equipment specifications included with permit (i.e., UL listed pump, etc.)
- Plans with all required information
- Barrier of either free standing fencing or fencing on top of pool as shown in plan
- For partially buried above ground pools, manufacturer's specs showing pool **can** be buried
- Overhead wire location in pool area (if any) must be shown on plan
- Plot plan showing pool, all appurtenance3s, and any existing structures with all accurately measured distances shown on same; appropriate clearances from overhead wires and structures/devices must be shown
- Gate swing must be shown on plan, and must show that it is self closing and self latching
- If contractor constructing, contractor paperwork (insurance cert) completed and submitted

NOTE: This list is not all inclusive and the Municipality reserves the right to add, delete, and change this requirement list at any time. Additional information may be required by the Municipality in order to approve and issue a permit. You will be notified of all applicable fees and per section 401.2. Once the permit fees are paid you will be given the permit placards that are to be placed in the window at the construction site and a list of all required inspections and the names and phone numbers of the inspectors.

INDEPENDENCE TOWNSHIP SET-BACK INFORMATION FOR SITE-PLAN USE

FRONT: 50' from edge of road right-of-way
REAR: 50' from property line
SIDES: 15' from property line
DRIVEWAYS: 5' from property line

(Lots on record prior to 1992 have 10' SIDE AND REAR setbacks)

REQUIRED INSPECTIONS UNDER PA UCC ACT 45-1999

PERMIT NO.: _____

LOCATION: _____

MUNICIPALITY: _____ COUNTY: _____

- (1) Upon receipt of approved building permit, such building permit must be posted on the job site so it is visible from the street and remain posted until a final inspection has been made. Approved plans must be retained on the job site. Where a Certificate of Occupancy is required, such building shall not be occupied until a final inspection has been made.
- (2) The approved building permit will become null and void if construction work is not started within 180 days of date the permit is issued as noted on the building permit. Work must be completed within five (5) years of date of issuance.

REQUIRED INSPECTION PROVIDED BY THE TOWNSHIP

These inspections may be scheduled Monday through Friday between 8:00 a.m. and 4:30 p.m. by contacting CHRIS JOLLIFFE, Building Inspector at 412-821-0337, Ext 54. Kindly give 2 working days advance notice. Electrical and Plumbing inspectors names and extensions are listed below.

Indicates if Required

- Footing** – prior to pouring but after reinforcement rods are in place.
- Foundation/Masonry** – before backfilling – walls must be parged and waterproofed – sill plate must be wolmanized (if within 8” of grade) with required anchor bolts in place.
- Electrical** – prior to covering structural members
Contact JOHN T. LUCCHESI @ 412-821-0337 ext. 55
- Plumbing** – prior to covering structural members.
Contact CHRIS JOLLIFFE @ 412-821-0337 ext. 54
- HVAC** - prior to covering structural members.
Contact CHRIS JOLLIFFE @ 412-821-0337 ext. 54
- Final Inspection** – prior to occupancy. Electrical and plumbing final inspection stickers must be given on site at this time.

NOTICE

ALL PERMITS require a final inspection. Requests for a final inspection give at least two (2) working days notice.

Building and Electrical Permits are required. However, no separate deck or fencing permits are required when installed in conjunction with the erection of a swimming pool.

CONSTRUCTION PERMIT APPLICATION FOR POOLS/SPAS AND HOT TUBS

DATE APPLICATION RECEIVED: _____

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

SUBDIVISION: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

POOL/SPA/HOT TUB BUILDING PERMIT

- In Ground Pool Above Ground Pool Hot Tub
 Spa Inflatable/Collapsible Pool Wading Pool

DESCRIPTION OF CONSTRUCTION: _____

TOTAL SQ. FT. OF CONSTRUCTION: _____ EST. COST OF CONSTRUCTION: _____

BUILDER NAME: _____ (INSERT "SELF" IF YOU ARE THE BUILDER)

DBA: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

X _____
APPLICANT/AGENT SIGNATURE PRINT NAME DATE

****FOR DEPARTMENT USE ONLY****

POOL BUILDING PERMIT APPLICATION APPROVED DENIED

	POOL PERMIT FEE	\$ _____
		\$ _____
BY: _____		\$ _____
DATE: _____	TRAINING FEE	\$ _____
PERMIT NO.: _____	TOTAL PERMIT FEE	\$ _____

REASON(S) FOR DENIAL: _____

COMPLETED BY ZONING OFFICER

ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

- ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIU OF THIS FORM.

