

MANUFACTURED & INDUSTRIALIZED HOUSING



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 #
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Contractor	Address	Phone No	Pa HIC #
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Contractor	Address	Phone No	Pa HIC #
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Contractor	Address	Phone No	Pa HIC #
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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

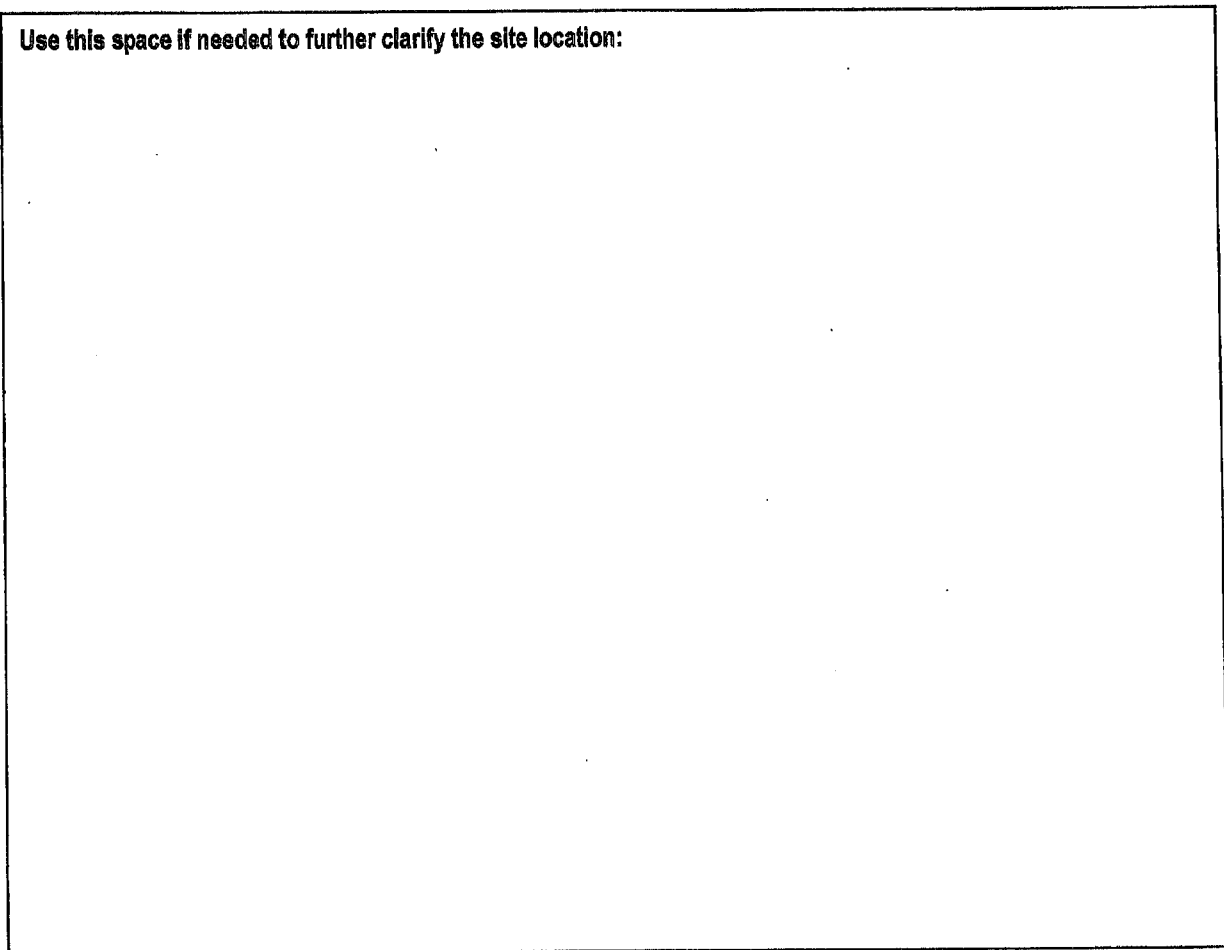
Please give directions to the work site from a known landmark and/or intersection. Use a directional drawing also in the space provided below if that would assist.

