

# DETACHED STRUCTURES 1000 SQ. FEET OR MORE



## Customer Assistance Guide



133 Browns Hill Road | Valencia, PA | 16059  
[info@middlesextownship.org](mailto:info@middlesextownship.org)  
724-898-3571



Middlesex Township | 133 Browns Hill Road | Valencia, PA 16059  
Office 724.898.3571 | Fax 724.898.4607  
[Info@MiddlesexTownship.org](mailto:Info@MiddlesexTownship.org)

**When applying for a Building and/or Zoning Permit you need the following:**

- Fill out the appropriate application answering all questions applicable to your job. Application must be legible and signed.
  - If a portion of the application is not applicable to your project put a N/A on the line.
- A Site Plan showing the location of the existing improvements/structures on your property and approx. distances to all property lines, well, septic system, driveway, etc. Also show the location of the proposed construction. (2 copies)
- Drawings showing details of the construction you want to do. (2 copies)
- Copy of Contractors Certificate of Insurance for Workers Compensation **OR** if doing the work yourself submit Workers Compensation Insurance Coverage Waiver *[refer to the attached document]*.

**After Permit Application is submitted:**

- After submitting all required documents your building permit application and drawings will be reviewed. Once the building permit application is approved by Zoning Officer plans are submitted to MDIA. MDIA has 15 business days to review submitted application. Zoning permit applications are reviewed within 10 business days by Zoning Officer .
- Middlesex Township will contact you with an approval or denial.
- If approved, your permit will be issued. The inspection & administrative fees are due when you pick up the permit. You will also obtain a copy of your original application and stamped set of plans.

**After Permit is issued:**

- The Building or Zoning Permit placard is to be visible on site at all times during the construction process.
- To schedule an inspection call the number provided with your permit documents. (Building ONLY)
  - If you request an inspection BEFORE 3 pm, every effort is made to schedule the inspection for the next business day.
  - Be advised additional fees may be applied, throughout the project, for failed or missed inspections.
- The copy of your application and approved plans are to remain on site when the building inspectors come for inspections. Be advised: we cannot inspect if these are not on site and you may incur additional costs due to extra trip(s) by the inspector. (Building ONLY)



## APPLICATION FOR BUILDING AND/OR ZONING PERMIT

Please print legibly – failure to do so may result in a denial, delay, or rejection of this application.

Permit Application No. \_\_\_\_\_

### 1. PROPERTY / SITE INFORMATION

Site Address: \_\_\_\_\_ Tax Map / Parcel No.: \_\_\_\_\_  
Complete Address / Street / Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Municipality: \_\_\_\_\_ Zoning: \_\_\_\_\_

Use:  Residential  Single-Family Dwelling  Multi Family  New  Relocated Manufactured Home  Modular

Commercial  Other \_\_\_\_\_ Floodplain present:  Yes  No

Improvement Type:  New  Addition  Alteration  Repair/Replacement  Relocation  Accessory \_\_\_\_\_

### 2. LAND / PROPERTY OWNER'S INFORMATION (Complete Section 5 for Contractor's Info)

First Name \_\_\_\_\_ Mi. \_\_\_\_\_ Last Name \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

### 3. BUILDING / STRUCTURE OWNER'S INFORMATION [If Different From Above]

First Name \_\_\_\_\_ Mi. \_\_\_\_\_ Last Name \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

### 4. BUILDING PERMIT APPLICATION

Provide below description of Work: (Also provide details on plot plan: Show all improvements on lot & approx. distances to lot lines)

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Total Lot Area: \_\_\_\_\_ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 5. CONTRACTOR INFORMATION

Business Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contractor Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person in Charge of Work: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Workman's Compensation Insurance:  Provided  On Record  Exempt PA Home Improvement Contr. Reg. # \_\_\_\_\_

**►► THIS SECTION MUST BE FULLY COMPLETED OR THE APPLICATION MAY BE REJECTED AS INCOMPLETE ◄◄**

## 6. CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true & correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. §4903.

