

**CUSTOMER ASSISTANCE GUIDE**  
**BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

**COMMERCIAL AND MULTI-FAMILY**

- Please read all of the following information.
- The following is a check list. You must have a "checkmark" in all the sections listed below prior to submitting your application

\_\_\_\_\_ Sub-division and land development approval, zoning approval, storm water management approval, if required.

Plan Review options:

\_\_\_\_\_ Plans may be submitted electronically (**Preferred Method**) by going to our website, [www.mdia.us](http://www.mdia.us), and click on Offices, click on Plan Review and then Submit Plans. If using the electronic method, once the plans are approved, they will be returned to the design professional and it will be their responsibility to make as many hard copies as needed and provide them to the BCO and the municipality so the permit can be issued. No permits will be issued and construction **shall not** start until all applicable fees are paid. It is then required that a completed set of stamped plans be on the jobsite and made available to the field inspector during the construction.

OR

\_\_\_\_\_ 3 (three) complete paper sets of sealed drawings, including specification books from a PA registered design professional that show in detail code compliance for all work proposed.

\_\_\_\_\_ A site plan showing the outside dimensions of the proposed structure, including distances in feet to the front, sides and rear property lines.

\_\_\_\_\_ Sewer permit.

\_\_\_\_\_ Workers' compensation insurance certificate or an affidavit of exemption.

\_\_\_\_\_ Location of parking spaces, accessible routes, public transportation stops and other required accessibility features.

\_\_\_\_\_ Highway access permit Penn Dot/Municipal, if required.

\_\_\_\_\_ Plan review/fee (permit clerk will calculate).

\_\_\_\_\_ Automatic fire sprinkler system designed in accordance with NFPA 13 where applicable.

\_\_\_\_\_ Completed building permit application.

MDIA will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked "approved". A building permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Municipal Building. All fees shall be paid prior to the issuance of the permit. Then use the inspection procedures provided to have all of the required inspections performed.

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**EXISTING COMMERCIAL AND MULTI-FAMILY**

Section (403.42.)

An owner or authorized agent who intends to construct, enlarge, alter, repair, move, demolish, or change the occupancy or use of a commercial building, or to erect, install, enlarge, alter, repair, remove, convert or replace any electrical, gas, mechanical, or plumbing system regulated by the Uniform Construction Code, shall apply to the building code official and obtain the required permits.

A permit applicant shall submit an application to the building code official, and attach construction documents, including sealed plans and specifications if changes are needed to the building to comply with the code for the new occupancy.

A licensed architect or licensed professional engineer shall prepare the construction documents under the architect's licensure law.

This may be submitted in letter form from the architect or engineer if the building complies with the code for the change of use or occupancy. Also submit a copy of the certificate of occupancy issued by the Department of Labor and Industry for the existing building if it is available.

Plans may be submitted electronically (**Preferred Method**):

By going to our website, [www.mdia.us](http://www.mdia.us), and click on Offices, click on Plan Review and then Submit Plans.

Attached is a check list of required code information needed for review of plans.

Borough of Zellenople

**Plan Examination and Building Permit Application**

*\*All information requested must be provided in order for this application to be processed \**

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ (required for electronic submittal)

Owner's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Builder's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ (required for electronic submittal)

Applicant is homeowner? yes \_\_\_\_\_ no \_\_\_\_\_  
Workers' Compensation Certificate is provided with application? yes \_\_\_\_\_ no \_\_\_\_\_  
Applicant is "exempt" ( no employees ) and form is completed with application ? yes \_\_\_\_\_ no \_\_\_\_\_

Location of property between streets \_\_\_\_\_ and \_\_\_\_\_  
Approximate starting date \_\_\_\_\_ Approximate ending date \_\_\_\_\_  
Homeowner \_\_\_\_\_ or Contractor \_\_\_\_\_ will remove and dispose of all materials or refuse from project.

Type of Improvement:  
\_\_\_ new construction  
\_\_\_ addition  
\_\_\_ alteration  
\_\_\_ relocation  
\_\_\_ repair  
\_\_\_ fence  
\_\_\_ wall  
\_\_\_ other \_\_\_\_\_

Proposed Use :  
\_\_\_ single family  
\_\_\_ commercial business  
\_\_\_ mobile / modular home  
\_\_\_ shed  
\_\_\_ porch / deck  
\_\_\_ garage  
\_\_\_ barn  
\_\_\_ pool, inground / above

Category :  
\_\_\_ residential  
\_\_\_ commercial  
\_\_\_ industrial  
\_\_\_ institutional  
\_\_\_ school  
\_\_\_ church  
\_\_\_ public utility  
\_\_\_ other : \_\_\_\_\_

Characteristics :  
\_\_\_ brick, stone, block  
\_\_\_ vinyl siding  
\_\_\_ wood frame  
\_\_\_ metal frame  
\_\_\_ concrete, cement  
\_\_\_ other \_\_\_\_\_

Number of Rooms  
\_\_\_ bedrooms  
\_\_\_ full baths  
\_\_\_ half baths

Construction Costs  
Basic \$ \_\_\_\_\_  
Electrical \$ \_\_\_\_\_  
Plumbing \$ \_\_\_\_\_  
Heating \$ \_\_\_\_\_  
Air Cond. \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

Sewage Disposal  
\_\_\_ public  
\_\_\_ private

Water Supply  
\_\_\_ public  
\_\_\_ private

Roadway  
\_\_\_ public, state or local  
\_\_\_ private, lane or drive

**\*FOR NEW CONSTRUCTION, A FEE MAY BE REQUIRED FOR A WATER TAP AND MUST BE PAID BEFORE A PERMIT WILL BE ISSUED\***

Type of Heating  
\_\_\_ gas  
\_\_\_ oil  
\_\_\_ electric  
\_\_\_ propane  
\_\_\_ forced air  
\_\_\_ baseboard  
\_\_\_ other

