

# ***Oakland Township***

565 Chicora Road

Butler, PA 16001

Phone: 724-287-8067 Fax: 724-287-3979

## **Building Permit Application**

Date: _____	Architect/Engineer: _____
Applicant Name: _____	_____
Address: _____	Phone: _____
_____	Fax: _____
PH: _____ Fax: _____	E-Mail: _____
E-Mail: _____	_____

Property where work is proposed: _____
Parcel #: _____

### **New Construction or Alterations**

Proposed construction or alteration (explain in detail) \_\_\_\_\_

Total Square Footage: Basement: \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**Total Construction Cost: \$** \_\_\_\_\_

### **Contractor Information**

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Worker's Compensation Policy No.: \_\_\_\_\_

Insurer: \_\_\_\_\_

Expiration No.: \_\_\_\_\_

**Note: A permit will not be issued until a copy of the worker's compensation insurance certificate is submitted indicating Oakland Township as the certificate holder.**

All permits required by the Commonwealth of Pennsylvania Department of Labor & Industry including Highway Occupancy Permits shall be obtained by and are the responsibility of the applicant. The applicant shall be responsible for identification of all utilities prior to excavation.

The undersigned hereby acknowledges that the above information and any attached documents and drawings are true and accurate and that the permit requirements have been read and understood.

Applicant Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Current owner's signature required.**

Township Use: _____	Date Received: ____/____/____	Date Sent to MCA: ____/____/____
Initials: _____	Date Approved: ____/____/____	Date Denied: ____/____/____

## Worker's Compensation Affidavit

The applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits the following Information and Affidavit. One of the following requirements must be marked:

- ☐ A current Certificate of Insurance indicating Worker's Compensation is attached. The certificate must indicate Oakland Township as the holder.
- ☐ The building permit applicant or indicated contractor qualifies as "Exempt from Worker's Compensation. Please indicate the reason for the exemption by checking on of the following and completing the subsequent information:
  - ☐ The Contractor/applicant is the owner of the property.
  - ☐ Contractor/Applicant is a Sole Proprietor without employees.
  - ☐ All of the contractor/applicants employees on the project are exempt on religious grounds under Section 304.2 of the Act. Please explain in detail:

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

- ☐ Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Act. Explain the status of any/or all workers on the project:

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

### Complete the following:

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

Name of Applicant/Contractor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. Any subcontractors used on this project will be required to carry their own worker's compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_