

# Catharine Township Municipality

1229 Recreation Drive, Williamsburg, PA 16693  
Email: catharinetownship@yahoo.com

Phone: 814.832.3851  
Website: catharinetownship.org

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Required checklist to obtain a building permit for:

## ROOF

- Complete 2 page Application for Building Permit/Use Certificate.
- Include a descriptive narrative which must indicate existing materials and proposed materials.
- Land Use Permit (signed and approved by Municipality).
- Set of framing plans \*A porch roof associated with a Manufactured Dwelling may bear no weight on the Dwelling itself. The roof must be self-supporting.
- Site plans (include all existing structures, proposed structure and their distances to all lot lines).
- Worker's Compensation Insurance Coverage Information Form
- Driving instructions

Includes adding a new roof over a porch, deck, patio, etc.

Replacing an existing roof: shingles with shingles or metal to metal – Township permit

Replacing an existing roof: shingles with metal or metal to shingles – CCIS permit

- ⇒ After submitting all required documents your application will be reviewed.
- ⇒ CCIS will contact you to let you know if your application has been approved or denied (if applicable).
- ⇒ When the project is approved you will be notified the Building Permit is ready. Prior to obtaining the building permit all charges (i.e. municipality, administrative, inspection fees...) must be paid.
- ⇒ Be advised additional fees may be applied throughout the project for failed or missed inspections.

# APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE

Permit Number: \_\_\_\_\_

## Property / Site Information

Site Address: \_\_\_\_\_  
Complete address/City/State/Zip

Municipality: \_\_\_\_\_ County: \_\_\_\_\_ Tax Map #: \_\_\_\_\_

Use:  Residential \_\_\_Single-Family dwelling \_\_\_Multi-Family \_\_\_New \_\_\_Manufactured/Modular Home

Commercial \_\_\_Other \_\_\_\_\_ Floodplain present: Yes No

Improvement Type: New Addition Alteration Repair/replacement Relocation

Other \_\_\_\_\_

## Land / Property Owner's Information

First Name \_\_\_\_\_ Mi. \_\_\_\_\_ Last Name \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## Building Permit Application

Provide a description of work below: *(Also provide details on plot plan: Show all improvements on lot & approximate distances to lot lines)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Construction \$ \_\_\_\_\_

Estimated start date \_\_\_\_\_ Estimated completion date \_\_\_\_\_

## Contractor Information

Name of Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_

Person in charge of work: \_\_\_\_\_ Phone# \_\_\_\_\_

Address of Contractor \_\_\_\_\_  
Address/City/State/Zip

Proof of Worker's Compensation Insurance: Provided Exempt

**Subcontractor Information**

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address/City/State/Zip \_\_\_\_\_ Phone# \_\_\_\_\_

**Project Details**

Trades:  Building     Electrical Work     Plumbing Work     Mechanical Work (HVAC)

Fire Suppression/Alarm System

Heat Source: \_\_\_\_\_ Fuel Type: \_\_\_\_\_

Foundation Type:  Crawlspace     Foundation     Slab at Grade     Piers     Other \_\_\_\_\_

Details: \_\_\_\_\_

**Certification**

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his/her representative shall have the authority to enter the areas in which work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief.

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Phone# (Land line and Cell) \_\_\_\_\_ Email \_\_\_\_\_

Applicant Complete Address/City/State/Zip \_\_\_\_\_

**OFFICE USE:**

Application fee    \$ \_\_\_\_\_  
Permit Fee        \$ \_\_\_\_\_  
Inspection Fees    \$ \_\_\_\_\_

Issuance Date    \_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date    \_\_\_\_/\_\_\_\_/\_\_\_\_  
Extension Date    \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION STATUS:  GRANTED     DENIED

\_\_\_\_\_  
Signature of Permit Officer

\_\_\_\_\_  
Date

{SEAL}

## Land Use Permit Checklist

**NOTE TO APPLICANT:** Applicable items on this checklist shall be completed prior to your submission of an application for a building permit. Failure to complete any applicable item on this checklist shall be sufficient grounds for denial of the building permit application. Please contact your local municipal office or the local Commonwealth Code Inspection Service, Inc. office if you have any questions about the process for obtaining a building permit.

