

<p><i>Office Hours</i>  <i>Mon., Tues. &amp; Wed.</i>  <i>9:00 am to 3:00 pm</i>  <i>Thurs. &amp; Fri. by appt.</i></p>
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***Preston Township***  
*Wayne County*  
*1515 Crosstown Highway*  
*Lakewood, PA 18439*  
*570-798-2114*  
*Email: [PrestonTwp1@hancock.net](mailto:PrestonTwp1@hancock.net)*

**PLEASE READ ATTACHED INSTRUCTIONS CAREFULLY!!!!**

It has been designed to help you with the Building Permit Application process of Preston Township.

All of the documentation requested are either required by the Commonwealth of PA or Preston Township.

The Township is under no obligation to accept applications which are knowingly incomplete. The application must be completed **correctly**. We will return it if there are missing documents, missing information or errors. This will delay approval and your project.

The Township respectfully requests if you are hand delivering applications, please arrive no later than 2:00 p.m. when the office is open on Monday, Tuesday or Wednesday as it takes time to check the application for the required information. If emailing, please no pics of the application as it's very difficult to print out and read.

Building permits are required for new construction and any additions: houses, modular homes, trailers, garages, carports, porches, decks, barns, sheds, greenhouses, swimming pools, wind mills, solar panels, generators, etc, any rooms, any type of structure etc. and any structural changes within a building. Call 570-798-2114 if unsure. **If you are removing a trailer, a permit is required from the Township Tax Collector.**

Demolition permits are required in Preston Township.

UCC permits are required for electrical service.

If you are adding a bedroom the Township S.E.O. needs to be contacted because of D.E.P. septic regulations. **Preston Township S.E.O. is James McDonald 570-470-9341.**

**PLEASE NOTE:** There is a difference between a **FLOOR PLAN/BBLUEPRINT** and a **SITE PLAN. FLOOR PLANS/BBLUEPRINTS** are on separate papers, which you must provide in duplicate. (If your project is **Commercial different rules apply.**) The **SITE PLAN** refers to your property lot. There is graph paper with the application and instructions on how to complete it.

Any other required application papers **must be signed by all owners of record and submitted with original signatures – emailed or in person - not faxed.**

**Kindly print information on forms legibly.**

**Please remember we are not your Architect or Contractor. We do not know nor are we responsible for the technical information required on any sub-code forms.**

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**PRESTON TOWNSHIP**  
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## UCC **and** TOWNSHIP BUILDING PERMIT APPLICATIONS

1. PA Department of Environmental Protection requires property owners disturbing more than one (1) acre of land to submit plans to the Wayne Conservation District to determine if a Soil & Erosion Permit is needed. Wayne Conservation District, Honesdale, PA contact #570-253-0930 for more information.  
**A Self-certification form, if applicable, is enclosed with your packet.**
2. Complete worksheet. Your tax map # is essential. It is on your real estate tax notice and begins with the # 20-0-. Effective July 1, 2009 *Consumer Protection Act 132*, **all Contractor's** should have a *PA State Registration Number*, this number is to be listed on the worksheet where indicated.  
**Please note:** REGISTRATION PERMITS **CANNOT** be signed by your contractor.
3. Submit with worksheet: plot plan showing location of driveway, septic, well, other structures on property, location of proposed construction, distance between each and note adjoining property owners.
4. Copy of septic permit: if applicable. **Please note if you are adding a bedroom, Township S.E.O. needs to be contacted because of D.E.P. septic regulations. S.E.O. is James McDonald 570-470-9341.**
5. Copy of driveway permit: either Penn DOT or Township if applicable
6. Other information if applicable according to worksheet
7. **All contractors** who work on your construction project **must** complete a Worker's Compensation Insurance-Coverage Information Form and submit a certificate of insurance with the form. These forms **must** be notarized. If property owner acts as general contractor he/she **must** also complete this form. This is a PA State Law. You will not be issued a Permit unless you comply.
8. All residential plans **must** be submitted in **duplicate**. If property owner draws construction plans it **must** be drawn to scale, either computer drawings or on graph paper.
9. UCC applications: sub-code forms need to be signed when the above documents are submitted. The sub-code forms are at the Township Office or included with application packet.
10. UCC applications by law may take up to 3 weeks for completion of plan review. Inspection fees are paid after plan review, but before Building Permit is issued.
11. UCC Building Permits and Preston Township Construction Permits **must** be posted at the construction site clearly visible in the building window. The Township will laminate permits whenever possible.
12. Construction **must begin** within **180 days** of permit issuance. **Permit expires one year from the date of issuance.** Either of the forgoing voids the permit and you must apply for an extension.

