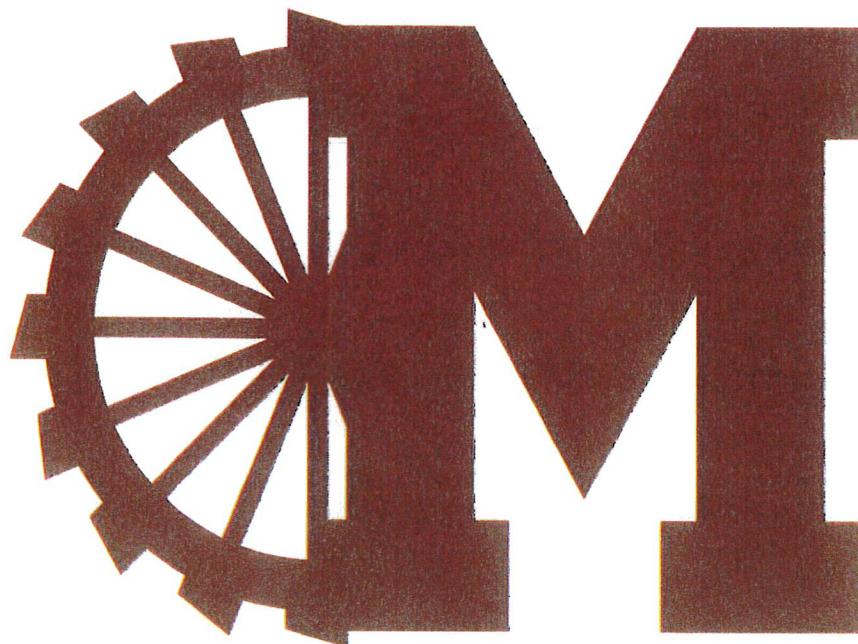


# SOLAR ARRAYS



## 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

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:  Crawlspac  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: \_\_\_\_\_

**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.**

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

## III. 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 BUILDING CHARACTERISTICS OR BUILDING

<b>A. PRINCIPAL TYPE OF FRAMING</b>	<b>B. TYPE OF SEWAGE DISPOSAL</b>	<b>C. DIMENSIONS</b> <input checked="" type="checkbox"/> X _____
<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. _____	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 <input type="checkbox"/> NO <input type="checkbox"/> 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)

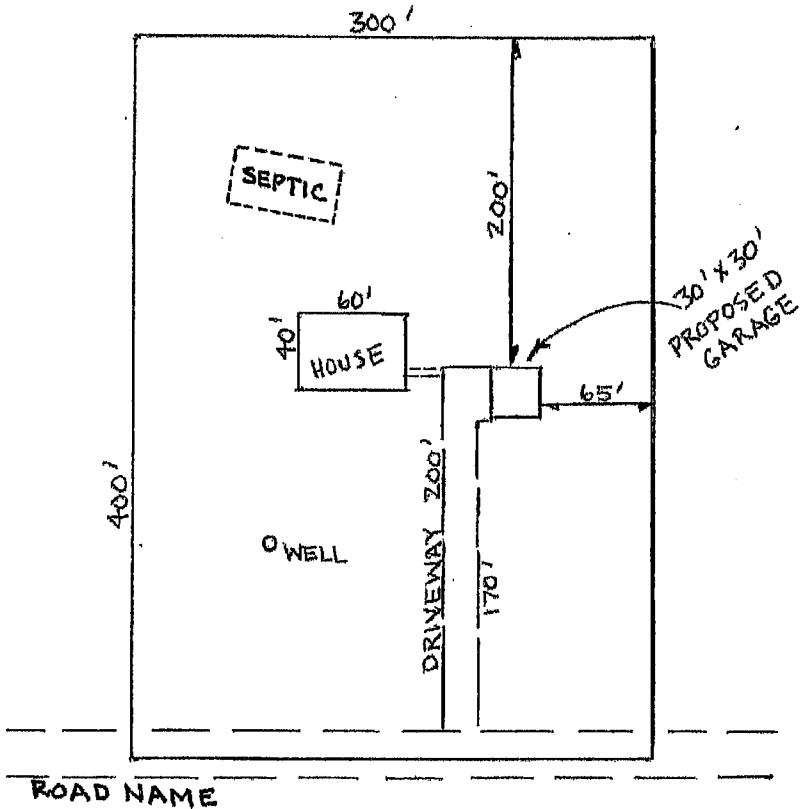
**Existing Buildings / Structures with Corresponding Dimensions**