Applicant Signature \_\_\_\_\_ Print Name (legibly): \_\_\_\_\_ Date \_\_\_\_\_

Applicant Phone (Land Line and Cell) \_\_\_\_\_ Applicant Email \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_ Email \_\_\_\_\_

Business OR  Applicant Complete Mailing Address

Business Phone Number (Land Line and Cell) \_\_\_\_\_

## 7. PROJECT DETAILS

Trades:  Building  Electrical Work  Plumbing Work  Mechanical Work (HVAC)  Fire Suppression/Fire Alarm System

Heat Source (if applicable): \_\_\_\_\_ Fuel Type: \_\_\_\_\_

Foundation Type:  Crawlspace  Foundation  Slab at Grade  Piers  Other: \_\_\_\_\_

Details: \_\_\_\_\_

## SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades. Use additional sheet(s) if needed.

Additional sheet(s) attached

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

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Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_ Pa HIC # \_\_\_\_\_

**APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING MDIA OFFICE FOR ALL REQUIRED INSPECTIONS.**

**►► IF NOT APPLICABLE TO YOUR PROJECT PLEASE PUT N/A ON THE LINE/ SPACE ◄◄**

## DIRECTIONS TO THE SITE LOCATION

Please give directions to the work site from a known landmark and/or intersection. Use a directional drawing also in the space provided below if that would assist.

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Street Address: \_\_\_\_\_

Directions: \_\_\_\_\_

Use this space if needed to further clarify the site location:

Please Note: Inspectors cannot inspect what they cannot find. Be certain the directions are clear. Use Road or Street names, distances between turn offs, and the direction of that travel (North South East or West). Landmarks are very helpful.

# BUTLER COUNTY BUILDING PERMIT APPLICATION

I.D. NO. \_\_\_\_\_ DISTRICT \_\_\_\_\_ MAP AND PARCEL NO. \_\_\_\_\_

**IMPORTANT - COMPLETE ALL ITEMS MARK BOXES WHERE APPLICABLE**

## I. IDENTIFICATION

OWNER'S NAME PER DEED OR TITLE	NAME	MAILING ADDRESS	PROPERTY ADDRESS	PHONE NO.
PREVIOUS OWNERS				
CONTRACTOR				

## II. TYPE AND COST OF IMPROVEMENTS

<b>A. TYPE OF IMPROVEMENT</b>	<b>B. PROPOSED USE</b>	<b>C. CONST. OR DEMO COST</b>	
<input type="checkbox"/> 1. NEW BUILDING <input type="checkbox"/> 2. ADDITION <input type="checkbox"/> 3. ALTERATIONS <input type="checkbox"/> 4. REPAIR - REPLACEMENT <input type="checkbox"/> 5. WRECKING <input type="checkbox"/> 6. RELOCATION <input type="checkbox"/> 7. FOUNDATION	<input type="checkbox"/> 1. SINGLE FAMILY <input type="checkbox"/> 2. DUPLEX <input type="checkbox"/> 3. MULTI FAMILY <input type="checkbox"/> 4. GARAGE <input type="checkbox"/> 5. CARPORT <input type="checkbox"/> 6. PORCH/INGROUND POOL <input type="checkbox"/> 7. MOBILE/MODULAR HOME (SEE E)	<input type="checkbox"/> 8. CHURCH <input type="checkbox"/> 9. INDUSTRIAL <input type="checkbox"/> 10. COMMERCIAL <input type="checkbox"/> 11. INSTITUTIONAL <input type="checkbox"/> 12. PUBLIC UTILITY <input type="checkbox"/> 13. SCHOOL <input type="checkbox"/> 14. OTHER SPECIFY _____	1. COST OF CONST. A. ELECTRICAL _____ B. PLUMBING _____ C. HEATING/AC _____ D. OTHER _____
			TOTAL _____