**Set back rules apply: 35 feet from the edge of the road right of way**  
**20 feet side and rear yard, FLOODPLAIN - 50 feet from watercourse**

*Any questions please contact our office at the number listed above*

**NOTE:** Other rules apply for **Commercial Construction Projects**.  
 Commercial plans **must be submitted in triplicate, signed and stamped by an architect or an engineer. Reviews take up to 45 business days.**

Be aware, if your plans are rejected for any reason this will delay your **entire** project.

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PRESTON TOWNSHIP  
 WAYNE COUNTY  
 LAKEWOOD, PA 18439  
 570-798-2114  
 Email: PrestonTwp1@hancock.net

**Check List for Building/Demo Applications**

**This form is designed to help you assemble all necessary documents for your project.**

- Completed and signed Permit application form (required for UCC, Township & Demolition Permits)
- Completed and Signed UCC Sub-code Forms (**UCC Permits ONLY**)
- Completed and signed Township Permit (**Township Permits ONLY**)
- Completed, signed and notarized **Cabin Affidavit** Form - restrictions apply  N/A
- Copy of Sewer Permit & Application or Recertification Permit  N/A
- Copy of Driveway Permit either Township or Penn DOT  N/A
- Completed, signed and notarized Agricultural Exemption Certification (**Township Permits ONLY**)
- Wayne Conservation District Soil & Erosion Permit (NPDES) **or** the notice permit is not required **or notarized exemption form** signed by all owners of record
- Lot Design
- Notarized Workman's Compensation form
- Copy of Certificate of Insurance
- Residential** building plans - **two (2) complete sets**
- Commercial** building plans - **three (3) complete sets** stamped by an engineer or architect

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1515 CROSSTOWN HIGHWAY  
LAKEWOOD, PA 18439  
570-798-2114

**OFFICE USE ONLY**  
TWP \_\_\_\_\_  
UCC \_\_\_\_\_  
Total Fee: \_\_\_\_\_  
Pd  Ck# \_\_\_\_\_

**BUILDING/DEMO PERMIT APPLICATION**

**TAX MAP NUMBER:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PROPERTY OWNER(S):** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

CERTIFIED PLOT PLAN (OR ACCEPTABLE DRAWING) \_\_\_\_\_ YES \_\_\_\_\_ NO

CONTRACTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Contractor's PA State Registration # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

CONTRACTOR'S WORKMEN'S COMPENSATION POLICY NO.: \_\_\_\_\_

**SEPTIC SYSTEM PERMIT NO.:** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_

**COPY ATTACHED:** \_\_\_\_\_ YES \_\_\_\_\_ NO

LOCAL OR STATE HIGHWAY OCCUPANCE PERMIT NO.: \_\_\_\_\_

**COPY ATTACHED:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**DISTURBANCE OF ONE ACRE OR MORE:** \_\_\_\_\_ YES \_\_\_\_\_ NO