Municipality: Catharine Township County: Blair

Land Use Permit #: \_\_\_\_\_ Tax map location: \_\_\_\_\_

Work site address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Construction (describe): \_\_\_\_\_

New     Additions     Alteration     Repair/Replacement     Relocation     Other \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Estimated cost/value of construction: \$ \_\_\_\_\_

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code Official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained prior to applying for a building permit. All items must be addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identify special requirements or conditions.

- |  | <u>Date of Approval</u> |
|--|-------------------------|
| <input type="checkbox"/> Sewage facilities planning module, DEP Planning Code # _____                                      | _____                   |
| <input type="checkbox"/> Sub-division & Land Development, Municipal Resolution # _____                                     | _____                   |
| <input type="checkbox"/> Sewage permit from Sewage Enforcement Officer, Permit # _____                                     | _____                   |
| <input type="checkbox"/> Storm water management module. Approved by _____  | _____                   |
| <input type="checkbox"/> Conservation District notification per Chapter 102  | _____                   |
| <input type="checkbox"/> NPDES Permit # _____ for earth disturbances 1 acre or more  | _____                   |
| <input type="checkbox"/> Driveway permit, PennDot # _____ or Local # _____   | _____                   |
| <input type="checkbox"/> Public water tap, Permit # _____  | _____                   |
| <input type="checkbox"/> Public sewage tap, Permit # _____   | _____                   |
| <input type="checkbox"/> Historical Architectural Review Board, _____ Check here for special conditions                    | _____                   |
| <input type="checkbox"/> Other; slue pipe, road alteration, etc. _____ Check here for special conditions                   | _____                   |
| <input type="checkbox"/> Floodplain mapping. Project may contain flood plain, _____  | _____                   |
| <input type="checkbox"/> Municipal setback clearances, _____ Check here for special conditions                             | _____                   |
| <input type="checkbox"/> Extra pages attached to describe special conditions or circumstance. There are _____ extra pages. | _____                   |

