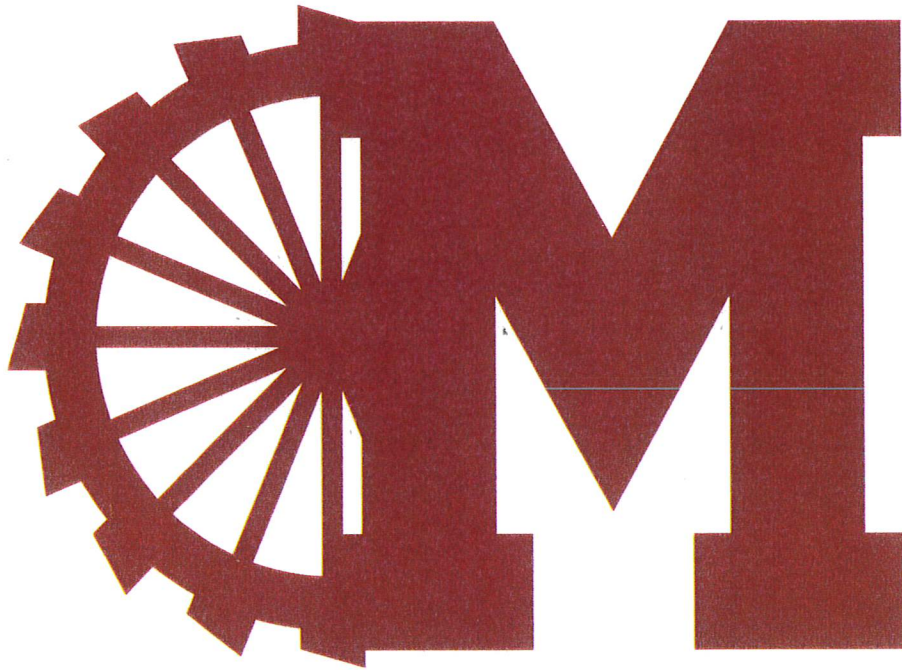


# **DETACHED STRUCTURES UNDER 1000 SQ. FEET**



## **Customer Assistance Guide**

133 Browns Hill Road | Valencia, PA | 16059  
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

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)