Wayne Conservation District Permit # \_\_\_\_\_

FLOODPLAIN: \_\_\_\_\_ YES \_\_\_\_\_ NO

WETLANDS DELINEATION OR DISCLAIMER: \_\_\_\_\_ YES \_\_\_\_\_ NO

BUILDING PERMIT PLAN/BLUEPRINTS SUBMITTED: \_\_\_\_\_ YES \_\_\_\_\_ NO

**TOTAL SQUARE FEET:** \_\_\_\_\_

**ESTIMATED COST OF CONSTRUCTION:** \$ \_\_\_\_\_ **# OF ACRES:** \_\_\_\_\_

**PROPOSED WORK:** \_\_\_\_\_ NEW CONSTRUCTION \_\_\_\_\_ ADDITION \_\_\_\_\_ DEMOLITION  
\_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ OTHER (specify) \_\_\_\_\_  
**# OF STORIES:** \_\_\_\_\_ ONE \_\_\_\_\_ ONE & A HALF \_\_\_\_\_ TWO \_\_\_\_\_ MORE (specify #)  
**TYPE OF STRUCTURE:** \_\_\_\_\_ HOUSE \_\_\_\_\_ MODULAR \_\_\_\_\_ CABIN \_\_\_\_\_ TRAILER  
\_\_\_\_\_ PORCH/DECK/SUNROOM (enclosed) \_\_\_\_\_ GARAGE (attached/detached) \_\_\_\_\_ SHED  
\_\_\_\_\_ SHED (pre-fab) \_\_\_\_\_ BARN (agr./non-agr.) \_\_\_\_\_ POLE BARN \_\_\_\_\_ GREENHOUSE  
\_\_\_\_\_ TREE HOUSE \_\_\_\_\_ SWIMMING POOL \_\_\_\_\_ GENERATOR \_\_\_\_\_ STORAGE CONTAINER  
\_\_\_\_\_ OTHER (specify) \_\_\_\_\_  
**NUMBER OF ROOMS:** \_\_\_\_\_ KITCHEN \_\_\_\_\_ DINING \_\_\_\_\_ LIVING/FAMILY \_\_\_\_\_ BEDROOM  
\_\_\_\_\_ BATHROOM \_\_\_\_\_ DEN/OFFICE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSED DATE OF INITIAL CONSTRUCTION: \_\_\_\_\_

ESTIMATED COMPLETION DATE: \_\_\_\_\_

THE UNDERSIGNED REPRESENT ALL OF THE FOREGOING INFORMATION IS TRUE AND CORRECT AND REQUEST A PERMIT ISSUED BASED ON SUCH INFORMATION. (All owners of record must sign application)

**Notarization is NOT required.**

IN WITNESS WHEREOF, WE SET OUR HANDS AND SEALS THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (signature) \_\_\_\_\_ (signature)  
\_\_\_\_\_ (signature) \_\_\_\_\_ (signature)

**NOTE: This form MUST be notarized!**

**Form must be returned with original signatures**

**Workers' Compensation Insurance-Coverage Information Form  
(Attach to Building Permit Application)**

A. **Name of Applicant:** \_\_\_\_\_  
Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation Law?  
  
\_\_\_\_\_Yes                      \_\_\_\_\_No

If the answer is, "yes" complete Sections B & D below as appropriate.

If the answer is, "no" complete Sections C & D below as appropriate.

**B. Insurance Information**

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

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

Applicant is a qualified self-insurer for workers' compensation: \_\_\_\_\_ Certificate attached \_\_\_\_\_

Name of Workers' Compensation Insurer: \_\_\_\_\_

\_\_\_\_\_ Certificate Attached    Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**C. Exemption (complete Section C if the applicant is a contractor 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 Workers' Compensation Law for one of the following reasons, as indicated:

\_\_\_\_\_ Property owner doing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor **must** provide proof of workers' compensation insurance to Preston Township. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ 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 Preston Township.

\_\_\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

**D. Signatures**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_

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

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

Subscribed, sworn to and acknowledged before me by the above this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

