



Mt. Pleasant Township
Westmoreland County
Established 1773



**Commercial / Residential
Building Permit Application**

Date of Application: _____

Name of Applicant: _____

Location of Property: _____

Municipality: _____ County of: _____

Subdivision: _____ Lot # _____

Tax Map # _____

Name of Owner: _____

Name of Business: _____

Address: _____

Phone / Cell # () _____ Email: _____

Architect or Engineer Name: _____

Address: _____

Phone# () _____ Fax # () _____

Email: _____ Website: _____

Professional License # _____ Plan Review: _____

Contractor Name: _____

Address: _____

Phone / Cell () _____ Fax: () _____

PA HIC # _____

In 2008, the Pennsylvania Legislature passed the Home Improvement Consumer Protection Act. The law requires that all contractors who perform at least \$5,000 worth of home improvements per year register with the Attorney General's Office.

Construction Information

Type of Construction:

New Construction	Single Family	Multi-Family	Commercial
Renovation	Alteration	Addition	Demolition
Shed	Pool	Deck	Fence

Other: _____

Zoning Information: _____ Plan Review: _____

GFA: Gross Footage Area: _____ Estimated Costs: _____

Permits Required: Building Permit Electrical Permit Mechanical Permit
 Plumbing Permit Energy Permit Accessibility Permit

Estimated Construction Time: _____

Description of Project: _____

****Municipal Internal****

Date Received: _____ Amount Paid: _____

Municipal Permit # _____ Received By: _____

Note: The Municipal Township Municipal Authority must approve all new construction which requires plumbing such as houses, garages, commercial buildings, and additions.

Permit Required: YES NO

Project: _____ Tap Permit # _____

Lot/Plan: _____ # of EDU(s) _____

Allocation Year: _____

Approved by: _____

Date Issued: _____

Payment: TFE Amount: CK# R#

 Check Amount: CK# R#

 Cash Amount: R#

Contractor or Sub Contractor Information:

Owner or Responsible Party must submit to CEA Code Enforcement Associates, a list of all known Contractors and Sub-Contractors who will be associated with the above application.

In addition, CEA Code Enforcement Associates will require a certificate or proof of Workman's Compensation for all workers outside sole proprietors, general liability certificate and certificate or proof of State of Pennsylvania Home Improvement Contractor registration prior to issuing any Building Permit.

Applicant's Certification

As the owner or the authorized agent for the project which this application is filed, I certify that:

1. The description of use, estimated construction coast and all others information provided as part of this application for a building permit is correct.
2. The building or structure described in this application will not be occupied until all known code violations are corrected and a Certificate of Occupancy has been received from the municipality.
3. This project will be constructed in accordance with the approved drawings and specifications (including any required non0design changes) and the Uniform Construction Code standards as specified in 34 PA Code Chapters 401-405.
4. Any changes to the approved documents will be filed with CEA Code Enforcement Associates.
5. If the licensed architect or engineer in responsible charge of this construction should change, written notice of the change will be provided to CEA Code Enforcement Associates.
6. No error or omission in either the drawings and specifications or application, whether approved or not, shall permit or relieve me from constructing the work in any manner other than provided for in 34 PA Code Chapters 401-405.
7. If signed by someone other than the construction owner, this work has been authorized by the owner of record and I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as:

___ Architect ___ Engineer ___ Contractor
___ Agent/Other: _____

Signature of Applicant: _____

Date: _____

****CEA Internal Information****

Reviewed By: _____ Date: _____

Permit Number: _____ Permit Fees / Costs: \$ _____

Approved By: _____ (BCO)