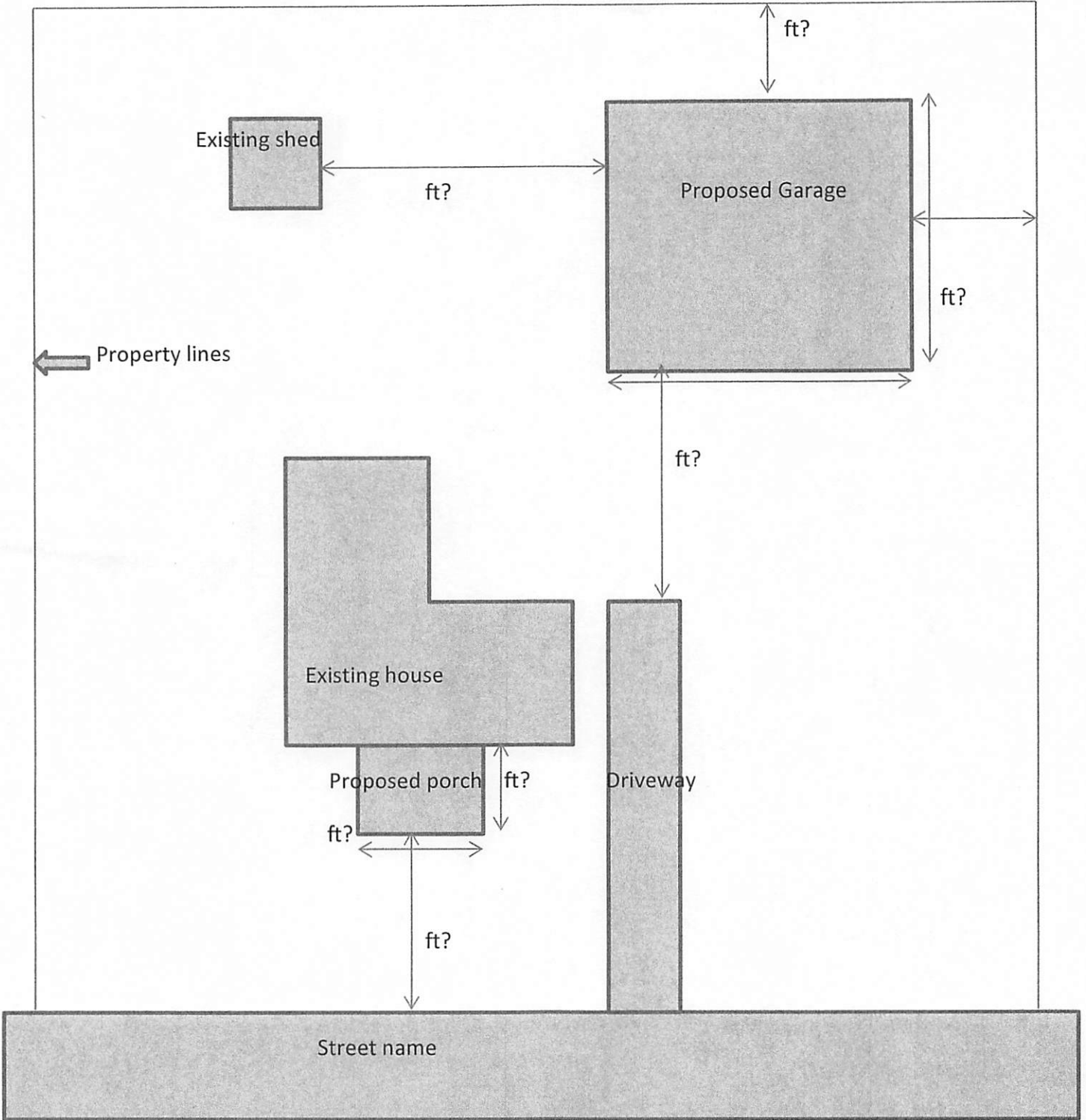
Approved-Municipal Official's Signature & title \_\_\_\_\_ Date \_\_\_\_\_ {SEAL}

This signature indicates Municipal verification & approval of the Land Use Project as described along with approval of all items on the Checklist.