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 COSTS OF IMPROVEMENTS

A. TYPE OF IMPROVEMENT <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	B. PROPOSED USE <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 _____	C. CONST. OR DEMO COST 1. COST OF CONST. A. ELECTRICAL _____ B. PLUMBING _____ C. HEATING/AC _____ D. OTHER _____ TOTAL _____
D. OWNERSHIP <input type="checkbox"/> 1. PRIVATE <input type="checkbox"/> 2. PUBLIC	E. MOBILE/MODULAR HOME SERIAL NO. _____	

III. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAMING <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 _____	B. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE PERMIT NO. _____ D. TYPE OF WATER SUPPLY <input type="checkbox"/> 1. PUBLIC <input type="checkbox"/> 2. PRIVATE	C. DIMENSIONS _____ X _____ 1. NO OF STORIES _____ 3. BSMT SQ. FT. _____ 2. TOTAL ACREAGE _____ 4. TOTAL SQ. FT. _____ E. NUMBER OF PARKING SPACES 1. OFF STREET _____ 2. ENCLOSED _____ OUTDOORS _____
IV. RESIDENTIAL BUILDINGS ONLY A. NO. OF BEDROOMS _____ B. NO. OF BATHS _____ 1. FULL _____ 2. HALF _____	VII. TYPE OF MECHANICAL YES NO A. A/C _____ B. ELEV _____	IX. DIRECTIONS TO SITE FROM NEAREST INTERSECTION 
V. LOCATION A. BUILDING SET BACK _____ 1. FROM STREET _____ 2. FROM SIDE LS _____ RS _____ 3. FROM REAR _____	VIII. TYPE OF HEATING FUEL <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 _____	
VI. CHECK OTHER STRUCTURES ON PROPERTY <input type="checkbox"/> A. NONE <input type="checkbox"/> E. BARN <input type="checkbox"/> B. HOUSE <input type="checkbox"/> F. SHED <input type="checkbox"/> C. MOBILE/MODULAR HOME <input type="checkbox"/> G. INGROUND POOL <input type="checkbox"/> D. GARAGE <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. 420)? ☐ 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 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)

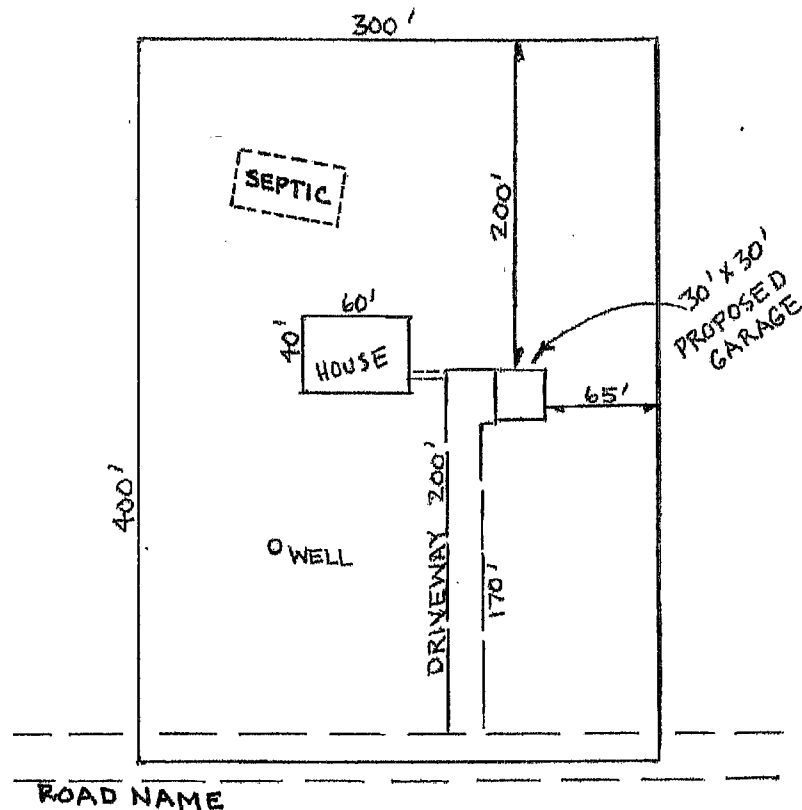
Existing Buildings / Structures with Corresponding Dimensions

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

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

CUSTOMER ASSISTANCE GUIDE
BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS
MANUFACTURED AND INDUSTRIALIZED HOUSING

- Please read all the following information.
- The following is a checklist. 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 dwelling, the outside dimensions of the structure, distances in feet to the front, side and rear property lines; and the height of floor surface above grade at highest point on deck or landing on exterior of main exit door.