D. OWNERSHIP  1. PRIVATE  2. PUBLIC

E. MOBILE/MODULAR HOME SERIAL NO. \_\_\_\_\_

## III. SELECTED CHARACTERISTICS OF BUILDING

<b>A. PRINCIPAL TYPE OF FRAMING</b>	<b>B. TYPE OF SEWAGE DISPOSAL</b>	<b>C. DIMENSIONS</b>
<input type="checkbox"/> 1. BRICK - STONE - BLOCK <input type="checkbox"/> 2. WOOD FRAME <input type="checkbox"/> 3. STRUCTURAL STEEL <input type="checkbox"/> 4. REINFORCED CONCRETE <input type="checkbox"/> 5. OTHER - SPECIFY _____	<input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE PERMIT NO. _____	X _____ 1. NO OF STORIES _____ 3. BSMT SQ. FT. _____ 2. TOTAL ACREAGE _____ 4. TOTAL SQ. FT. _____
<b>D. TYPE OF WATER SUPPLY</b>		<b>E. NUMBER OF PARKING SPACES</b>
<input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE		1. OFF STREET _____ 2. ENCLOSED _____ OUTDOORS _____
<b>IV. RESIDENTIAL BUILDINGS ONLY</b>	<b>VII. TYPE OF MECHANICAL</b>	<b>IX. DIRECTIONS TO SITE FROM NEAREST INTERSECTION</b>
A. NO. OF BEDROOMS _____ B. NO. OF BATHS _____ 1. FULL _____ 2. HALF _____	YES _____ NO _____ A. A/C _____ B. ELEV. _____	
<b>V. LOCATION</b>	<b>VIII. TYPE OF HEATING FUEL</b>	
A. BUILDING SET BACK _____ 1. FROM STREET _____ 2. FROM SIDE LS _____ RS _____ 3. FROM REAR _____	<input type="checkbox"/> A. GAS <input type="checkbox"/> D. COAL <input type="checkbox"/> B. OIL <input type="checkbox"/> E. OTHER <input type="checkbox"/> C. ELEC _____	
<b>VI. CHECK OTHER STRUCTURES ON PROPERTY</b>		
<input type="checkbox"/> A. NONE <input type="checkbox"/> B. HOUSE <input type="checkbox"/> C. MOBILE/MODULAR HOME <input type="checkbox"/> D. GARAGE	<input type="checkbox"/> E. BARN <input type="checkbox"/> F. SHED <input type="checkbox"/> G. INGROUND POOL <input type="checkbox"/> H. OTHER SPECIFY _____	

## X. HIGHWAY AND ENERGY ACTS

A. HAVE YOU OBTAINED A PERMIT AS REQUIRED BY SECTION 420 OF THE STATE HIGHWAY LAW (P.L. 1242 NO. 428)?  YES  NO

B. HAVE YOU COMPLIED WITH ACT 222 OF THE BUILDING ENERGY CONSERVATION ACT?  YES  NO

## XI. THE OWNER OF THIS BUILDING AND/OR UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE

LAWS OF \_\_\_\_\_ MUNICIPALITY.

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

SIGNATURE OF MUNICIPAL OFFICER \_\_\_\_\_ FEE \_\_\_\_\_ APPROVED REFUSED \_\_\_\_\_

## XII. FOR MUNICIPAL USE ONLY

COMMENTS, RESTRICTIONS, DATE PERMIT EXPIRES (ACCORDING TO LOCAL CODES)

✓ Checklist for the Site Plan to be provided with the Permit Application

1. Site plans are essential and must be clearly legible and reproducible regardless of the reason for requesting the permit.
2. Use an 8 1/2" X 11" sheet of paper at minimum.
3. After locating all the structures on your property show distances in feet to the lot lines and between the structures.

**Provide dimensions of the property getting the proposed improvement**

- o Drawing of approx. property layout (Can use hand drawing, photocopy of survey, etc.)
- o Acreage (Refer to deed or survey drawing)
- o Approx. boundary dimensions (Can be from the deed, field measurement, or a survey drawing)
- o Parcel Number (Not mandatory – obtained from deed or property tax notice)