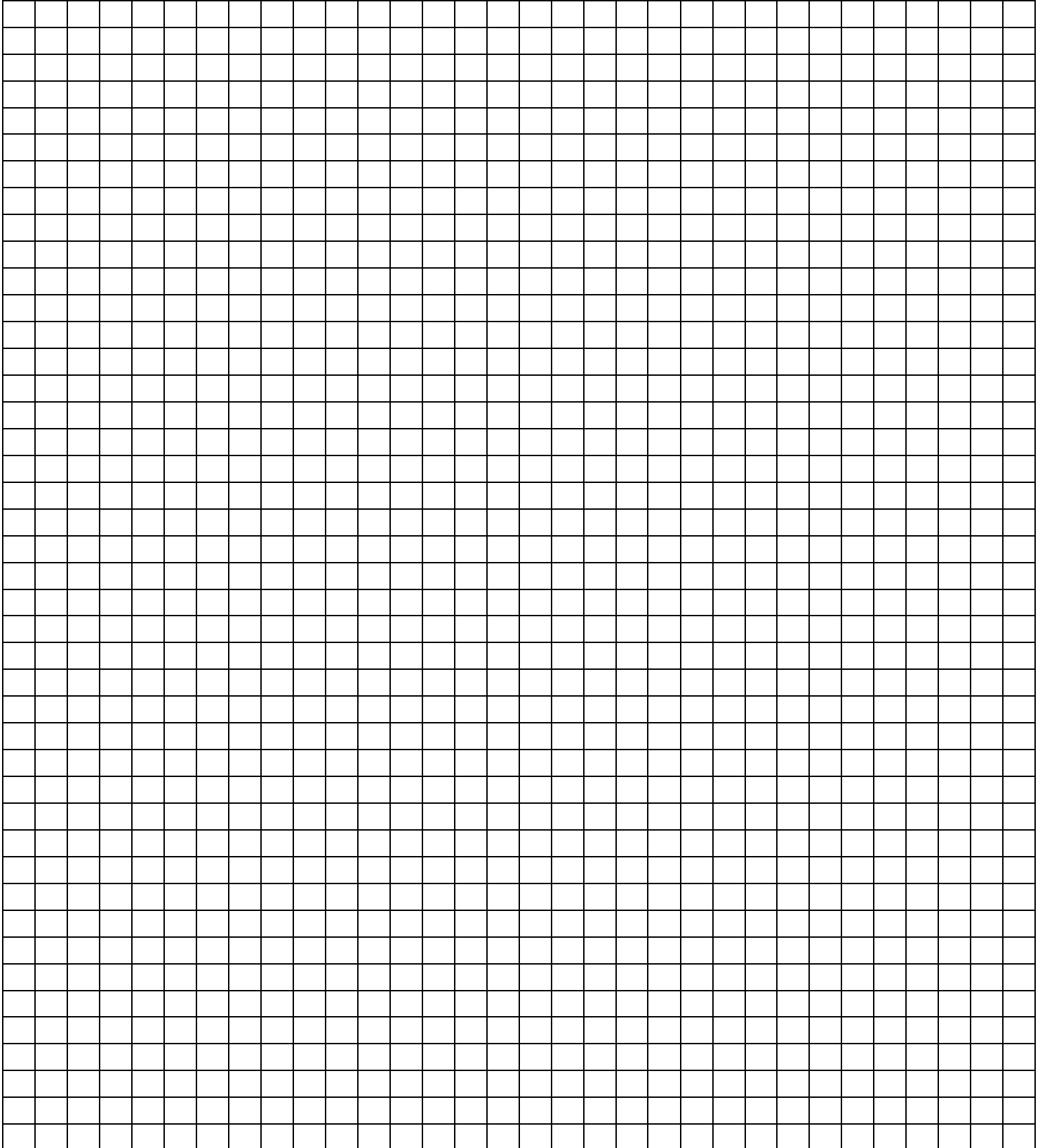
\_\_\_\_\_  
Notary Public (SEAL)

**LOT DESIGN (ROAD, DRIVEWAY, SEPTIC, WELL & BUILDING LAYOUT**  
**include distances and adjoining property owners names. See instructions for additional requirements.**

Name: \_\_\_\_\_ Dated: \_\_\_\_\_

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

Tax Map # \_\_\_\_\_



**PRESTON TOWNSHIP**  
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**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)**  
**PERMIT DETERMINATION-SELF CERTIFICATION**

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TAX MAP #: \_\_\_\_\_

**I (we) hereby certify that my (our) project described below does not disturb one (1) acre or more during the life of my (our) project.**

It is therefore understood that my (our) project does not meet the requirements for a National Pollution Discharge Elimination System (NPDES) Permit for Stormwater Discharges Associated with Construction Activities.

**If the scope and size of my (our) project changes and the amount of earth disturbance is equal to or greater than one (1) acre, I (we) will contact the Wayne Conservation District for a determination of NPDES Permit needs.**

**However, my (our) project still requires that a written Erosion and Sedimentation Control Plan be developed.**

**This plan outlines how I am (we are) going to prevent sediment from leaving my (our) site during construction.**

Items to consider in the plan are: Sequence of Construction, Temporary Measures (silt fence, mulch etc.) and Permanent Measures (seeding & mulch with soil supplements, gravel coverage, etc.). This plan does not have to be reviewed by the Wayne Conservation District unless the municipality or another permit requires a review and approval.