_____ Septic permit if applicable. _____ Sewer permit if applicable.

_____ 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;

_____ Installation shall comply with Title 24 CFR 3285 (see attached form). (New Homes)

_____ Footing detail. Thickness and depth below frost line.

_____ Size of masonry units for foundation (piers or full foundations).

_____ Type, size, and placement of anchorage for the structure to the foundation.

_____ A copy of the manufacturer's specifications and installation instructions.

_____ Electrical. Service size _____ and location

_____ Plumbing.

_____ Mechanical if applicable.

_____ Main exit door – 36" x 36" landing on exterior (required).

_____ Installation by certified installer required, please insert certification number _____

EXTERIOR DECK WHERE REQUIRED:

_____ Floor joist size, species and grade of wood.

_____ Floor joist spacing (16" or center, 24" on center etc.).

_____ Span of floor joist (clear distance between supports).

_____ Depth of post footing below finished grade.

_____ Guardrail height from floor or deck, and/or stairs.

_____ Spacing of balusters. (maximum 4").

_____ Stairs – Riser height and tread depth (riser 8 1/4" max tread 9" min.).

_____ Stairs – Handrail height (from nose of tread). (minimum 34", maximum 38")

_____ Handrail grip size – must have a circular cross section of 1 1/4" minimum to 2" maximum.

_____ Width of stairs (36" minimum)

_____ Guardrail (34" minimum measured vertically from nose of thread)

Type of Foundation (circle the type you are using)

1. Set on full basement

2. Crawl space

3. Piers

A. Heated yes _____ (provide wall R-values)
no _____

B. Garage in basement

C. Stairs

A. Cross ventilation

A. Spacing

B. Diameter

C. Depth

D. Type of skirting

_____ 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.

**HUD Manufactured Home
Installation Certification
And Verification Report**

**U.S. Department of Housing and Urban Development
Office of Manufactured Housing Programs**

OMB Approval No. 2502-0578
Expires 07/31/2022

The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Sections 111 and 411 require the licensed installer certify that the manufactured home has been installed and inspected in accordance with the regulations. The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Subpart F requires a qualified inspector verify that the manufactured home has been installed in accordance with the requirements of Part 3286 and Part 3285. The information collected here will ensure that the licensed installers and qualified inspectors inspect the minimum elements for compliance. The public record burden for the collection of information is estimated to average 3.5 hours per response including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collected information. Response to this information is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

Certification Label Number(s) (Include all zeros and agency prefix)	Manufacturer's Serial Number(s) (Include all letters and numbers)	(Installer Name)		(HUD License No.)
(Homeowner Name)		(State)	(Inspector Name)	(State)
(Street Address)	(City)	(Zip)	(Street Address)	(Phone)

1. Initial Inspection

Inspection Item	Inspector Verification			Installer Certification		
Site location with respect to home design and construction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Consideration of site specific conditions	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart C - Site preparation and grading for drainage	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart D - Foundation construction	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart E - Anchorage	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart F - Optional features (Skirting, etc.)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart G - Completion of ductwork, plumbing, and fuel supply systems	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart H - Completion of electrical systems	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
24 CFR 3285 Subpart I - Exterior and interior close-up	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Completion of operational checks and adjustments	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A

2. Reinspection of Home (To be completed and initialed by the inspector)

If the inspector discovers that any item during the Initial Inspection fails to comply with the manufacturer's installation instructions or with an installation design and instructions that have been certified by a professional engineer or registered architect, the installation must be reinspected after the installation is corrected.

Briefly describe the work that did not pass the initial inspection. Upon reinspection, inspector must initial item(s) that are in compliance. Attach additional sheet(s) if necessary.

3. Inspector Verification

I have performed a visual inspection in accordance with 24 CFR § 3286.507, of the manufactured home installation identified above. I have inspected the minimum elements noted above, as required by 24 CFR § 3286.505 and the items above have been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements in any matter within the jurisdiction of the United States such as the verification statement on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Inspector Signature

(Date)

4. Installer Certification

I hereby certify, in accordance with 24 CFR §§ 3286.111 and 3286.411, that the manufactured home identified above has been installed in accordance with an installation design and instructions that have been provided by the manufacturer and approved by the DAPIA or an installation design and instructions that have been prepared and certified by a professional engineer or registered architect that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in part 3285 of this chapter. It is a crime to knowingly make false statements and/or certifications in any matter within the jurisdiction of the United States such as the certification on this or any similar form. Penalties upon conviction can include a fine and imprisonment. See 18 U.S. Code Section 1001.

Installer Signature

(Date)

Privacy Statement: HUD is committed to protecting the privacy of individuals information stored electronically or in paper form in accordance with federal privacy laws, guidance and best practices. HUD expects its third-party business partners who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable laws.