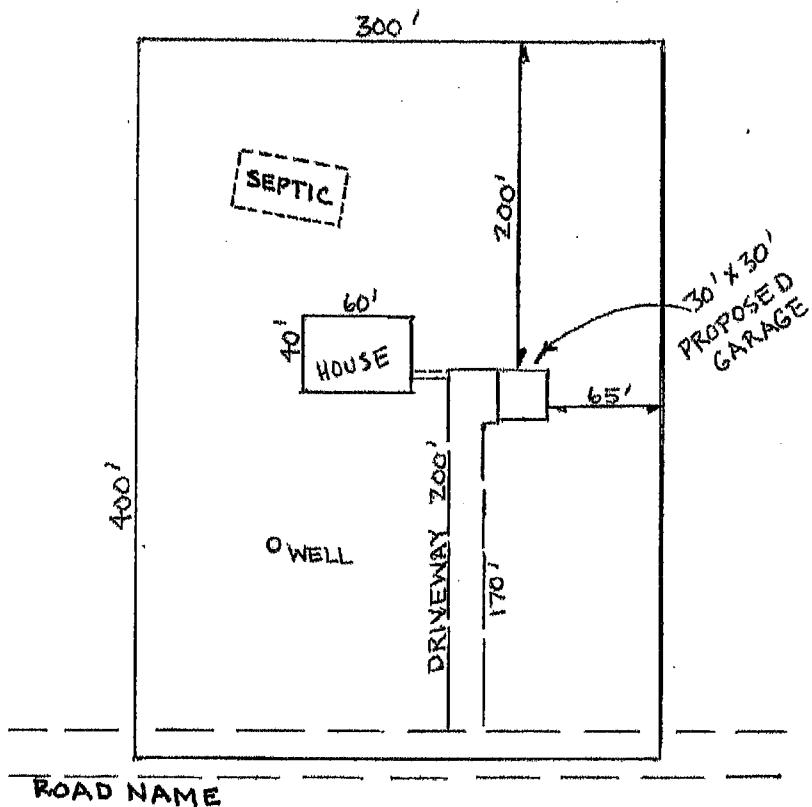
**Existing Buildings / Structures with Corresponding Dimensions**

- o Houses
- o Sheds
- o Barns
- o Swimming Pools
- o Deck / Patios
- o Other buildings or structures on the property
- o Location of on lot well and septic IF applicable

**Proposed Improvement(s)**

- o Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- o Location of Proposed Driveway and Sidewalk

**SAMPLE SITE PLAN ►**



**CUSTOMER ASSISTANCE GUIDE  
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

**DETACHED STRUCTURES (1000 SQ FT OR MORE)  
ACCESSORY TO DETACHED ONE FAMILY DWELLING**

(Shed – Detached Garage – Pavilions – Etc)

- Please read all of the following information.
- The following is a check list. You must have a "checkmark" in all the sections listed below prior to submitting your application.

"Affidavit of Exemption" (See attached form) If you are hiring a contractor to construct your structure, and they have workers' compensation, have the contractor or their insurance carrier provide us with a "Certificate of Insurance" showing proof of such. If the homeowner or a contractor without workers' compensation is constructing the structure, the attached form must be completed and notarized.

A site plan showing the proposed detached accessory structure, the outside dimensions of the structure, the distances in feet, to the front, sides, and rear property lines.

Three (3) sets of construction drawings that show in detail code compliance for all of the work proposed, to include but not limited to the following information:

- Footing detail including depth below frost line.
- Type of foundation.
- Roof rafter size (2x6, 2x8, 2x10, etc).
- Rafter spacing (16" on center, 24" on center, etc).
- Thickness and type of roof sheathing.
- Ceiling joist size and spacing.
- Floor joist size and spacing.
- Wall sections showing top, bottom plates and headers.
- Location and size of all beams, girder/headers.
- Sizes of all doors.
- Plumbing if applicable.
- Mechanical if applicable.
- Electrical if applicable.
- Wall bracing detail (material, length and fastening).

Completed building permit application.

MDIA will review plans submitted to determine code compliance. If the minimum submittal requirements are not met, we will ask the applicant to supply additional information. If the minimum requirements are met, the plans will be marked "approved". A building permit will be issued and the applicant will be notified of the inspection fees and when they can pick-up the permit at the Municipal Building. All fees shall be paid prior to the issuance of the permit. Then use the inspection procedures provided to have all of the required inspections performed.

## INSPECTION PROCEDURES DETACHED ACCESSORY STRUCTURES

- Building permit must be posted on the site of the work and clearly visible from the road until completion of the project.
- Your approved plans must be available at all times for inspections. These are the plans that were submitted with your application and were marked "Approved" by the Building Code Official.
- The permit applicant or authorized agent is responsible for scheduling all inspections.
- To schedule an inspection call the inspector listed below.
- **DO NOT schedule an inspection if the work is not ready!!!!**
- When scheduling an inspection, you must supply your permit number to the inspector.

