

BOROUGH OF FOX CHAPEL

401 Fox Chapel Road • Pittsburgh, PA 15238

Dan Moretti, Zoning Administrator

412/ 850-5023 dmoretti@fox-chapel.pa.us

Building Permit Application

(Please print clearly or type all information. The application with all other submitted items should be emailed to dmoretti@fox-chapel.pa.us)

LOCATION OF PROPOSED CONSTRUCTION OR IMPROVEMENT

Street Address: _____ Block & Lot Number: _____

Owner(s): _____ Phone: _____

Mailing Address: _____ Email: _____

Applicant/Contractor: _____ Phone: _____

Mailing Address: _____ Email: _____

Design Professional: _____ Phone: _____

Design Firm: _____ Email: _____

TYPE OF CONSTRUCTION OR IMPROVEMENT

New Structure: _____ Addition: _____ Structural Alteration: _____ Structural Repair: _____

Exterior Deck >30" from grade (measured 36" horizontal from walking surface): _____

Retaining wall > 4' in height w/engineered drawings: _____

Swimming Pool > 24" in height above ground or all in-ground pools: _____ (All filters require a safe waste and an enclosure. Must include information on all plans submitted to the Borough.)

Demolition: _____ (PA One Call Required) Roof replacement (commercial only): _____

DESCRIPTION OF PROPOSED CONSTRUCTION OR IMPROVEMENT

RESIDENTIAL - 2 sets of stamped drawings and 1 site plan (exterior site improvements)

COMMERCIAL - 3 sets of stamped drawings and 1 site plan (exterior site improvements)

Application must be completed in full and submitted with signed and dated applicable sections of Building Permit Requirements packet.

EST. COST OF CONSTRUCTION: (Required for calculation of permit fees) _____

Applicant and contractor/agent agree by signature of this application that all included information is correct and all regulations regarding this permit have been reviewed.

Printed Name of Owner(s)/Agent

Signature of Owner(s)/Agent

Date

Printed Name of Applicant/Contractor

Signature of Applicant/Contractor

Date

Borough Use Only: _____

Permit No. _____ Date Issued: _____ Borough Personnel: _____

BOROUGH OF FOX CHAPEL

Building Permit Submission Requirements

NOTE: EFFECTIVE FEBRUARY 14, 2022, THE 2018 INTERNATIONAL RESIDENTIAL CODE WITH SOME AMENDMENTS ARE APPLICABLE.

Submission Requirements:

The following projects are required to obtain a Borough of Fox Chapel Building Permit prior to the start of construction:

- New structures
- Additions
- Structural alterations and repairs
- Demolitions
- Exterior decks > 30" from grade (measured 36" horizontally from walking surface)
- Retaining walls > 4 feet in height
- Swimming pools > 24" in height above ground and all in-ground
- Roof replacement – commercial only

The following items must be submitted with the completed Building Permit Application (Note: an electronic version is required for all submissions. Please email to dmoretti@fox-chapel.pa.us):

- Two sets of drawings of the proposed construction (three sets for commercial projects). One copy of the drawings must have the original seal and signature of a registered design professional, engineer or architect. (The stamped seal requirement may be waived for smaller projects – see Building Official)
- Two copies of the site plan/survey indicating the location of the proposed structure. One copy must be an original stamped and signed survey of the property. (Copies of the survey may be accepted for smaller projects – see Building Official)
- The general contractor for the project shall provide a completed workers compensation insurance certificate or notarized exemption form.

The following additional items may be required:

- PA Department of Environmental Protection permit for any stream crossing.
- PennDOT Highway Occupancy Permits for driveways on State roads.
- PA One Call for excavations
- Allegheny County Plumbing Department permit and/or electrical Inspection verification.
- Engineering reviews or certifications.

Fees:

The cost of the building permit is based on valuation of structures, determined by current building valuation data reports provided by the ICC or the builder's estimate, whichever is greater. See Fee Schedule for amounts.

**BOROUGH OF FOX CHAPEL
CONTRACTOR REGISTRATION FORM**

This form must be completed by any contractor who engages in any act regulated by the Commonwealth of Pennsylvania Uniform Construction Code (UCC) and/or performing home repairs valued at \$400.00 or more, or by any contractor making application for a building permit.

Name _____

Home Address _____

Telephone () _____ FAX () _____ Email _____

Driver's License Identification _____

Company _____

Address (if different) _____

Telephone () _____ FAX () _____ Email _____

Tax Number: _____ Federal _____ State _____ Allegheny County

Does this company do business under any other name? If so, please list:

This company is a (check one):

- ☐ Sole Proprietorship
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Limited Partnership
☐ Joint Venture
☐ Other _____

List name(s) of other partners/shareholders/officers of the corporation with at least 10% interest:

- ☐ Name: _____ Title: _____
- ☐ Name: _____ Title: _____
- ☐ Name: _____ Title: _____
- ☐ Name: _____ Title: _____

Does the named registrant or company have insurance/Workman's Compensation coverage?