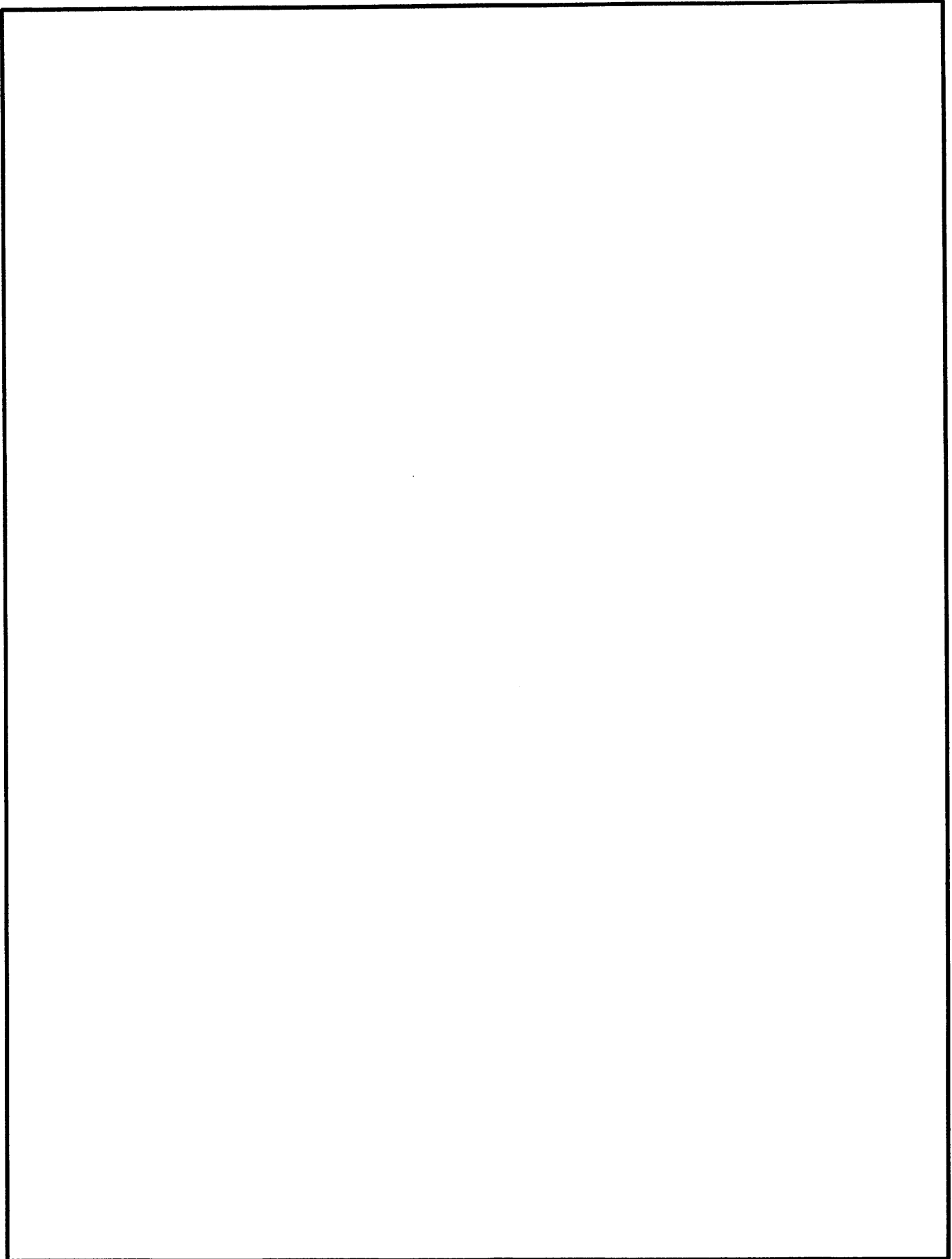
SITE PLAN

EXAMPLE

Show any other existing structures on the property (pool, patio, deck, etc.)



**SITE PLAN**



**Worker's Compensation Insurance Coverage Information**

A. The applicant is a contractor within the meaning of Pennsylvania Workers' Compensation Law.  
 YES     NO

If the answer is YES, complete Section B. If there is an exemption, then complete Section C below.  
If the answer is NO, complete Section C below.

**B. Insurance Information:**

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Workers' Compensation

Original Certificate attached

Name of Workers' Compensation insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

Original Certificate attached

Policy Expiration Date \_\_\_\_\_

**C. Exemption: MUST BE NOTORIZED**

Complete this section if the applicant is a contractor or homeowner claiming exemption from providing 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 Worker's 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 Municipality.

Homeowner who elects to perform all of the work without contracting or hiring others to assist.

Religious exemption under Workers' Compensation Law

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*

Commonwealth of Pennsylvania

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

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_ the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person

whose name subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

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

## DIRECTIONS TO THE SITE LOCATION

*Fill out completely*

Name of Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address of project: \_\_\_\_\_  
\_\_\_\_\_

Directions:

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\*Please note directions should be clear so inspectors can find the address with no difficulties. Use Street names, landmarks, direction of travel, turn off distance, etc...

Use space below if needed to further clarify the site location: