



Peters Township, PA

# Building & Zoning Permit Application

Date Received \_\_\_\_\_

610 E. McMurray Road, McMurray, PA 15317  
Planning: 724-942-5005

Case #: \_\_\_\_\_

Work in Floodplain?

Yes  No

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

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Primary Contact: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Architect: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Description of Work: \_\_\_\_\_

Total Sq. Ft. of Work: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Application must be accompanied by 3 (commercial ) or 2 (residential) sets of complete building drawings and 2 copies of a survey or site plan showing exact location of the proposed construction. **Permit is valid for one (1) year from issuance. Please review the attached affidavit and waiver.**

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Applicant

### For Township Staff Use Only

Approved  \_\_\_\_\_  
Denied  Building Inspector \_\_\_\_\_ Zoning Officer \_\_\_\_\_ Fire Chief \_\_\_\_\_  
Planning Director: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions/Comments: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Lot: \_\_\_\_\_ Plan: \_\_\_\_\_

Zoning Dist.: \_\_\_\_\_ Grid: \_\_\_\_\_ Rear Setback: \_\_\_\_\_

Lot Area: \_\_\_\_\_ Lot Coverage: \_\_\_\_\_ % Front Setback: \_\_\_\_\_

Garage: \_\_\_\_\_ 1st Floor: \_\_\_\_\_ Side Setbacks: \_\_\_\_\_

Basement: \_\_\_\_\_ 2nd Floor: \_\_\_\_\_ Sewer Tap In:  Septic:

Category: Residential  Commercial  Industrial  Multi-Family  Tax Exempt

Type: New  Acc  Add  Alt  Deck  Demo  AgPool  IgPool  Tenant Improvement   
Shed  Porch

Permit Fee: \$ \_\_\_\_\_ + State Fee = Total Fee: \$ \_\_\_\_\_

**AFFIDAVIT OF EXEMPTION**

The undersigned affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania’s Worker’s Comprehension Law for one of the following reasons, as indicated:

\_\_\_\_\_ Property owner performing 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 the municipality. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ Contractor has 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 the municipality.

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

\_\_\_\_\_  
Signature of Applicant

Copy of \_\_\_\_\_

Township of \_\_\_\_\_

**ACKNOWLEDGEMENT AND WAIVER**

I/We, the undersigned owner(s) of a proposed single family residential dwelling/commercial located at \_\_\_\_\_, Peters Township, Washington County, Pennsylvania, acknowledge that Peters Township has adopted the 2018 IRC and IBC Code of Building Regulations that pertain to the design and construction of single family residences. These regulations require that structures for human occupancy, including single-family residences, be designed by an architect/engineer registered in the Commonwealth of Pennsylvania and bearing appropriate seal.

I/We acknowledge that in requesting that the Township waive this requirement with respect to the residential structure to be erected on the aforementioned property, that we waive any and all claims against Peters Township, its officers, agents, employees, contractors or representative for any and all claims, including but not limited to deficiencies, faults, structural flaws, or claims arising out of the design and construction of the premises.

I/We acknowledge that no architect/engineer seals or approvals have been made with respect to the structure and execute this acknowledgement and waiver on behalf of my/our heirs, successors, representatives and assigns.

I/We further acknowledge that in the Township’s sole prerogative, this document may be made a matter of Township record and disclosed to successor owners of the property in question. I/We further acknowledge that this document may be recorded in the Office of the Recorded of Deeds of Washington County, Pennsylvania, and I/We will be responsible for any recording costs incidental thereto.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

Date \_\_\_\_\_