

**WHITE TOWNSHIP**  
**950 INDIAN SPRINGS ROAD**  
**INDIANA, PA 15701**

**Phone: 724-463-8585 Fax: 724-463-0705**



**BUILDING PERMIT & PLANS EXAMINATION APPLICATION**  
RESIDENTIAL and COMMERCIAL

Location (911 address) \_\_\_\_\_

Tax Parcel No. 42- \_\_\_\_\_ - \_\_\_\_\_ (leave blank if not known)

Type of Improvement/Project \_\_\_\_\_

Please Check One:

Commercial

Residential

Brief Description of Project

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Use \_\_\_\_\_

Total Cost of Project \_\_\_\_\_

**IS THE PROJECT IN A FLOOD HAZARD AREA**

Yes \_\_\_\_\_ \* No \_\_\_\_\_

\* If yes, submit one copy of the hazard certification mandated in Section 1612.5 of the International Building Code

**Characteristics**

Type of Frame \_\_\_\_\_

Public or Private Sewage \_\_\_\_\_ Permit # \_\_\_\_\_

Public or Private Water \_\_\_\_\_

Electricity Provider \_\_\_\_\_

Type of Heating Fuel \_\_\_\_\_

Central Air Conditioning Yes \_\_\_\_\_ No \_\_\_\_\_

Total Square Feet of Floor Areas (all floors) \_\_\_\_\_

Number of Stories \_\_\_\_\_

Finished Basement Yes \_\_\_\_\_ No \_\_\_\_\_

**Residential Only** No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_

**Commercial Only** No. of Off-Street Parking Spaces \_\_\_\_\_

**IDENTIFICATION**

**Owner**

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**Contractor**

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant (please check one)

Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Architect/Engineer \_\_\_\_\_ Other \_\_\_\_\_

**Signature**

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and we agree to conform to all applicable codes and laws of this jurisdiction

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**\*\* Please provide a sketch plan/drawing with set backs and two (2) sets of drawings. \*\*  
Commercial and/or Multi-Family Project drawings must be sealed by a design professional.**

<b>TOWNSHIP OFFICE USE ONLY</b>	
Code Enforcement Officer/Date	Sewage Enforcement Officer/Date

TKL Code Inspection, Inc.  
Phone 724-801-8204 Fax 724-801-8205  
www.tklinspection.com

**All applicable provisions of the UCC must be met on every discipline.  
Even if it is not depicted on the plans.**

**NO EXCEPTIONS**

**PLEASE NOTE - some projects may require Planning Commission approval**

# WORKERS' COMPENSATION INSURANCE COVERAGE

(attach to building permit application)

## APPLICANT INFORMATION

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## INSURANCE INFORMATION

Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes (I do have employees who are covered for Workers' Compensation Insurance)

If "Yes", please complete the information requested below

Applicant is a qualified self-insurer for Workers' Compensation

Insurance certificate attached and/or on file in office  
*White Township must be listed as certificate holder on the certificate*

Certificate verified by Township staff \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Name of Workers' Compensation Insurer \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

No (I do have employees and do not carry Workers' Compensation Insurance)

Signature of Applicant \_\_\_\_\_

## EXEMPTION

Complete this section if applicant is a contractor claiming exemption from providing  
Workers' Compensation Insurance

Property owner performing own work/acting as contractor

Contractor with no employees - **Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township**

Religious exemption under the Worker's Compensation Law

## NOTARIZATION - to be completed only if claiming an exemption

(Information in this section to be completed in the presence of a Notary Public)

I, \_\_\_\_\_, the above named applicant, do swear that the  
PRINT NAME

foregoing information is true and correct, and affix my signature hereto in the presence of a  
Notary Public.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

(Seal)

Commonwealth of Pennsylvania  
County of Indiana  
Municipality of White Township