

General Building Permit Application

Scott Township 301 Lindsay Road Carnegie, PA. 15106 412-276-5300 Ext 216

For Internal use only – to be	completed by Code Enfo	rcement Office	
Zoning District: Lot 8	ß Block:		Zoning Hearing: Y / N
All sections of this application r Please note that applications w	•	•	•
PROPERTY OWNER			
Property Address			
Property Owner			
Owner Address			
City, State			Zip Code
Phone No	Cell P	Phone No	
Email Address	_		
CONTRACTOR			
Company Name			
Contact Name			
Address			
City, State			Zip Code
Phone No	Cell P	Phone No	
Email Address	_		
PA Certification No			
DESIGN PROFESSIONAL			
Company Name			
Contact Name			
Address			
City, State			Zip Code
Phone No	Cell P	Phone No	
Email Address			
Design Professional License	No		



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All plans must comply with the respective 2018 International Building Code (IBC) or 2018 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 are 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): _____ COMcheck Form: 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. **Property Owner's Signature Date of Application Print Property Owner's Name** For internal use only – to be completed by Code Enforcement Office Fee \$_____ **Code Enforcement Officer's Signature**

Date Approval



Scott Township Verification of Payments

Note: This section is to be completed permit application package. No perm		
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 a		
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 valida Collector and the Act 511 Tax Collect		rmation with the Delinquent Tax
Other Fees, Charges, Judgements and/or Liens:	Yes:	No:
Verified By:		Date:

Updated: April 2020