Miscellaneous  
\_\_\_ # of windows  
\_\_\_ fireplaces  
\_\_\_ central A/C  
\_\_\_ elevator  
\_\_\_ other

Number of Parking Spaces  
\_\_\_ enclosed  
\_\_\_ unenclosed

Setbacks of New Structure  
\_\_\_ front  
\_\_\_ left side  
\_\_\_ right side  
\_\_\_ rear

Dimensions of New Structure  
\_\_\_ X \_\_\_ (footprint)  
\_\_\_ number of stories  
\_\_\_ sq. ft. of living space (NOT garage)  
\_\_\_ sq. ft. of garage (attached or unattached)  
\_\_\_ sq. ft. of basement (finished or not)  
\_\_\_ Total Square Footage

Size of Lot or Parcel  
\_\_\_ front  
\_\_\_ left side  
\_\_\_ right side  
\_\_\_ rear  
\_\_\_ total square footage  
\_\_\_ total acreage

Other Structures on Property  
\_\_\_ house  
\_\_\_ mobile home  
\_\_\_ garage  
\_\_\_ barn  
\_\_\_ shed  
\_\_\_ pool (in-ground or above)

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I hereby certify that the statements contained herein are true and correct to the best of my knowledge.

Applicant (sign) \_\_\_\_\_

Date \_\_\_\_\_

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(Office use only)

Zone \_\_\_\_\_ Map# \_\_\_\_\_ Parcel # \_\_\_\_\_ Lot # \_\_\_\_\_ Subdivision: Y or N

Application Received: \_\_\_\_\_  
Reviewed: \_\_\_\_\_  
Approved: \_\_\_\_\_

Permit Issued: \_\_\_\_\_  
Number: \_\_\_\_\_  
Fee: \_\_\_\_\_

Code/Zoning Officer: \_\_\_\_\_

Building Insp.: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

## INFORMATION REQUIRED FOR PLAN EXAMINATION AND BUILDING PERMIT APPLICATION

- 1) No building or structure shall be erected, placed, added to, or structurally altered until a Plan Examination & Building Permit Application has been completed by the applicant and received by the Code Enforcement/Zoning Officer and a building permit has been issued by the Building Inspector.
- 2) The Zoning Officer shall receive the completed application and upon approval will then forward to the Building Inspector. The following information is requested before a building permit will be issued: worker's compensation insurance coverage or affidavit of exemption and construction drawings.
- 3) The following is required to be submitted with the application: three (3) copies of a layout or plot plan (drawn to scale) showing the actual dimensions of the lot, parcel, or tract of land to be built upon; the exact size and location of the building or structure being built, erected, or moved including setbacks; and any accessory buildings or structures located on such property.
- 4) Other such information may be deemed necessary by the Zoning Officer and Building Inspector to determine and provide for the enforcement of the Zoning Ordinance and building codes of the Borough of Zelenople.

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### *Zelenople Borough Directory*

Code Enforcement/Zoning Officer	724-452-3002
Building Inspector/M.D.I.A.	1-866-884-6343
Electrical Inspector/M.D.I.A.	1-800-608-6342
Street Department	724-452-7393
Electric Department	724-452-7260
Water Department	724-452-8570
W.B.C.A. (sewer)	724-452-5501
Borough Office	724-452-6610
Borough Fax	*724-452-6613

**ZELIENOPE BOROUGH**

Workers' Compensation Insurance Coverage Certification

Applicant Information:

- Landowner
- Contractor
- Other

**If other, please indicate relationship to landowner on whose behalf the building permit is sought and occupation of applicant:** \_\_\_\_\_

\_\_\_\_\_

CONTRACTOR INFORMATION:

Name of Contractor: \_\_\_\_\_

Form of Business: \_\_\_\_\_  
(sole proprietorship, corporation, partnership, etc.)

Address: \_\_\_\_\_  
(street name and number)

\_\_\_\_\_ (city, county, state and zip)

Federal or State Employer Identification Number: \_\_\_\_\_

**CONTRACTORS MUST SUPPLY PROOF OF WORKERS' COMPENSATION COVERAGE (Certificate of Insurance) BEFORE A PERMIT WILL BE ISSUED.**

\*Submit with permit application or fax to building Official at 724-452-6613\*

The undersigned (if a non-exempt contractor) hereby certifies to be insured with workers' compensation coverage which meets the requirements of the Workers' Compensation Act and Occupational Disease Act (2) the insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder; (3) any subcontractor used on this project will be required to carry their own workers' compensation coverage; and (4) the contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of worker' compensation coverage.

**Contractor's Exemptions from Workers' Compensation Coverage (if applicable):**

The undersigned (if a contractor) certifies 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 is sole proprietorship with no employees
- Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 1047 of the Workers' Compensation Act.
- All of the contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.
- Others. Please explain: \_\_\_\_\_

**Certification:** (Must be completed by all applicants)

The undersigned contractor/applicant for building permit hereby certifies that no persons shall be employed to perform work on the project for which the building permit is issued without complying with the requirements of the Workers' Compensation Law concerning coverage, and acknowledges that violation of the Workers' Compensation Act or the terms of this permit will subject the undersigned to a stop-work order and other fines and penalties provided by law.

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. S4094 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company

THIS FORM REQUIRES A NOTARY SEAL

**AFFIDAVIT OF EXEMPTION**

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

\_\_\_\_ Property owner performing own work. If property owner does hire a 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

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

Subscribed, sworn to and  
acknowledged before me  
by the above \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_.

SEAL

\_\_\_\_\_  
Notary Public