===== FOR MUNICIPAL USE ONLY =====

ZONING SIGNOFF APPROVED DOES NOT APPLY

ADDITIONAL COMMENTS: _____

HISTORICAL DISTRICT SIGNOFF APPROVED DOES NOT APPLY

ADDITIONAL COMMENTS: _____

FLOOD HAZARD AREA YES NO
IF YES COMPLIANCE WITH § 403.62A(D)(1)(2)(3) IS REQUIRED

ADDITIONAL COMMENTS: _____

BY: SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

PHONE NUMBER: _____

WORKER'S COMPENSATION ADDENDUM

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

PART I

The Applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits (check one):

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

PART 11

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is 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: _____

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 un-sworn falsifications to authorities.

Signature: **X** _____ Title: _____

1. Any subcontractors used on this project will be required to carry their own workers' 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 Workers' 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.

OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

**I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR,
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
(OSHA) STANDARDS AND UNDERSTAND THAT I MUST
COMPLY WITH THESE STANDARDS FOR THE DURATION OF
MY CONSTRUCTION PROJECT.**

X

SIGNATURE OF APPLICANT/OWNER

DATE

COMPLETE ALL SECTIONS FOR SELECTED PERMIT

ELECTRICAL PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

CONTRACTOR SAME AS BUILDER CONTRACTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

TYPE OF ELECTRICAL WORK New Additional Repair/Alterations

UTILITY COMPANY: _____

WORK ORDER NUMBER: _____

DESCRIPTION OF WORK: _____

ESTIMATED COST OF ELECTRICAL WORK: \$ _____

NO:	EQUIPMENT	NO:	SIZE	EQUIPMENT	NO:	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	AMP Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	AMP Sub-Panels	_____	_____	KW Oven/Surface Unit
_____	Switches	_____	_____	AMP Sub-Panels	_____	_____	KW Electric Water Heater
_____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP/KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garbage Disposal	_____	_____	KW Electric Dryer Receptacle
_____	Spa/Hot Tub	_____	_____	KW FCentral A/C Unit	_____	_____	KW Baseboard Keat
_____	Swimming Pool	<input type="checkbox"/>	Above Ground	<input type="checkbox"/>	In Ground		
_____	Other	_____	_____				
_____	Other	_____	_____				

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

X _____
 APPLICANT/AGENT SIGNATURE PRINT NAME DATE

******FOR DEPARTMENT USE ONLY******

ELECTRICAL PERMIT APPLICATION APPROVED DENIED

BY: _____
 DATE.: _____
 PERMIT NO.: _____

ELECTRICAL PERMIT FEE	\$ _____
MUNICIPAL FEE	\$ _____
TRAINING FEE	\$4.50
TOTAL PERMIT FEE	\$ _____

THIS IS TO BE COMPLETED IF POOL WILL BE HEATED

MECHANICAL PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

CONTRACTOR SAME AS BUILDER

CONTRACTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

HEATING SYSTEM

New

Replacement

FUEL

Gas

Oil

Electric

Solar

DESCRIPTION OF WORK: _____

ESTIMATED COST OF MECHANICAL WORK: \$_____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

X

APPLICANT/AGENT SIGNATURE

PRINT NAME

DATE

******FOR DEPARTMENT USE ONLY******

MECHANICAL PERMIT APPLICATION APPROVED DENIED

MECHANICAL PERMIT FEE \$ _____

BY: _____

MUNICIPAL FEE \$ _____

DATE.: _____

TRAINING FEE \$4.50

PERMIT NO.: _____

TOTAL PERMIT FEE \$ _____