**This Self-Certification cannot be considered a wavier of any other federal, state or local permits.**

\_\_\_\_\_  
Property Owner (signature)

\_\_\_\_\_  
Property Owner (signature)

\_\_\_\_\_  
Property Owner (signature)

\_\_\_\_\_  
Property Owner (signature)

**Project description with proposed amount of earth disturbance with your plan to prevent sediment erosion:**

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

**PERMIT APPLICATION**

**MECHANICAL PERMIT** \_\_\_\_\_ **PLUMBING PERMIT** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Describe proposed work in detail: \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

<b>MECHANICAL PERMIT</b>	<b>PLUMBING PERMIT</b>
Contractor _____ <small>(if owner, put same name above)</small>	Contractor _____ <small>(if owner, put same name above)</small>
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Cell _____	Phone _____ Cell _____
Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>	Fed Employee No. _____ <small>(Certificate of Insurance for Workers Compensation needed or signed exemption form)</small>
Estimate of total costs for all work _____	Estimate of total costs for all work _____
<b>Technical Site</b>	<b>Technical Site</b>
<b>Data No.</b>	<b>Data No.</b>
	<b>Items</b>
	Water Closet
	Urinal/Bidet
	Bath tub
	Lavatory
	Shower
	Floor drain
	Sink
	Dishwasher
	Drinking fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Water Service Connection
	Interceptor/Separator
	Backflow preventer
	Grease trap
	Sewer Connection
	Sewer Pump
	Stacks
	Solar
Others: _____	Others: _____
Signature: _____ Owner ( ) Contractor ( ) Owner Representative ( )	Signature: _____ Owner ( ) Contractor ( ) Owner Representative ( )

<b>MECHANICAL CODE OFFICIAL USE ONLY</b>	<b>PLUMBING BUILDING CODE OFFICIAL USE ONLY</b>
Plans Approved _____ Plans Approved with Comments _____	Plans Approved _____ Plans Approved with Comments _____
UCC Mechanical Fee: _____	UCC Plumbing Fee: _____
Plan Review Fee: _____	Plan Review Fee: _____
Scan Fee: _____	Scan Fee: _____
Admin. Fee: _____	Admin. Fee: _____
State Fee: _____	State Fee: _____
Total Cost: _____	Total Cost: _____
Code Official: _____ State Cert.# _____	Code Official: _____ State Cert.# _____
Date Issued: _____	Date Issued: _____



**Building Inspection Underwriters**  
**Eddie Hudak (570) 815-1712**

**PERMIT APPLICATION**

**BUILDING PERMIT** \_\_\_\_\_ **ELECTRICAL PERMIT** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Front Yard \_\_\_\_\_ Ft. (Front of building to property line) Describe proposed work in detail \_\_\_\_\_

Rear Yard \_\_\_\_\_ Ft. (Rear of building to property line) \_\_\_\_\_

Side Yard \_\_\_\_\_ Ft. Side Yard \_\_\_\_\_ FT. \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**BUILDING PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Total square feet: \_\_\_\_\_ Use Group \_\_\_\_\_ Type Construction \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Height of Structure \_\_\_\_\_

Description of work: \_\_\_\_\_

**Type of work:**

Alterations/Additions of: \_\_\_\_\_ Square Ft. \_\_\_\_\_

( ) Roofing - Total square feet \_\_\_\_\_

( ) Fencing, supply height if it exceeds 6 foot \_\_\_\_\_

( ) Sign - Total Square feet \_\_\_\_\_

( ) Pool - Total Square feet \_\_\_\_\_

( ) Decks - Total Square feet \_\_\_\_\_

( ) Demolition - Total Square feet \_\_\_\_\_

( ) Accessibility \_\_\_\_\_

Other: \_\_\_\_\_

**I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.**

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**ELECTRICAL PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

**Technical Site**

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Building Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Scan Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

**ELECTRICAL CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Electrical Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Scan Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

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