BOROUGH OF SWISSVALE

COMMERCIAL BUILDING PERMIT APPLICATION

| SITE ADDRESS: | | | | SS: |
|--|---------------------------|--------------|-------|--------|
| LOT & BLOCK or TAX PARCEL | | | | |
| BUILDING USE GROUP: (check all that apply) | | | | |
| ☐ A-2 ☐ A-2 ☐ A-3 ☐ F-1 ☐ F-2 ☐ H-1 ☐ I-1 ☐ I-2 ☐ I-3 ☐ R-3 ☐ R-4 ☐ S-1 | ☐ H-2 ☐ _{I-4} | ☐ H-3 ☐ M | ☐ H-4 | П н-5 |
| PROJECT DESCRIPTION: | | | | |
| ☐ NEW CONSTRUCTION ☐ ADDITION ☐ RETAINING WALL (Over 4 feet in height) GROSS FOOTAGE AREA (GFA): ESTIMATED START DATE: APPLICANT OR AUTHORIZED AGENT: | ROOF DECK | REPLACEMENT | OTHER | |
| | | | | 9 |
| APPLICANT NAME:APPLICANT ADDRESS: | | | | |
| PHONE: CELL: | | | | |
| E-MAIL | | | | |
| PROPERTY OWNER: SAME AS APPLICA | | | | |
| OWNER NAME: | | ***** | | N C |
| OWNER ADDRESS: | | | | NUMBER |
| PHONE:CELL: | | | | 1 70 |
| E-MAIL | | | | |
| CONTRACTOR: SELF | | | | |
| CONTRACTOR NAME: | | | | |
| CONTRACTOR ADDRESS: | | | | N N |
| PHONE: CELL: | | | | • |
| CONTACT NAME: | | | | |
| PA HOME IMPROVEMENT CONTRACTOR REGISTRA | | | | |
| DESIGN PROFESSIONAL (ARCHITECT or ENGINEE | | | | |
| NAME: | | | | |
| ADDRESS: | | | | |
| PHONE: CELL: | | | | 1 |
| MAIL: PA LICENSE NUMBER: | | | | |

| If this building, structure or unit is not currently occupied, no occupancy is permitted until an occupancy permit is issued in compliance with ordinance 89-6. This project will be constructed in accordance with the approved drawings and/or specifications and in compliance with the Pennsylvania Uniform Construction Code and all other applicable codes and ordinances. Any changes to the project from the submitted plans or documents must be approved by the Building Code Official. All plumbing work must be inspected by the Allegheny County Department of Health Plumbing Division. All electrical work shall require an electrical permit which is not included with this building permit. All electrical inspections shall be conducted by the borough's recognized electrical inspection agency. The owner or applicant agrees to provide any additional information as may be required by the Building Code Official. The Borough of Swissvale and its authorized representatives shall have the authority to enter areas covered by such permit at any reasonable hours to inspect and enforce applicable provisions of the codes and ordinances. Applicant shall provide and attach hereto a copy of the construction contract with the licensed contractor. Contractor shall provide and attach hereto a signed copy of the Workers' Compensation Addendum. | DETAILS OF WORK TO | BE PERFORMED: | | | |
|--|--|---|--|--|--|
| (ADD ADDITIONAL PAPER AS NECCESARY TO COMPLETE DETAILS) LOT DIMENSIONS AND COVERAGE INFORMATION: LOT DIMENSION: | | | | | |
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| ZONING DISTRICT: ZONING COMPLIANCE? | ZONING DISTRICT: | ZONING COMPLI | IANCE? LI | ES LINO USE GROU | P: |

WORKERS' COMPENSATION ADDENDUM

(REQUIRED TO BE ATTACHED TO ALL BUILDING PERMIT APPLICATIONS)

| SITE ADDRESS | | |
|---|---|---|
| PART 1 | | |
| The Applicant for the building | g permit, in compliance with Act 44 of 1993, | hereby submits (check one): |
| | e OR Certificate of Self-Insurance (must be a | 10 9900 |
| ☐ Affidavit of Exemption | | , |
| PART II | | |
| Basis and Affidavit of Exempti | on | |
| Applicant is an Individu | ual who owns the property. | |
| ☐ Contractor/Applicant i | s a sole proprietorship without employees | |
| ☐ Contractor/Applicant i | s a corporation, and the only employees wo Employees" under Section 104 of the Work | orking on the project have and are ker's Compensation Act. |
| ☐ All of the contractor/a | pplicant's employees on the project are exe /orkers' Compensations Act | |
| Other: Please explain: | | |
| | | |
| | | |
| My signature on behalf of or a that the statements contained relating to un-sworn falsificati | as the contractor/applicant for this building distance true and that I am subject to the on to authorities. | permit constitutes my verification e penalties of 18 Pa. C.S.A. 4904 |
| Printed Name | Signature | Date |