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

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 # \_\_\_\_\_

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

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: \_\_\_\_\_

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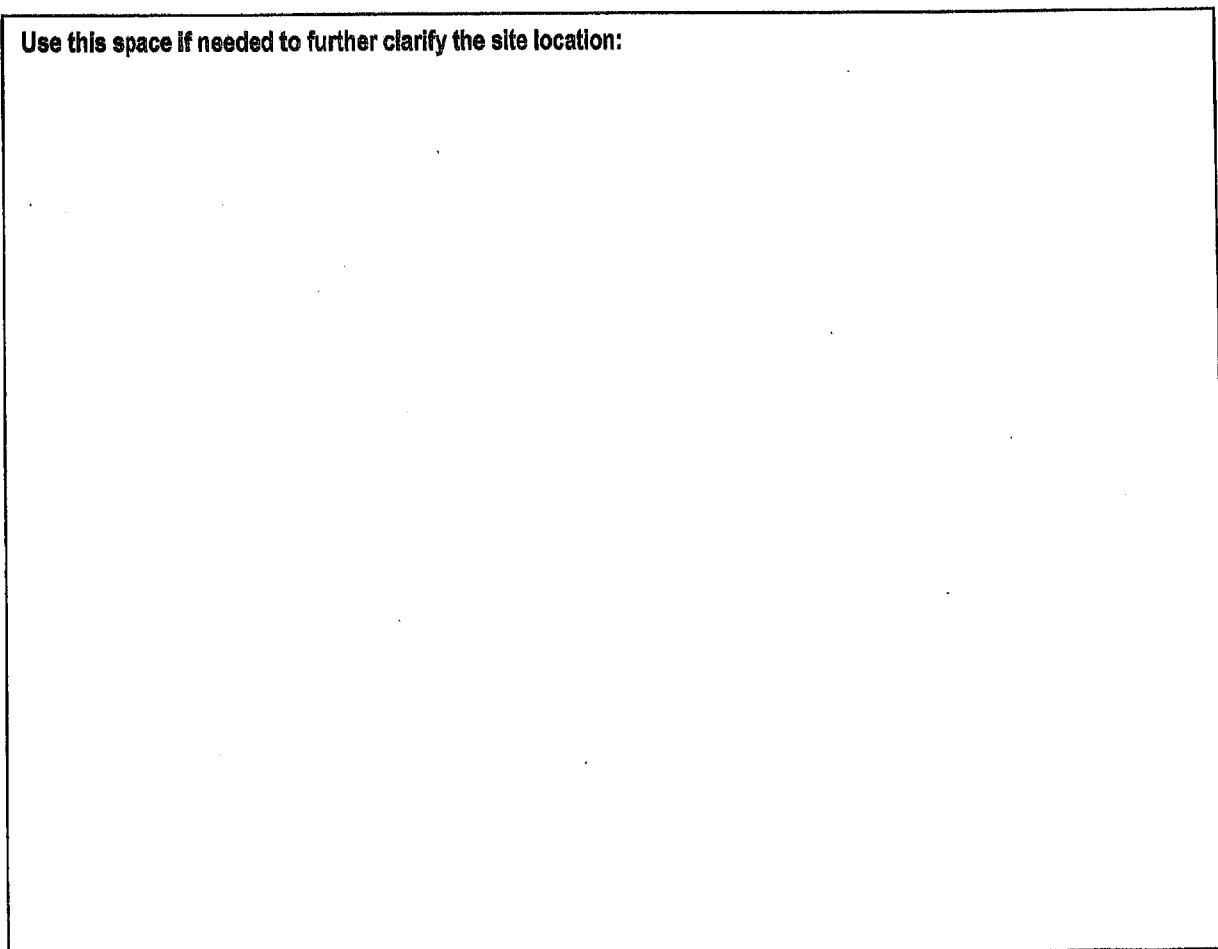
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Use this space if needed to further clarify the site location:



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.

## ✓ 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 ½" 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

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

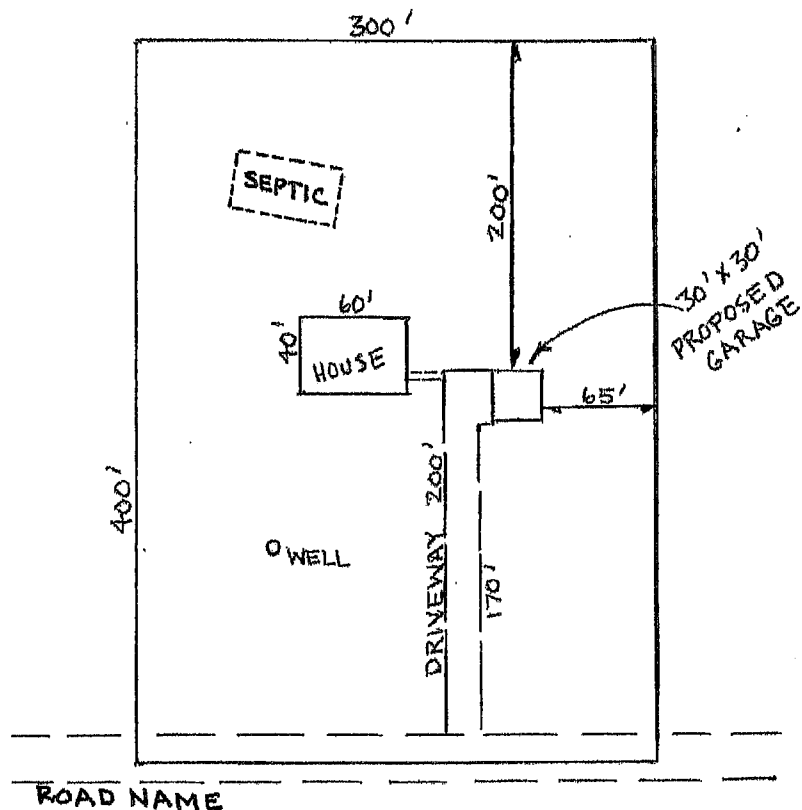
### Existing Buildings / Structures with Corresponding Dimensions

