

<p>Office Hours Mon., Tues. & Wed. 9:00 am to 3:00 pm Thurs. & Fri. by appt.</p>
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Preston Township
Wayne County
1515 Crosstown Highway
Lakewood, PA 18439
570-798-2114
Email: 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/BLUEPRINT** and a **SITE PLAN**. **FLOOR PLANS/BLUEPRINTS** 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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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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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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LAKEWOOD, PA 18439
570-798-2114

OFFICE USE ONLY
TWP _____
UCC _____
Total Fee: _____
Pd Ck# _____

BUILDING or 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 _____ REMODEL OR _____ DEMOLITION
CLASSIFICATION: _____ 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

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) _____ (PRINT signature)

_____ (signature) _____ (PRINT 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

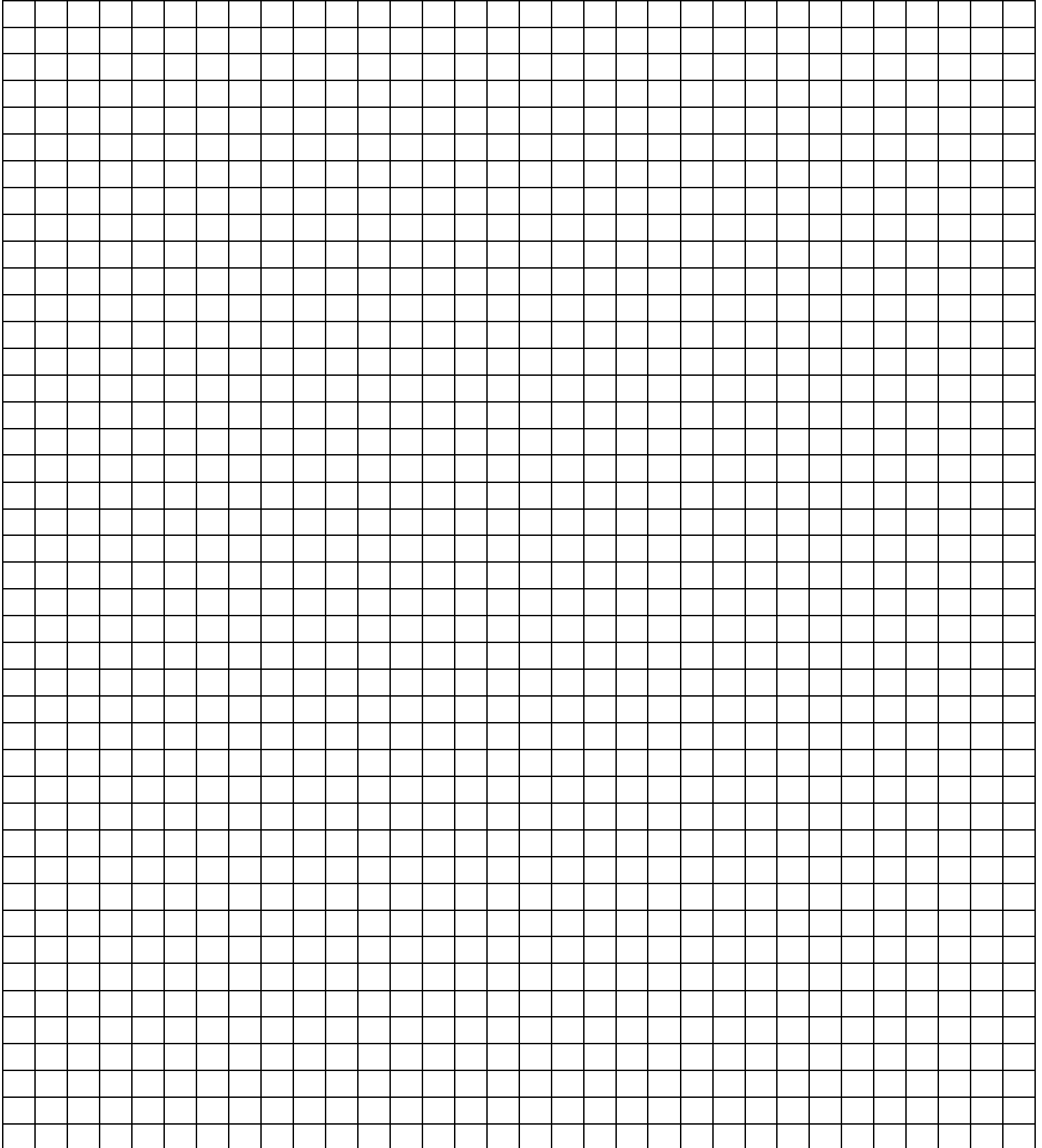
(SEAL)

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

1515 Crosstown Highway

Lakewood, PA 18439

570-798-2114

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:

UCC PLAN REVIEW APPLICATION FOR BOB BATES INSPECTIONS

Bob Bates Inspections
 187 Watts Hill Road
 Honesdale, PA 18431
 570-493-1716

NAME: _____

County: _____ **Municipality:** _____

APPLICATION DATE: _____ **APPROVAL DATE:** _____ **PERMIT #:** _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Site Address: _____ **Tax Parcel #:** _____

Lot #: _____ Subdivision/Land Development: _____ Phase: _____ Section: _____

TYPE OF WORK OR IMPROVEMENT: *(Check One)*

- New Building
 Addition
 Alteration
 Repair
 Demolition
 Relocation
 Foundation Only
 Change of Use
 Plumbing
 Mechanical
 Electrical
 Other

