

General Building Permit Application

Scott Township
301 Lindsay Road
Carnegie, PA. 15106
412-276-5300 Ext 21

For Internal use only – to be completed by Code Enforcement Office

Zoning District _____ Lot & Block _____ Zoning Hearing **Y / N**

All sections of this application must be completed in their entirety or the application will be rejected. Please note that applications will be processed in the order that they are received.

PROPERTY OWNER

Property Address _____

Property Owner _____

Owner Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

CONTRACTOR

Company Name _____

Contact Name _____

Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

PA Certification No. _____

DESIGN PROFESSIONAL

Company Name _____

Contact Name _____

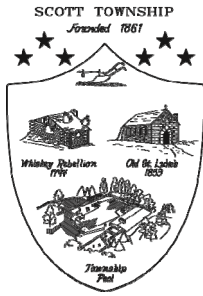
Address _____

City, State _____ Zip Code _____

Phone No. _____ Cell Phone No. _____

Email Address _____

Design Professional License No. _____



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All designs must meet the respective 2015 international Building Code (IBC) or 2015 International Residential Code (IRC) as amended by the Pennsylvania Uniform Construction Code (UCC)

IMPORTANT: All submittals must include the application fee. One (1) copy of the completed Payment Verification Form, Two (2) copies of the completed application and Three (3) copies of all plans & specifications. Three (3) copies of a Site Plan/Land Survey is required with all applications.

Please provide the following information as applicable for the work for which a construction permit is sought.

Site Plan: _____

Architectural Drawings: _____

Structural Drawings: _____

Soil Report: _____

Mechanical Drawings (i.e. Elect., Plumb., HVAC): _____

Additional documents/information may be required as deemed necessary by the Building Code Official (BCO)

Construction Type: _____

Occupancy Use Group: _____

Describe Project:

Estimated Cost of Total Project \$ _____ (material & labor)

I hereby agree to be bound by the provisions of the ordinances, specifications, regulations and restrictions as may be imposed by Scott Township regarding this application. I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to the criminal penalties of 18 Pa. C.S. as 4904, relating to unsworn falsification to authorities.

Property Owner's Signature

Date of Application

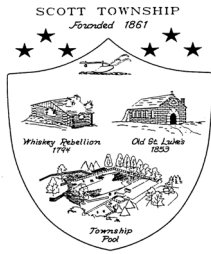
Print Property Owner's Name

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Fee \$ _____

Code Enforcement Officer's Signature

Date Approval



Scott Township Verification of Payments

Note: This section is to be completed by the Property Owner and included with the permit application package. No permits will be approved if past due payments are owed.

Date: _____ **Lot/Block:** _____

Property Address: _____

Property Owner: _____

Owner's Street Address: _____

City/State: _____ **Zip Code:** _____

Owner's Phone Number: _____

Note: This section is to be verified and completed by the Tax Office:

Real Estate Taxes Paid: **Yes:** _____ **No:** _____

Sewer Bill Paid: **Yes:** _____ **No:** _____

Other Municipal Fees, Taxes
and/or Liens: **Yes:** _____ **No:** _____

Earned Income Taxes Paid: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____

Note: The Tax Office is to also validate the above information with the Delinquent Tax Collector and the Act 511 Tax Collector

Other Fees, Charges,
Judgements and/or Liens: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____