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>○ Houses</li> <li>○ Sheds</li> <li>○ Barns</li> <li>○ Swimming Pools</li> </ul> | <ul style="list-style-type: none"> <li>○ Deck / Patios</li> <li>○ Other buildings or structures on the property</li> <li>○ Location of on lot well and septic IF applicable</li> </ul> |
|--|--|

### Proposed Improvement(s)

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

### SAMPLE SITE PLAN ►



**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><br><br>Broker or Agent name and address  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT</b></td> </tr> <tr> <td>NAME: _____</td> <td>FAX: _____</td> </tr> <tr> <td>PHONE (A/C, No, Ext): _____</td> <td>(A/C, No): _____</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: _____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <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> </table> | <b>CONTACT</b> |  | NAME: _____ | FAX: _____ | PHONE (A/C, No, Ext): _____ | (A/C, No): _____ | E-MAIL ADDRESS: _____ |  | 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 : |  |
|--|---|----------------|--|-------------|------------|-----------------------------|------------------|-----------------------|--|-------------------------------|--------|--|-------|--|-------|--|-------|-------------|--|-------------|--|-------------|--|
| <b>CONTACT</b>   |   |                |  |             |            |                             |                  |                       |  |                               |        |  |       |  |       |  |       |             |  |             |  |             |  |
| NAME: _____  | FAX: _____  |                |  |             |            |                             |                  |                       |  |                               |        |  |       |  |       |  |       |             |  |             |  |             |  |
| PHONE (A/C, No, Ext): _____                              | (A/C, No): _____  |                |  |             |            |                             |                  |                       |  |                               |        |  |       |  |       |  |       |             |  |             |  |             |  |
| E-MAIL ADDRESS: _____                                    |   |                |  |             |            |                             |                  |                       |  |                               |        |  |       |  |       |  |       |             |  |             |  |             |  |
| 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 :  |   |                |  |             |            |                             |                  |                       |  |                               |        |  |       |  |       |  |       |             |  |             |  |             |  |
| <b>INSURED</b><br><br>Moving Company<br>Name and Address |   |                |  |             |            |                             |                  |                       |  |                               |        |  |       |  |       |  |       |             |  |             |  |             |  |

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 WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|---|---|--------------------------|--------------------------|--------------------------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/>   | COMMERCIAL GENERAL LIABILITY                          |                          |                          |                          |          |               | 01/01/2020              | 01/01/2021              | EACH OCCURRENCE                           | \$ 2,000,000 |
|          | <input type="checkbox"/>  | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                          |                          |                          |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 2,000,000 |
|          | <input type="checkbox"/>  |   |                          |                          |                          |          |               |                         |                         | MED EXP (Any one person)                  | \$ 25,000    |
|          | <input type="checkbox"/>  |   |                          |                          |                          | X        | X             |                         |                         | PERSONAL & ADV INJURY                     | \$ 2,000,000 |
|          | <input type="checkbox"/>  | GEN'L AGGREGATE LIMIT APPLIES PER:                    |                          |                          |                          |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          | <input checked="" type="checkbox"/>   | POLICY  | PRO-JECT                 | LOC                      |                          |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          | <input type="checkbox"/>  | OTHER:  |                          |                          |                          |          |               |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/>   | AUTOMOBILE LIABILITY                                  |                          |                          |                          |          |               | 01/01/2020              | 01/01/2021              | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|          | <input checked="" type="checkbox"/>   | ANY AUTO  |                          |                          |                          |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|          | <input type="checkbox"/>  | OWNED AUTOS ONLY                                      | <input type="checkbox"/> | SCHEDULED AUTOS          | X                        | X        |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          | <input type="checkbox"/>  | HIRED AUTOS ONLY                                      | <input type="checkbox"/> | NON-OWNED AUTOS ONLY     |                          |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          | <input type="checkbox"/>  |   |                          |                          |                          |          |               |                         |                         |   | \$           |
| B        | <input checked="" type="checkbox"/>   | UMBRELLA LIAB   |                          | <input type="checkbox"/> | OCCUR                    |          |               |                         |                         | EACH OCCURRENCE                           | \$ 3,000,000 |
|          | <input type="checkbox"/>  | EXCESS LIAB   |                          | <input type="checkbox"/> | CLAIMS-MADE              | X        | X             |                         |                         | AGGREGATE                                 | \$           |
|          | <input type="checkbox"/>  | DED   | RETENTION \$             |                          |                          |          |               |                         |                         |   | \$           |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               |   |                          |                          | <input type="checkbox"/> |          |               | 01/01/2020              | 01/01/2021              | X PER STATUTE                             | OTH-ER       |
| A        | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |   |                          |                          | Y/N                      |          |               | 01/01/2020              | 01/01/2021              | E.L. EACH ACCIDENT                        | \$ 1,000,000 |
| C        | If yes, describe under DESCRIPTION OF OPERATIONS below                      |   |                          |                          | N                        | N/A      | X             | 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