Distribution: Installer, Retailer, Purchaser

INSPECTION PROCEDURES MANUFACTURED AND INDUSTRIALIZED HOUSING

- 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 inspection. These are the plans that were submitted with your application and were marked "Approved" by the building code official.
- The permit applicant is responsible for scheduling all inspections. If you're using a General Contractor, then she/he should take care of scheduling all the necessary inspections.
- **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.

1. Footing inspection – To be done after trenching or forming and prior to placing of concrete.
Inspector, Keith Reiser Phone, 1-800-732-6342
2. Foundation inspection – french drain and water proofing if full foundation is installed.
Inspector, Keith Reiser Phone, 1-800-732-6342
3. Anchoring of structure to foundation.
Inspector, Keith Reiser Phone, 1-800-732-6342
4. Verification of field connected crossovers, structural connections, etc
Inspector, Keith Reiser Phone, 1-800-732-6342
5. Electrical inspection – installation of service from supplier to home.
Inspector, Keith Reiser Phone, 1-800-732-6342
6. Plumbing connections.
Inspector, Keith Reiser Phone, 1-800-732-6342
7. Final inspection – when job is completely finished, prior to occupancy permit and after all other required inspections have been done and approved. Inspections #3, #5, #6 and #7 may be done at the same time. All utilities and fuel systems shall be operational. Provide completed installers certificate and HUD form 309.
Inspector, Keith Reiser Phone, 1-800-732-6342

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

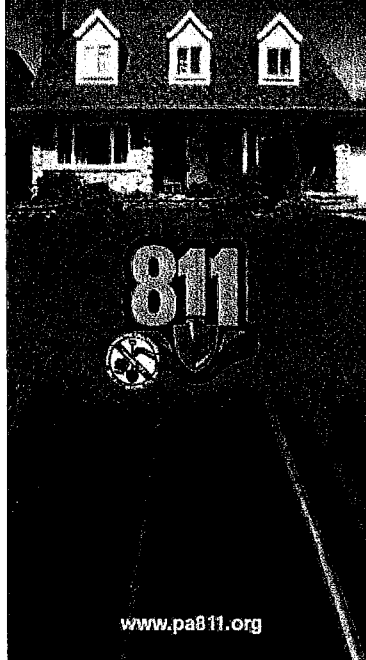
	WHITE	Proposed Excavation
	PINK	Temporary Survey Markings
	RED	Electric Power Lines, Cables, Conduits and Lighting Cables
	YELLOW	Gas, Oil, Steam, Petroleum or Gaseous Materials, Hazardous Materials
	ORANGE	Communication, Alarm or Signal Lines, Cableless Conduit and Trench Locates
	BLUE	Potable Water
	PURPLE	Refrigerant Vents, Irrigation and Slurry Lines
	GREEN	Sewer 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 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 area 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 12 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

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.

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.
- PA One Call is not liable for any damage or injury caused by the utility companies or their employees.
- PA One Call is not responsible for any damage or injury caused by the utility companies or their employees.
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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



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, restore the ground to its original condition.
- Report missing or damaged PA One Call markings to the utility company.

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).

PRODUCER Broker or Agent name and address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT</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;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </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>	CONTACT		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 :	
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INSURER E :																							
INSURER F :																							
INSURED Moving Company 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
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MED EXP (Any one person)	\$ 25,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 2,000,000
	<input checked="" type="checkbox"/>	POLICY PROJECT LOC						GENERAL AGGREGATE	\$ 2,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
									\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY				01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		SCHEDULED AUTOS NON-OWNED AUTOS ONLY							\$
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB						EACH OCCURRENCE	\$ 3,000,000
		EXCESS LIAB						AGGREGATE	\$
		DED RETENTION \$							\$
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
A		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	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