Describe the proposed work: _____

OWNER: _____ Phone #:() _____ Fax #:() _____

Mailing Address: _____ **E-mail:** _____

CONTRACTOR INFORMATION

	License #	Name	Address	Phone #
Applicant (not owner)				
Design Professional				
Principal Contractor				
Excavation				
Masonry				
Concrete				
Carpentry				
Plumbing				
Sewer				
Electrical				
Mechanical				
Roofing				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				
Sprinkler				

ESTIMATED COST OF CONSTRUCTION (reasonable fair market value) \$ _____

Permit fees are not based on construction costs

DESCRIPTION OF BUILDING USE (CHECK One)

RESIDENTIAL

- One Family Dwelling (R-3)
- Two Family Dwelling (R-3)

NON-RESIDENTIAL

Specific Use: _____

Use Group: _____

Change in Use: YES NO

If YES, Indicate Former: _____

Maximum Occupancy Load: _____

Maximum Live Load: _____

BUILDING SECTION:

Number of Residential Dwelling Units: _____ Existing _____ Proposed

Type of Structural Frame: Wood Masonry Concrete Pre-Manufactured Dwelling
 Steel Other: Explain: _____

Does or will your building contain any of the following:

Fireplace(s): Number: _____ Type of Fuel: _____ Type of Vent: _____

Elevator/Escalators/Lifts/Moving walks: YES NO

Sprinkler System: YES NO

Pressure Vessels: YES NO

Refrigeration Systems: YES NO

Bedrooms (number)		Stories (number)		Street Frontage (feet)	
Full Baths (number)		Building Area (sq.ft.)		Front Setback (feet)	
Partial Baths (number)		Living Area (sq.ft.)		Rear Setback (feet)	
Garages (number)		Basement Area (sq.ft.)		Left Setback (feet)	
Garage Area (sq.ft.)		Offices/Sales (sq.ft.)		Right Setback (feet)	
Outside Parking (number)		Service (sq.ft.)		Height Above Grade (feet)	

PLUMBING SECTION:

Enter the number and size of Fixtures being Repaired, Replaced or Installed

Tub/showers		Laundry Tubs		Sewage Ejectors	
Shower stalls		Dishwashers		Back Flow Preventers	
Lavatories		Garbage Disposals		Water Pumps	
Toilets		Water Heaters		Water Service	
Urinals		Water Softeners		Sewer Connection	
Sinks		Other			

Water Service: (Check) Public Private
Sewer Service: (Check) Public Private (Septic Permit #) _____

MECHANICAL SECTION:

Enter the number and size of Units being Replaced or Installed

Fuel Type: Gas Oil L.P. Electric Coal Wood Other

ELECTRICAL SECTION:

Enter the number and size of Fixtures Repaired, Replaced or Installed

Service amps: _____ Number of circuits: _____ Number of service outlets: _____ 110V _____ 220V

List devices	Qty.	Load/Output	List devices	Qty.	Load/Output	List devices	Qty.	Load/Output
Switches			Dishwasher			Heater		
Receptacles			Washer			Hot Water Heater		
Circuit Panel			Dryer					
Lights			Spa / Hot Tub					
Smoke Detect.			A/C Unit					

FLOODPLAIN:

Is the site located within an identified flood hazard area? YES NO
 Will any portion of the flood hazard area be developed? YES NO

Owner / Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Management Act (Act 166 1978), specifically Section 60.3

Lowest Floor Level: _____

HISTORIC DISTRICT:

Is the site located within a Historic District? YES NO

NAME: _____

The applicant certifies that all information on this application is correct and the work will be completed in accordance with approve construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the **owner** or lessee of the building or structure, or **agent** of either, or by **registered design professional** employed in connection with the proposed work.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code (s) applicable to such permit.

 Signature of Owner or Authorized Agent

 Print Name of Owner or Authorized Agent

 Address

 Date

Directions to Site:

REQUEST FOR INSPECTION

Date Received _____ Time Received _____
 Township _____ County _____
 Permit Number _____ (MUST have to schedule inspection)
 Job Name _____
 Lot _____ Section _____ Street _____
 Town _____
 Development _____

.....
TYPE OF INSPECTION

- | | |
|---|---|
| <input type="checkbox"/> FOOTINGS (BEFORE POUR) | <input type="checkbox"/> FOOTINGS |
| <input type="checkbox"/> BASEMENT/FOUNDATION WALLS | <input type="checkbox"/> SLAB (PRE-POUR) |
| <input type="checkbox"/> DAMPROOFING/INSULATION | <input type="checkbox"/> PERIMETER DRAINS |
| <input type="checkbox"/> ELECTRIC SERVICE | Service Request # _____ |
| <input type="checkbox"/> ROUGH ELECTRIC | <input type="checkbox"/> ROUGH PLUMBING |
| <input type="checkbox"/> ROUGH MECHANICAL | <input type="checkbox"/> ROUGH FRAMING |
| <input type="checkbox"/> FINAL FRAMING (after <u>ALL</u> mechanicals) | |
| <input type="checkbox"/> INSULATION | <input type="checkbox"/> DRYWALL |
| <input type="checkbox"/> ACCESSIBILITY | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> FINAL (NEED MINIMUM 48 HOURS NOTICE) | |

.....
 READY WHEN _____ (DATE & TIME)
 REQUESTED BY _____ PHONE # _____
 COMPANY _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