**PLEASE GIVE THREE (3) WORKING DAYS ADVANCE NOTICE**

## **FOOTING INSPECTION WILL BE GIVEN PRIORITY**

# **MIDDLE DEPARTMENT INSPECTION AGENCY, INC.**

**BEFORE DIGGING CALL 811 – SEE ATTACHED BROCHURE**

## Safe digging is no accident!

### Know what's below.

### Dial 8-1-1 before you dig.



TEMPORARY MARKING GUIDELINES	
WHITE	Proposed Excavation
PINK	Temporary Survey Markings
RED	Electric Power Lines, Cables, Conduit and Lighting Cables
YELLOW	Gas, Oil, Steam, Petroleum or Gaseous Materials, Hazardous Materials
ORANGE	Communication, Alarm or Signal Lines, Cables or Conduit and Traffic Lanes
BLUE	Potable Water
PURPLE	Reclaimed Water, Irrigation and Slurry Lines
GREEN	Sewers and Drain Lines

The following information is needed when you call PA One Call System.

#### YOUR TELEPHONE NUMBER

#### YOUR MAILING ADDRESS

COUNTY - The name of the county where the work will take place

MUNICIPALITY - City, Township or Borough where the work will take place

THE ADDRESS WHERE THE WORK WILL TAKE PLACE

THE NEAREST INTERSECTING STREET TO THE WORK SITE

THE NAME OF A SECOND INTERSECTION NEAR THE WORK SITE

IS THE PROPOSED EXCAVATION AREA (WORK SITE) MARKED IN WHITE - Yes or No

OTHER INFORMATION THAT WOULD HELP THE LOCATOR FIND THE SITE - Clarifying information to assist in finding the location of the work

THE TYPE OF WORK BEING DONE

WHETHER THE WORK WILL TAKE PLACE IN: Street, Sidewalk, Public or Private Property

THE APPROXIMATE DEPTH YOU ARE DIGGING

THE EXTENT OF THE EXCAVATION - The approximate size of the opening: the length and width or diameter

THE METHOD OF EXCAVATION - How will the earth be moved

WHO IS THE WORK BEING DONE FOR

PERSON TO CONTACT IF THE UTILITIES HAVE QUESTIONS

THE CONTACT PERSON'S PHONE NUMBER - The phone number with area code for daytime contact

THE BEST TIME TO CALL

FAX NUMBER, FAX/EMAIL ADDRESS - The message from the utility companies will be sent to you

SCHEDULED EXCAVATION DATE AND START TIME - not less than 3 business days or more than 10 business days

DURATION OF A JOB - How long will the job take

ANY ADDITIONAL REMARKS YOU MAY HAVE

You will be given a 10 digit serial number as confirmation of your call and our system will send you the responses from the utility on the morning of your scheduled excavation date via fax or email

### What do we do?

We are the "Call before you dig" company for all of Pennsylvania. If you plan to disturb the earth with powered equipment, you are required by Pennsylvania law to notify the underground utility companies of your intent to do so. Notification occurs by calling 8-1-1 or 1-800-242-1776, 24 hours of the day, every day of the year. Notification can also be done on our website at [www.paonecall.org](http://www.paonecall.org).

We will then notify the utility companies nearby of your intent to dig. The utility companies are responsible to mark where their underground lines are located with colored flags, paint or chalk.

#### Please Note:

- PA One Call does not mark utility lines.
- In some cases, the utility companies may not mark their lines. If you suspect your lines have been disturbed or need to be located, contact your utility provider or call before you dig for more information.

### Why should you call?

Safe digging is no accident! If you are installing a fence or deck, or digging for a mailbox post, patio or other excavation project, it is important to know what's below. Dial 8-1-1 or 1-800-242-1776 before you dig. The utility companies do not want an accident, either. The best way to learn where underground utility lines are located is to call before you dig.

For more information, visit [www.pa811.org](http://www.pa811.org)



Know what's below.  
Dial 8-1-1 before you dig.



[www.pa811.org](http://www.pa811.org)

### Homeowner Quick Tips

- One easy phone call to 8-1-1 three to ten business days before digging begins helps keep your neighborhood safe.
- Call on Monday or Tuesday if you plan to dig on Saturday or Sunday.
- The utility companies will mark where their underground lines are located with colored paint, flags or chalk.
- Do not remove the flags if you see them in your yard.
- Our service is no cost to homeowners.
- Did you hire someone to install your fence, deck or new patio? Ask to see the PA One Call serial number before allowing them to dig on your property.