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

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



**Safe digging is  
no accident!**

**Know what's  
below.**

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



#### TEMPORARY MARKING GUIDELINES

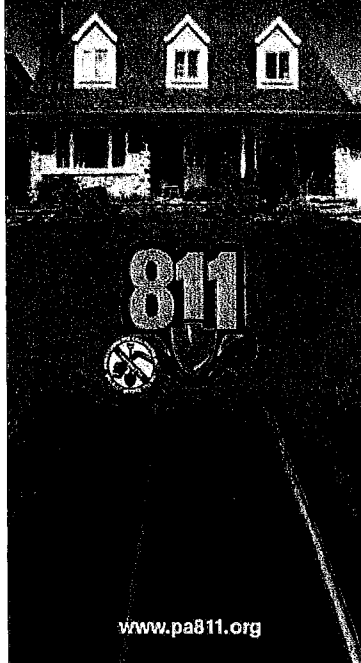
|  |        |  |
|--|--------|--|
|  | WHITE  | Proposed Excavation  |
|  | PINK   | Temporary Survey Markings  |
|  | RED    | Electric Power Lines, Cables, Conduits and Lighting Cables             |
|  | YELLOW | Gas, Oil, Steam, Petroleum or Flammable Materials, Hazardous Materials |
|  | ORANGE | Communications Lines and Lines, Cables, Conduits and Tapes/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 names 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 specify the exact location of the dig  
**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 AND/OR EMAIL ADDRESS** - The responses from the facility owners 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 utilities on the morning of your scheduled excavation date via fax or email

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



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

#### 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, a utility company may identify the service lines on your property.
- In general, our local utility locator service does not mark private lines (e.g., irrigation, swimming pool, etc.) or lines that are not marked on the utility company's records.
- For more information on utility marking, visit [www.paonecall.org](http://www.paonecall.org).

