



SALISBURY TOWNSHIP PERMIT APPLICATION

ROOF / SIDING / WINDOWS

Date Received: _____

Application No.: _____

Date Issued: _____

Site Address: _____

Owner: _____ Phone #: _____

Mailing Address: _____

Contractor: _____

PA State Contractor Registration Number: _____

Mailing Address: _____

Phone #: _____ Mobile #: _____

Description of Work: _____

ESTIMATED COST: \$ _____

REQUIREMENTS

NOTE: ROOFS – this permit applies only to re-shingling. Structural changes must include a detailed description and two (2) sets of drawings. Structural changes require submittal of an “Alterations Permit”.

WINDOWS – this permit applies only to like-for-like. Structural changes must include a detailed description and two (2) sets of drawings. Structural changes require submittal of an “Alterations Permit”. The Alterations Permit must include type of window, window size (egress), window well, safety glaze location, sill height from floor, header size and span, joist size and span, rafter size and span, etc.

PERMIT FEES

- 1.) Base Fee - \$9.00 **plus** \$5.00 for every \$1,000 of Valuation
- 2.) PA State Fee - \$4.00 each Permit

Property Address: _____

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 N/A

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 Plain Management Act (Act 166-1978), specifically **Section 60.3**.

Lowest Flood Level: _____

The Applicant certified that all information is correct, and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code), and any additional approved building code requirements adopted by the Township of Salisbury. The property owner and applicant assume 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 Township of Salisbury, or any other governing body. The applicant certified 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 the *registered design professional* employed in connection with the proposed work.

I certify that the Code Administrator or the Code Administrator's authorized representatives 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

ALLOW 15 BUSINESS DAYS FOR RESIDENTIAL PERMIT APPROVAL

ALLOW 30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPROVAL

Property Address: _____

FOR OFFICE USE ONLY

APPROVAL:

PERMIT APPROVED: _____ **Date:** _____

CODE OFFICER: _____

Permit #: _____

Date Issued: _____ Date Expires: _____

PERMIT FEE: \$ _____

PA STATE FEE \$ _____

TOTAL \$ _____

PERMIT DENIED: _____ **Date:** _____

Date Returned: _____



Township of Salisbury

M E M O

TO: CONTRACTORS and RESIDENTS IN SALISBURY TOWNSHIP

FROM: TOWNSHIP OF SALISBURY, LEHIGH COUNTY

DATE: SEPTEMBER 17, 2002

RE: ACT 44 – THE WORKERS COMPENSATION REFORM ACT

Please be advised that **NO** Salisbury Township Permit Application will be issued to any Contractor or Resident working in Salisbury Township unless the Township Planning & Zoning Department has been supplied with the required proof of **WORKERS COMPENSATION INSURANCE**, either by:

- 1.) **CONTRACTORS – A CERTIFICATE OF INSURANCE** showing Workers Compensation with policy numbers, including the policy's Date of Expiration, showing Salisbury Township as the certificate holder:

**Township of Salisbury
2900 South Pike Avenue
Allentown, PA 18103**

OR:

- 2.) **SELF EMPLOYED** – the attached **WORKERS COMPENSATION VERIFICATION FORM** is used for those individuals who are self employed. This form must be signed and notarized prior to work being performed.
- 3.) **RESIDENTS** – the above does not apply if you, the resident, are doing the work yourself. Please confirm by filling in your name and address in the space provided for the Contractor name and address.

THIS IS A STATE LAW

WORKERS COMPENSATION VERIFICATION FORM

A. The Applicant is a Contractor within the meaning of the Pennsylvania Workers Compensation Law:

Yes No

If the answer is "YES", complete Sections B and C below as appropriate.

B. INSURANCE INFORMATION:

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers Compensation.

Name of Workers Compensation Insurer _____

Workers Compensation Insurance Policy No. _____

Policy 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's Workers Compensation Law for one of the following reasons, as indicated:

- 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 the Township.
- Religious exemption under the Workers Compensation Law.

Applicant Name – *Please Print Clearly*

Address

City, State, Zip

County

Municipality

Signature of Applicant

Subscribed and sworn before me this
_____ day of _____ 20____

Signature of Notary Public

My Commission Expires: _____

(SEAL)