### The Excavator's Responsibility

- Dial 8-1-1 or 1-800-242-1776.
- Do not allow anyone to excavate on your property without calling.
- Always look for the markings on the ground before your dig date.
- If you do not see markings, do not allow anyone to dig. Wait for the lines to be marked by the utility.
- Whoever places the call will receive an email or fax with a list of facility owners who have marked or have not marked. Pay attention to this message.
- Respect the markings by not removing flags or disturbing the actual markings.

Exercise care around the marked lines by hand digging.

When the project is complete, the excavator should remove the markings from the ground or paint them over.

Report utility damage during or after digging by calling 8-1-1.

**THIS FORM REQUIRES A NOTARY SEAL**

**AFFIDAVIT OF EXEMPTION**

The undersigned affirm 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:

- 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 letter for all employees).

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

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

Subscribed, sworn to and  
acknowledged before me by the above  
\_\_\_\_\_  
this \_\_\_\_\_ Day  
of \_\_\_\_\_  
20 \_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
**Notary Public**

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Broker or Agent name and address		CONTACT NAME: .. PHONE (A/C, No, Ext):  E-MAIL ADDRESS:	FAX (A/C, No):														
<b>INSURED</b>  Moving Company Name and Address		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B : Indemnity Insurance Company of North America</td> <td>43575</td> </tr> <tr> <td>INSURER C : ACE Fire Underwriters Ins. Co.</td> <td>20702</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22667	INSURER B : Indemnity Insurance Company of North America	43575	INSURER C : ACE Fire Underwriters Ins. Co.	20702	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :																	
INSURER E :																	
INSURER F :																	

## COVERAGES

**CERTIFICATE NUMBER:**

## SAMPLE

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	CLAIMS-MADE X OCCUR								GEN'L AGGREGATE LIMIT APPLIES PER:			
A	X	COMMERCIAL GENERAL LIABILITY			X	X			EACH OCCURRENCE	\$	2,000,000	
									DAMAGE TO RENTED PREMISES (ea occurrence)	\$	2,000,000	
									MED EXP (Any one person)	\$	25,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
									GENERAL AGGREGATE	\$	2,000,000	
									PRODUCTS - COMP/OP AGG	\$	2,000,000	
										\$		
										\$		
A	X	AUTOMOBILE LIABILITY			X	X			COMBINED SINGLE LIMIT (EA accident)	\$	1,000,000	
	X	ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
		Hired AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
B	X	UMBRELLA LIAB	OCCUR		X	X			EACH OCCURRENCE	\$	3,000,000	
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$		
		DED	RETENTION \$							\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						01/01/2020	01/01/2021	X	PER STATUTE	OTH- ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N	N/A	X	01/01/2020	01/01/2021		E.L. EACH ACCIDENT	\$	1,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below						01/01/2020	01/01/2021		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
										E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	Commercial Crime						01/01/2020	01/01/2021	Each Occurrence			1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

MakeSpace Inc., Iron Mountain Inc., and its parents, affiliates, subsidiaries, and its respective officers, officials, agents, employees, successors and assigns are included as additional insureds on the General Liability, Auto Liability and Umbrella Liability policies. A waiver of subrogation in favor of the additional insureds applies to all policies.

