

TOWNSHIP OF CUMRU

BERKS COUNTY, PENNSYLVANIA
1775 WELSH ROAD
MOHNTON, PA. 19540
8/5/09
WWW.CUMRUTOWNSHIP.ORG

Date _____ Interviewed by: _____

_____ is hereby interviewed for the purpose of obtaining a permit(s) for the property located at _____

Property Owner's Name: _____ Address _____

Agent/Contractor: _____ Address _____

Owner's Daytime phone number: _____ Contractors Phone: _____

Owner's Cell Phone _____ Contractors Cell Phone _____

Type of Work: _____

1a. Is Subdivision Required? Yes _____ No _____

1b. Is Land Development Required? Yes _____ No _____

ALL CONSTRUCTION AND REPAIRS TO BE ACCORDING TO PA UNIFORM CONSTRUCTION CODE

- | | | |
|---|--------------------|-------------------------------------|
| 1. On Lot System | _____ Not Required | _____ Required |
| 2. Municipal Sewer Connection Permit | _____ Not Required | _____ Required |
| 3. Building Permit | _____ Not Required | _____ Required |
| 4. Building Plans (2 sets) | _____ Not Required | _____ Required |
| 5. Demo. Permit w/packet | _____ Not Required | _____ Required |
| 6. Electrical Permit | _____ Not Required | _____ Required |
| 7. Storm Water Mgmt (Commercial) | _____ Not Required | _____ Required |
| 8. Street Opening Permit | _____ Not Required | _____ Required |
| 9. Curb, Sidewalk, Driveway Permit | _____ Not Required | _____ Required |
| 10. Use Permit | _____ Not Required | _____ Required |
| 11. Sign Permit | _____ Not Required | _____ Required |
| 12. Soil Erosion Plan approval by BCC | _____ Not Required | _____ Required |
| 13. Plot Plan (2 sets) | _____ Not Required | _____ Required |
| 14. Plumbing Permit | _____ Not Required | _____ Required |
| 15. Rain Conductor Permit | _____ Not Required | _____ Required |
| 16. Well Permit | _____ Not Required | _____ Required |
| 17. HVAC | _____ Not Required | _____ Required |
| 18. Pool Permit | _____ Not Required | _____ Required |
| 19. Certificate of Workers Comp Insurance or Affidavit of Exemption | _____ Not Required | _____ Required |
| 20. Affidavit of Ownership or Consent | _____ Not Required | <u> X </u> Required (All permits) |
| 21. Certificate of Occupancy | _____ Not Required | _____ Required |

I acknowledge receipt of the Building Permit Pre-Application Form and will comply will all applicable Ordinances.

Signature _____

Date _____

TOWNSHIP OF CUMRU BUILDING PERMIT APPLICATION

Application Date _____

Description: _____

Sq. Ft. of Basement _____

Sq. Ft. of 1st Floor _____

Sq. Ft. of 2nd Floor _____

Sq. Ft. of 3rd Floor _____

Sq. Ft. of Attics 7' and over _____

Sq. Ft. of Garage _____

Sq. Ft. of Porch/Stoop _____

Sq. Ft. of Deck _____

Linear Ft. of Fence _____

Total Square Footage _____

Type	Cost	Fee	Permit No.
Building	\$ _____	\$ _____	_____
Electric	\$ _____	\$ _____	_____
Commercial Electric	\$ _____	\$ _____	_____
On Lot System	\$ _____	\$ _____	_____
Public Sewer	\$ _____	\$ _____	_____
Plumbing	\$ _____	\$ _____	_____
Heating	\$ _____	\$ _____	_____
Well	\$ _____	\$ _____	_____
Sign	\$ _____	\$ _____	_____
Curb/Sidewalk/Driveway	\$ _____	\$ _____	_____
Street Opening	\$ _____	\$ _____	_____
Swimming Pool	\$ _____	\$ _____	_____
Certificate of Occupancy	\$ _____	\$ _____	_____
State Surcharge		\$4.00	
Other _____	\$ _____	\$ _____	_____

Approvals:

Zoning Officer: _____

Date _____

Building Code Official: _____

Date _____

WORKERS' COMPENSATION INSURANCE COVERAGE

I. In compliance with Act 44 of 1993, the Applicant for the annexed Building Permit hereby submits the following:

- _____ Certificate of Insurance (Complete Section II and attach Certificate)
- _____ Certificate of Self-insurance (Complete Section III and attach Certificate)
- _____ Affidavit of Exemption (Complete Section IV, A or B, and Section V)

II. Insurance Information

Name of Contractor _____
Address _____
Federal/State Employer's Identification No. _____
Workers' Compensation Carrier _____
Policy No. _____
Policy Expiration Date _____

III. Self-Insurer Information

Name of Contractor _____
Address _____
Federal/State Employer's Identification No. _____

IV. Exemption

A. Contractor's Exemption

The undersigned claims that (s)he is not required to provide Workers' Compensation under the provisions of the Pennsylvania Workers' Compensation Act for the cited reason:

- _____ Contractor with no employees
- _____ Contractor is a Partnership or Corporation, and the only persons to work on the project are qualified as "executive employees" under Section 104 of the Workers' Compensation Act.
- _____ Contractor claims an exemption on religious grounds under Section 304.2 of the Workers' Compensation Act.

B. Property Owner's Exemption

_____ Property owner claims an exemption on the grounds that (s)he/they will be performing all work on this Project, and that no outside contractors/parties will be employed.