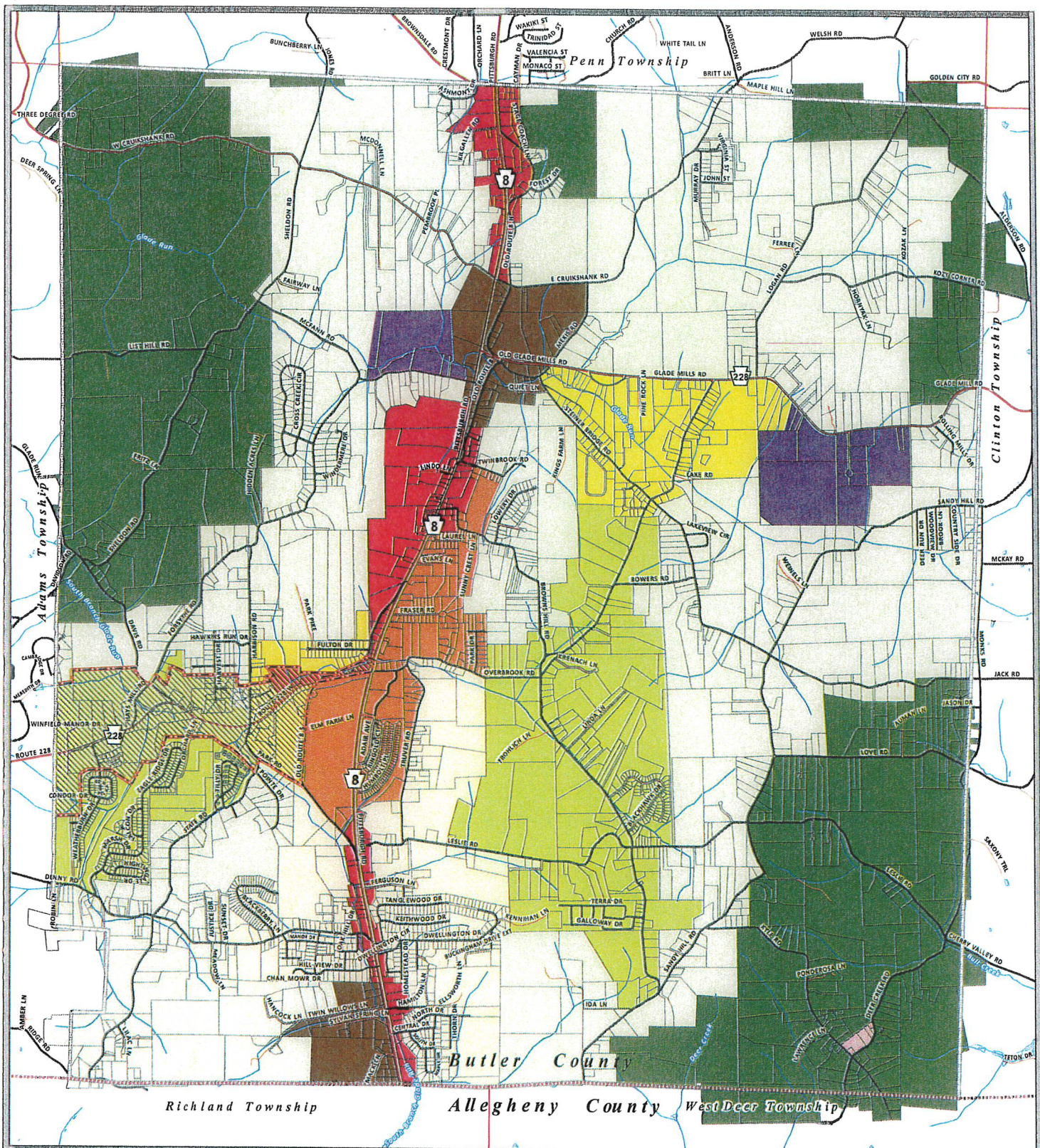
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 MakeSpace Inc., Iron Mountain Inc., and its parents, affiliates, subsidiaries, and its respective officers, officials, agents, employees, successors and assigns are included 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

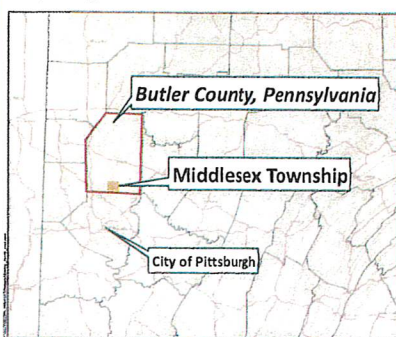
CANCELLATION

Iron Mountain Inc. MakeSpace Inc. One Federal Street 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. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. SAMPLE
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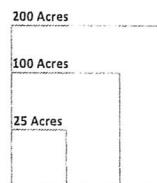


Key Map



Legend

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

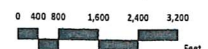


Zoning Map

Middlesex Township
133 Browns Hill Road
Valencia, PA 16059



133 Browns Hill Road, Suite 100
Cochran Township, PA 16009
(717) 794-4777
(717) 794-4778
www.hrg.com



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

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