#### 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)



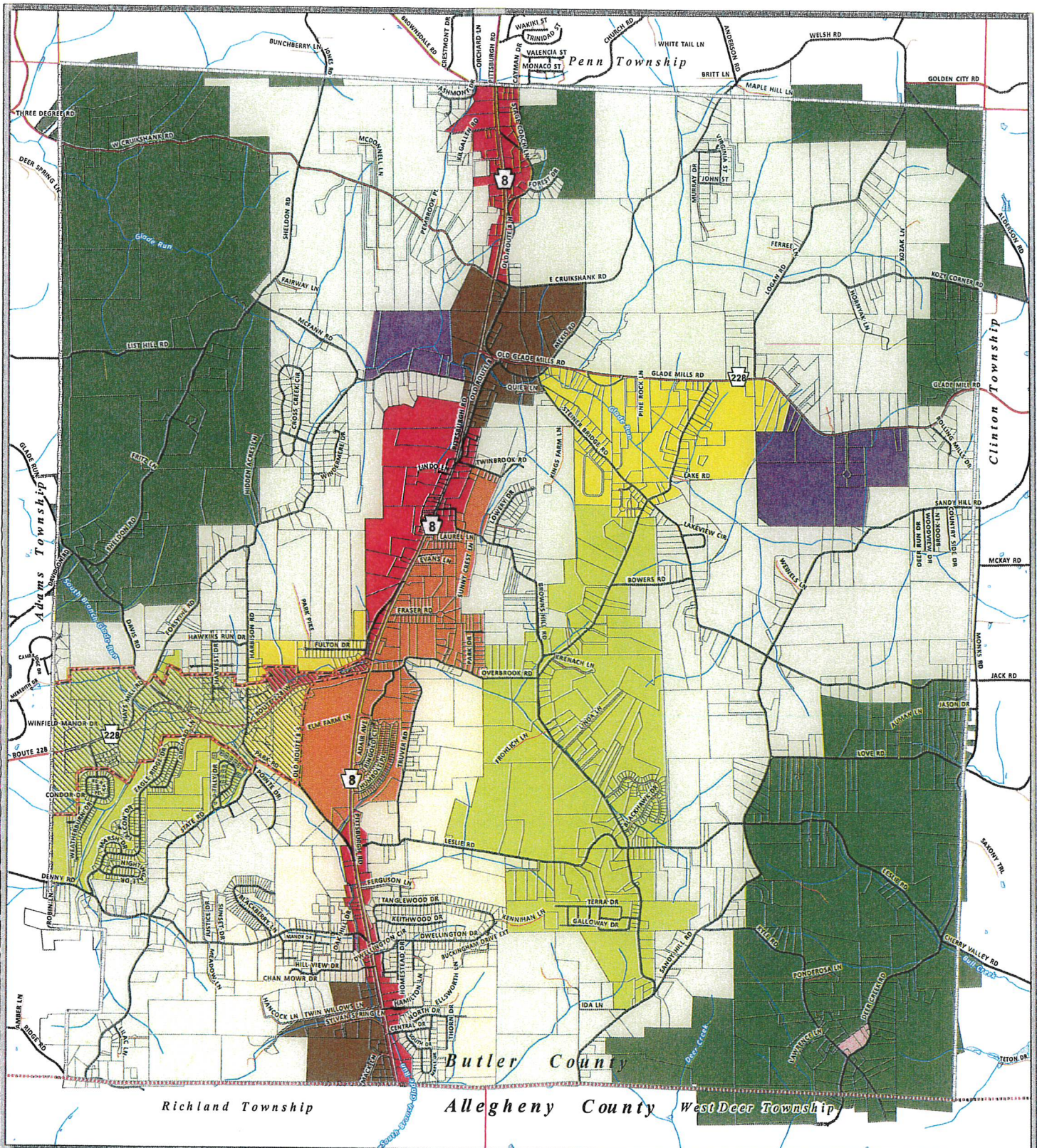
#### Homeowner Quick Tips

- 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.

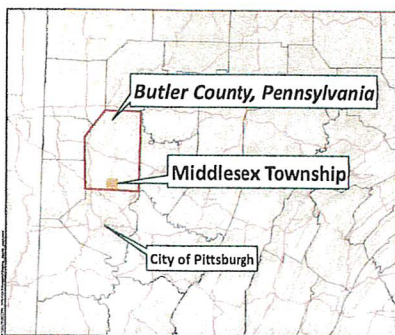
#### The Excavator's Responsibility

- 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 flags or marks from the ground as expeditiously as possible.
- Report missing or damaged markings to the utility company by calling 8-1-1.





### Key Map



### Legend

- County Boundary
- Municipal Boundary
- State Road
- Township Road
- Private Lane
- Parcel boundary
- Existing Zoning
- Rural Residential (AG-A)
- Agricultural (AG-B)
- 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

200 Acres

100 Acres

25 Acres

### Zoning Map

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



133 Browns Hill Road, Suite 100  
Valencia, PA 16059  
(717) 784-4111  
www.hrginc.com



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 & Grubb, Inc.