**CERTIFICATE HOLDER**

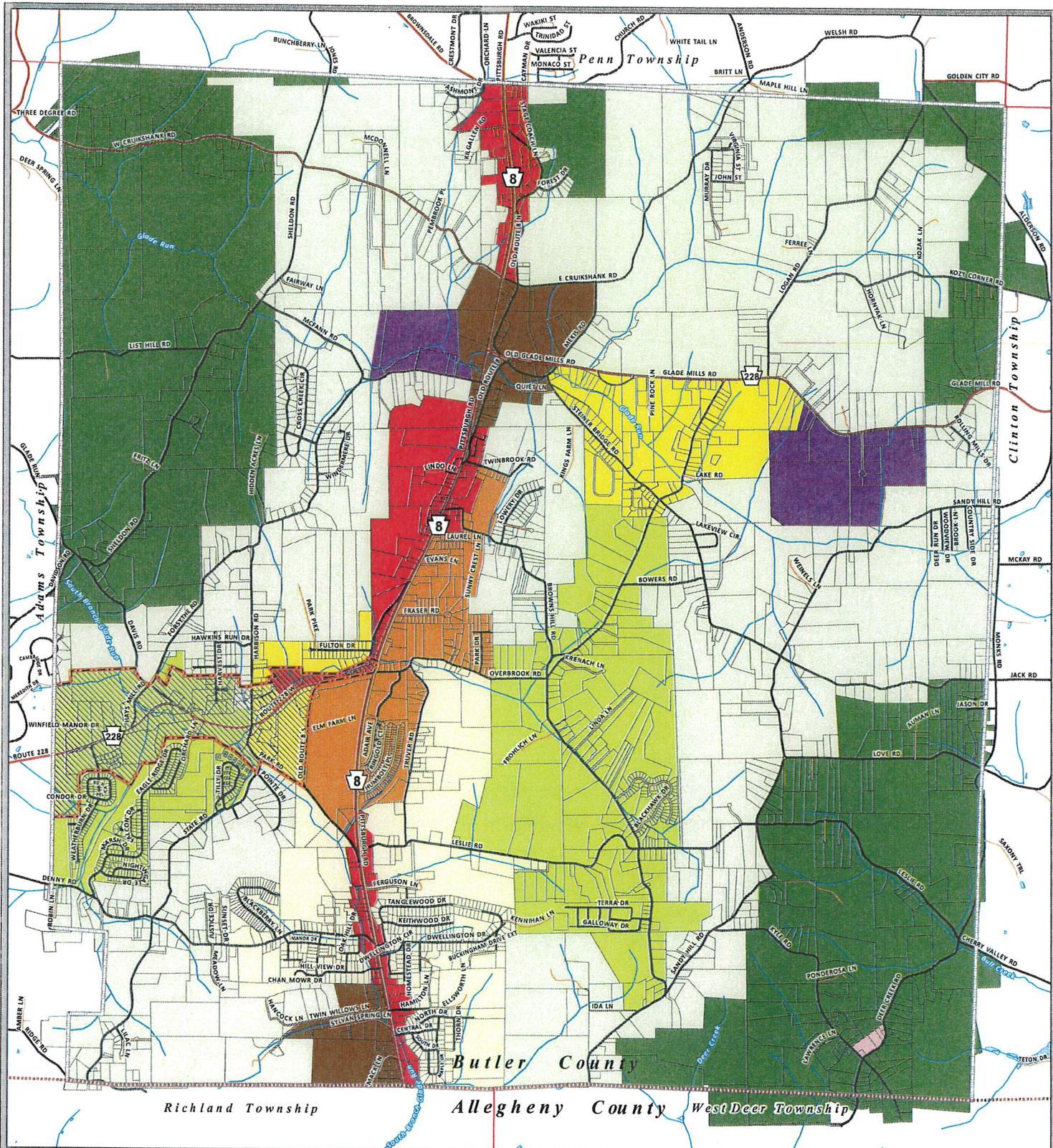
## CANCELLATION

<p>Iron Mountain Inc. MakeSpace Inc. One Federal Street Boston, MA 02110</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE of Marsh USA Inc.</p> <p>SAMPLE </p>

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ACORD 25 (2016/03)

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Key Map



Legend

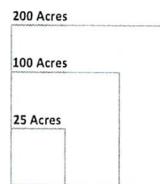
- County Boundary
- Municipal Boundary
- State Road
- Township Road
- Private Lane
- Parcel boundary

Existing Zoning

- Rural Residential (AG-A)
- Residential Agriculture (R-AG)
- Low Intensity Residential (R-1)
- Moderate Intensity Residential (R-2)
- Town Center (TC)
- Neighborhood-Scale Commercial (C-1)
- Community-Scale Commercial (C-2)
- Regional-Scale Commercial (C-3)
- Restricted Industrial (I-1)
- Rt 228 Corridor Commercial and Mixed Use Overlay District

Zoning Map

**Middlesex Township**  
133 Browns Hill Road  
Valencia, PA 16059



**HRG**  
Herbert, Rowland & Grubic, Inc.  
An Employee-Owned Company  
112 West Pennsylvania Drive, Suite 200  
Brookline Township, PA 15219  
(412) 778-4711  
[www.hrginc.com](http://www.hrginc.com)



**NORTH**  
May 2022  
0 400 800 1,600 2,400 3,200  
Feet

Amended on November 21, 2012  
by ordinance No. 125.

Prepared by: Environmental Planning and Design, LLC  
Modified by: Herbert, Rowland & Grubic, Inc.