

**COLERAIN TOWNSHIP
BUILDING-ZONING- FIRE PROTECTION
ELCTRICAL-PLUMBING-HVAC-DRIVEWAY
PERMIT APPLICATION**

1803 Kirkwood Pike * Kirkwood, PA 17536
717-529-2570 (phone) * 717-529-2199 (fax)
www.coleraintwppa.com

1. OWNER Email-	
Name:	Phone Number: ()
Address:	City, State, Zip:

2. APPLICANT Email-	<input type="checkbox"/> CHECK IF SAME AS OWNER
Name:	Relationship to Owner:
Address:	Phone Number: ()
City, State, Zip:	Fax Number: ()

3. LOCATION OF JOB	
Site Address:	

Please include HVAC Plans as well as Plumbing Plans with your Building plans

4. PERMIT-TYPE OF WORK (one per application)	
<input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial	<input type="checkbox"/> Building <input type="checkbox"/> Zoning <input type="checkbox"/> Fire Protection
Flood Zone-	<input type="checkbox"/> Driveway
<input type="checkbox"/> New Home <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Pool <input type="checkbox"/> Fence <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Shed	
<input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Demolition <input type="checkbox"/> **Electrical** <input type="checkbox"/> Other (Fire Protection-see below)	
<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire-Sprinkler System <input type="checkbox"/> Standpipe System <input type="checkbox"/> Dry/Wet Chemical System <input type="checkbox"/> Fire Hydrants	
Description of Work:	Total Project Cost: \$

5. CONTRACTOR Email:		<input type="checkbox"/> CHECK IS SAME AS APPLICANT
Name: _____		
Address: _____	Phone Number: () _____	
City, State, Zip: _____	Fax Number: () _____	

6. WORKMEN'S COMPENSATION INSURANCE COVERAGE INFORMATION	
THE APPLICANT IS: THE OWNER OF THE PROPERTY? <input type="checkbox"/> YES (if yes GO TO BOX A) <input type="checkbox"/> NO (if no GO TO BOX B)	
BOX A. SIGN HERE & GO TO STEP VIII:	
BOX B. CONTINUE FILLING OUT SECTION VII:	
THE APPLICANT IS: A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKER'S COMPENSATION LAW?	
<input type="checkbox"/> YES OR <input type="checkbox"/> NO (Continue to Box C)	
BOX C: SIGN HERE & GO TO STEP VIII:	

7. APPLICANT SIGNATURE	
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I AM THE HOMEOWNER OR HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT AND WE AGREE TO ALL APPLICABLE LAWS OF THIS JURISDICTION.	
Applicant Name (print): _____	Date: ____/____/____
Applicant Signature: _____	

- PLEASE NOTE: Before any application can be given to a Building Inspector for review, the following IS REQUIRED...
- 1- PA State Registration# _____ (for Residential Only)
 - 2- Workers Compensation Certificate attached (or Page 4 notarized for exemption) (For Commercial Applications Only)
 - 3- Payment of all Application fees
 - 4- Stamped Electrical Plans from an Electrical Inspection Agency IF you are doing ANY electrical work as part of this application
 - 5- A Site or Plot Plan MUST be included with this application showing all Street locations, all setbacks from property lines to proposed work, and all easements, right of ways, basins and any other restricted features on site. (Attach copy or draw on Page 3)
 - 6- If required, a copy of your Home Owners Association (HOA) approval letter MUST be attached for all outside work.

All Applicants building an addition, a new home or a new building MUST complete the following information:

8. SITE INFORMATION
Fuel Source: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other (List)

9. BUILDING INFORMATION

Building Code Use Group:	Specific Use:
Change in Use <input type="checkbox"/> Yes <input type="checkbox"/> No- if YES, attach Change of Occupancy Form.	
Existing Building Area (In Square Feet):	
Total Building Area (In Square Feet):	
Height of Structure Above Grade:	
Maximum Occupancy Load (Commercial Applications Only):	
Maximum Live Load (Commercial Applications Only):	
Is Building equipped with an Automatic Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Code Edition:	

10. DRAW PLOT PLAN HERE OR ATTACH DRAWING

11. WORKERS' COMPENSATION EXEMPTION

COMPLETE IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION
FROM WORKERS' COMPENSATION INSURANCE.

The undersigned swears or 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:

- 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 Workers' Compensation Law.

Applicant Signature _____