V. Affidavit

I/We, the undersigned, hereby do swear and affirm that the foregoing information, submitted in support of my/our application to Cumru Township for a Building permit, is true and correct in all respects, and that the claim for exemption from the requirements of the Pennsylvania Workers' Compensation Act is founded upon the applicable section as specified.

S.S. Commonwealth of PA }
County of Berks }

Before me, the undersigned Notary Public, this _____ day of _____, 20 _____, Personally appeared _____
to me known, whom being duly sworn according to law, deposes and says that
(S) he/they examined the foregoing statements, and verify that (s) he/they are true.

My Commission expires: _____

Notary Public

SEAL

1. It shall be the sole responsibility of the Contractor/General Contractor to insure that any Subcontractors, employed on the Project for which this Application is made, themselves are in full compliance with the requirements of act 44 of 1993.
2. The Contractor/Policyholder shall notify the Municipality of any changes in the status, the cancellation or the expiration of workers' compensation coverage.
3. Violation of the provisions of the Pennsylvania Workers' Compensation Act, or the terms of this Permit will subject the Contractor/Policyholder to a STOP WORK Order, and other fines and penalties as provided by law.

S.S. Commonwealth of PA}
County of Berks

AFFIDAVIT OF OWNERSHIP

I/We, the undersigned, hereby do swear and affirm that I/We are the owner (s) of record of the property located at _____,
Cumru Township, Pennsylvania.

As owner (s), we are making application for a Zoning and/or Building permit for the above premises.

(Owner's Signature)

(Owner's Signature)

AFFIDAVIT OF CONSENT

I/We, the undersigned, hereby do swear and affirm that I/We have obtained the consent of the owner (s), _____ and _____,
of the property located at _____,
Cumru Township, Pennsylvania.

With the owner's consent, we are making application for a Zoning and/or Building permit for the above premises.

(Authorized Signature)

(Authorized Signature)

Before me, the undersigned Notary Public, this _____ day of _____,
20 _____, Personally appeared _____ to me
known, whom being duly sworn according to law, deposes and says that s(he)/they examined the foregoing statements, and verify that they are true.

My Commission expires: _____

Notary Public

SEAL
Z/Sharon/AffidavitofOwnership

Please check yes or no to each of the following:

1) This project will disturb more than 5,000 square feet of soil.

YES _____ NO _____

a. Site Location:

AT (Location) _____
(No.) (Street)

Between _____ and _____
(Cross Street) (Cross Street)

Subdivision _____ Lot _____ Block _____ Lot Size _____

_____ Site Located outside Identified Flood-Prone Area

_____ Site Located within Identified Flood-Prone Area

Lowest Floor Elevation _____ 100 Year Flood Elevation _____
(including basement)

Please sign below that the above information is correct and if you have answered yes to one of the above, you will need to certify that the Berks County Conservation District has been contacted regarding an Erosion and Sedimentation Pollution Control Plan for Application Number _____, and they have stated one is not required.

DATE _____

SIGNATURE _____

ADDRESS _____

PHONE NUMBER _____

TOWNSHIP OF CUMRU INSPECTIONS

Minimum Standards

Building, Plumbing and Mechanical Inspections Inspector – Kenneth Remp

Building Inspections

- 1. Footing Before pouring we are looking for virgin soil and size of formed footers – frost footings
- 2. FoundationAnchoring – wall thickness – how the footing drain is being handled –vapor barrier under concrete basement floor
- 3. Framing Proper drilling and notching of joists – rough-in electrical inspection – tempered safety glass (if required) – rough-in of smoke detectors – check fireblocking – insp. before insulation
- 4. Insulation Check R-Values of insulation
- 5. Final Final Electrical Inspectors sticker – smoke detectors – stair and railings – safety hazards – site grading

Plumbing Inspections

- 1. Underground Underground sanitary water or air test and visual – water service visual – proper sump pump pits for perimeter drain – visual outside sanitary sewer line connecting to municipal sewer is inspected by Sewer Department – **Contact - Scott Chieffo – (610) 777-1343 Ext 134**
Outside sanitary sewer line connection to on-lot sewer system inspected by Plumbing Inspector – sewer line must be under footers – when possible
- 2. Rough-In Water or AIR tests on all water & sanitary lines
- 3. Final Access panels at floor level to get to all slip joints and motors for all bath and whirlpool tubs – all sump pits must have pumps installed and proper lids or gravity flow to daylight. All buildings with wells must have well information returned to Township prior to receiving occupancy. Rain leaders must divert water away from foundation.

Mechanical Inspections

Gas line must have proper valves and may require grounding – proper handling of condensate line

INSPECTION FEES

THE BUILDING PERMIT FEE SHALL INCLUDE ONE ROUND OF INSPECTIONS FOR EACH OF THE FOLLOWING ITEMS: FOOTINGS, FOUNDATION, ROUGH FRAMING, ENERGY, WALLBOARD AND FINAL. THE PERMIT HOLDER WILL BE RESPONSIBLE FOR SCHEDULING INSPECTIONS WITH THE TOWNSHIP INSPECTION STAFF. THE FEES FOR ANY RE-INSPECTIONS, AS MAY BE REQUIRED DUE TO AN ITEM FAILING THE INITIAL INSPECTION, WILL BE INVOICED TO THE PERMIT HOLDER IN THE AMOUNT OF \$100.00.

I, _____ HAVE READ THE ABOVE AND AGREE TO PAY ANY AND ALL RE-INSPECTION FEES, IF NEEDED.

SIGNATURE