



Township of Salisbury

Lehigh County, PA
2900 South Pike Avenue
Allentown, PA 18103

Phone: 610-797-4000
Fax: 610-797-5516

PERMIT APPLICATION FIRE SUPPRESSION SYSTEM

Permit No.: _____

Date Received: _____

Date Issued: _____

Copy to Fire Inspector

SELECT: New Construction Alterations Repair or Replacement

Site Address: _____

Owner: _____ Phone: _____

Mailing Address: _____

Contractor: _____ Phone: _____

Mailing Address: _____

E-Mail Address: _____

PA State Contractor Registration No. (residential work only): _____

Describe System: _____

Hazard Classification: _____

1. Required Suppression System: Yes No System Demand - GPM _____

2. Fire Alarm System: Yes No Number of Stations Existing: _____ Proposed: _____

3. Sprinklers: Yes No Number of Heads Existing: _____ Proposed: _____

4. Commercial Kitchen Hood(s): Yes No Number of Heads Proposed: _____

5. Spray Booths(s) Yes No Number of Heads Proposed: _____

6. Stand Pipes: Yes No Number of Stand Pipes Proposed: _____

7. Fire Pump(s) Yes No Number of Pumps Proposed: _____

SELECT: Wet Chemical System Dry Chemical System Carbon Dioxide System

Number of Fusible Links: _____ FM200 Foam Agent Clean Agent

Total Square Footage of proposed area: _____

Estimated Cost of Project: _____

PROPERTY ADDRESS: _____

The Applicant certifies 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 certifies 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: _____ Phone: _____

E-Mail: _____ Date: _____

ALLOW 15 BUSINESS DAYS FOR RESIDENTIAL PERMIT APPROVAL

ALLOW 30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPROVAL

48 HOURS NOTICE IS REQUIRED PRIOR TO ANY INSPECTION. PLEASE CONTACT THE INSPECTION AGENCY (THIRD PARTY) THAT REVIEWED AND APPROVED YOUR PLANS FOR INSPECTION:

CODEMASTER INSPECTION SERVICES @ 484-223-0763

PROPERTY ADDRESS: _____

OFFICE USE ONLY

PERMIT APPROVED: Date Approved: _____

CODE OFFICER: _____

Permit #: _____

Date Issued: _____

Date Expires: _____

Permit Fee: \$ _____

PA State Fee: \$ _____

TOTAL: \$ _____



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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
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Allentown, PA 18103**

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 this by filling in your name and address in the space provided (on your permit application) 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. _____ 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 Print Name

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)