- ☐ Yes, _____ General Liability ☐ Yes ☐ No
Automobile Liability ☐ Yes ☐ No
- ☐ No

Name of Insurer _____

Address _____

Telephone () _____

Policy Number _____

***Please attach Certificate of Insurance with Borough of Fox Chapel as certificate holder.**

Number of employees:

- ☐ 1-4
☐ 5-10
☐ 11-20
☐ 21 +

Identify the nature of the contracting business being registered (check all that apply):

- ☐ New Home Construction
☐ HVAC
☐ Plumbing
☐ Electrical
☐ Masonry/Concrete
☐ Painting/Plaster
☐ Roofing
☐ Deck/Patio
☐ Waterproofing
☐ General

List municipality or municipalities of principal operation (defined as 6 or more contracts within the preceding 12 months)

Are you registered with any other municipalities? If so, please list:

Has any named registrant ever been convicted of a criminal offense related to a home improvement transaction, fraud, theft, a crime of deception or a crime involving fraudulent business practices?

- ☐ Yes
☐ No

Has any named registrant ever had a civil judgment entered against the registrant or a business in which the registrant held an interest that was related to a home improvement transaction?

- ☐ Yes
☐ No

Has any named registrant been suspended or debarred from participating in any Federal, State or local program through which funding or other assistance is provided to consumers for home improvements within the last ten years?

- ☐ Yes
☐ No

Has any named registrant ever been refused a building permit?

- ☐ Yes. If yes, identify municipality involved: _____
☐ No

Has any named registrant ever been refused an occupancy permit after completion of a home improvement contract?

☐ Yes. If yes, identify municipality involved: _____

☐ No

Has any named registrant ever been issued a stop work order?

☐ Yes. If yes, identify municipality involved: _____

☐ No

How many years has this company been in business? _____

How many contracts have been successfully completed in the last two (2) years? _____

At which financial institution does the company maintain a checking account?

Has the company ever been in bankruptcy? ☐ Yes ☐ No If Yes, in what year? _____

Please list three customer references:

Name _____

Address _____

Telephone () _____

Name _____

Address _____

Telephone () _____

Name _____

Address _____

Telephone () _____

MY SIGNATURE 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.

Signature

Date:

Name (Please Print)

Title

BOROUGH OF FOX CHAPEL
Workers' Compensation Insurance
Addendum to Building Permit

**For completion, by the
Building Code Official:**

Date Issued ____/____/____
Permit No. _____

ALL APPLICANTS MUST COMPLETE THE FOLLOWING AS REQUIRED BY THE
PENNSYLVANIA WORKMAN'S COMPENSATION ACT, SECTION 302:

- I. Application for
Property Owner/Agent: _____

Street Address: _____

Telephone No.: _____ (Home) _____ (Office)

Lot & Block No.: _____ - _____ - _____
- II. The contractor/applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):
- ☐ Certificate of Insurance with Borough of Fox Chapel named as policy certificate holder (please attach)
- ☐ Certificate of Self-Insurance (please attach)
- ☐ Claim of Exemption
- III. 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: _____

Telephone No.: _____

Policy No.: _____ Coverage Period Ends: _____

Name of Contractor/Policyholder: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Contractor/Policyholder's Federal/State Employer Identification Number (EIN): _____

Addendum to Building Permit

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 as 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.
6. The contractor/applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

IV. If an exemption is being claimed, please complete this section and if applicable, complete and sign the required Workers' Compensation Insurance Affidavit in the presence of a notary public:

Basis for exemption (check one):

- ☐ Applicant is an individual who owns the property.
a) Workers' Compensation Insurance Affidavit attached _____
- ☐ Contractor/Applicant is a sole proprietorship without employees.
a) Workers' Compensation Insurance Affidavit attached _____
- ☐ 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:

BOROUGH OF FOX CHAPEL
Workers' Compensation Insurance Affidavit

The undersigned affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons as indicated:

- ☐ Property owner performing own work. **If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.**
- ☐ Contractor has 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 municipality.**
- ☐ Religious exemption under the Workers' Compensation Law. **All employees of contractor are exempt from workers' compensation insurance. (Attach copies of religious exemption letters for all employees.)**

Signature of Applicant

I understand that failure to comply will result in a Stop-Work Order and that such Order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the Act of June 2, 1915 (P.L. 736), known as The Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. (P.L. 190)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Signature of Notary Public)

(Seal)

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.

Signature

Name (Please Print)

Title

Name of Company

NOTE: Applicant's copy to be attached to permit and posted. Municipality's copy to be filed with its permit copy.

FALSE FIRE ALARM NOTICE TO ALL CONTRACTORS

Most homes in Fox Chapel Borough have fire and smoke detectors tied into a central dispatching center. Many of these detectors are extremely sensitive and can be set off by sawdust, sanding fumes, and other by-products of home construction and remodeling. These false alarms result in Police Department and Fire Department personnel being exposed unnecessarily to the risks that occur when they respond to what they believe to be a real emergency.

The Code of the Borough of Fox Chapel, Chapter 125 Alarm Systems, §125-7 Fines, holds those individuals who cause false alarms responsible for their actions and subjects them to a fine as high as \$1,000 for each offense. You are directed, therefore, to take whatever steps are necessary to prevent false fire alarms as a result of the activities of your employees or any subcontractor who may be working on the site. These steps may include, but are not limited to, covering the smoke detectors and/or notifying the alarm company to disregard alarm calls during the hours that the work will be in progress. However, it is vitally important that the alarm system be fully operational at the conclusion of each day's activities.

The undersigned hereby acknowledges that they have read this Notice and fully understand their responsibilities to take appropriate steps to prevent false alarms resulting from their construction activities and those of any subcontractor working on the site and that failure to do so could result in a fine of up to \$1,000 for each false alarm.

Name of Contractor (Printed)

Signature

Date