- 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 ▶**



**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 CONFERNS 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		CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No.):																					
INSURED  Moving Company Name and Address		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td colspan="2">INSURER A : ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td colspan="2">INSURER B : Indemnity Insurance Company of North America</td> <td>43575</td> </tr> <tr> <td colspan="2">INSURER C : ACE Fire Underwriters Ins. Co.</td> <td>20702</td> </tr> <tr> <td colspan="2">INSURER D :</td> <td></td> </tr> <tr> <td colspan="2">INSURER E :</td> <td></td> </tr> <tr> <td colspan="2">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.

EXCLUSIONS AND CONDITIONS OF 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	COMMERCIAL GENERAL LIABILITY						01/01/2020	01/01/2021	EACH OCCURRENCE \$ 2,000,000	
	CLAIMS-MADE OCCUR								DAMAGE TO RENTED PREMISES (Each 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	
									\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:									
	POLICY	PRO- JECT	LOC							
	OTHER:									
A	AUTOMOBILE LIABILITY						1/2020	01/01/2021	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000	
	ANY AUTO								BODILY INJURY (Per person) \$	
	OWNED AUTOS ONLY		SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	Hired AUTOS ONLY		NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
									\$	
B	UMBRELLA LIAB		OCCUR						EACH OCCURRENCE \$ 3,000,000	
	EXCESS LIAB		CLAIMS-MADE						AGGREGATE \$	
	DED	RETENTION \$							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N				01/01/2020	01/01/2021	X PER STATUTE OTHER	
A	ANY PROPRIETOR PARTNER EXECUTIVE OFFICER/MEMBER EXCLUDED?		N N/A X				01/01/2020	01/01/2021	E.L. EACH ACCIDENT \$ 1,000,000	
C	(Mandatory in NH) 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.

**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.

378

**CUSTOMER ASSISTANCE GUIDE  
PERMIT APPLICATION SUBMITTAL REQUIREMENTS**

**SOLAR ARRAYS**

- 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.

2 (two) complete sets of drawings that show the design and construction including all material and system components.

Site plan showing location of major components on the property: This drawing need not be exactly to scale, but it should represent relative location of components and structures at site.

Electrical worksheets showing PV array configuration, wiring system, overcurrent protection, inverter, disconnects, required signs, and utility interconnection detail. Include a three line diagram. Wiring shall be in compliance with the National Electrical Code, specifically Articles 690 and 705.

Specification sheets and installation manuals (if available) for all major PV system components such as, PV modules, dc-to-dc converters, inverters, and mounting systems.

Where a solar array is installed on an existing structure, provide an engineering report from a Pennsylvania registered design professional verifying that the structure will safely support the additional load in compliance with International Residential Code Section R301.1. Provide an attachment detail.

Workers compensation insurance certificate or an affidavit of exemption.

Completed 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 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 SOLAR ARRAYS**

- 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.
- **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.**

## Free standing arrays:

1. Footing Inspection – hole must be dug for support posts. The inspection must be approved prior to placing of concrete.

**Inspector, Keith Reiser** **Phone, 1-800-732-6342**

- Trench inspection prior to
- Final electrical inspection

**Inspector: Keith Reiser** **Phone: 1-800-732-6342**

3. Final Inspection – when Job is completely finished and after all other required Inspections have been done and approved.

**Inspector, Keith Reiser** **Phone, 1-800-732-6342**

### Structure mounted arrays:

## 1. Attachment inspection

**Inspector, Keith Reiser**

Phone, 1-800-732-6342

## 2. Electrical Inspection

Inspector, Keith Reiser

Phone, 1-800-732-6342

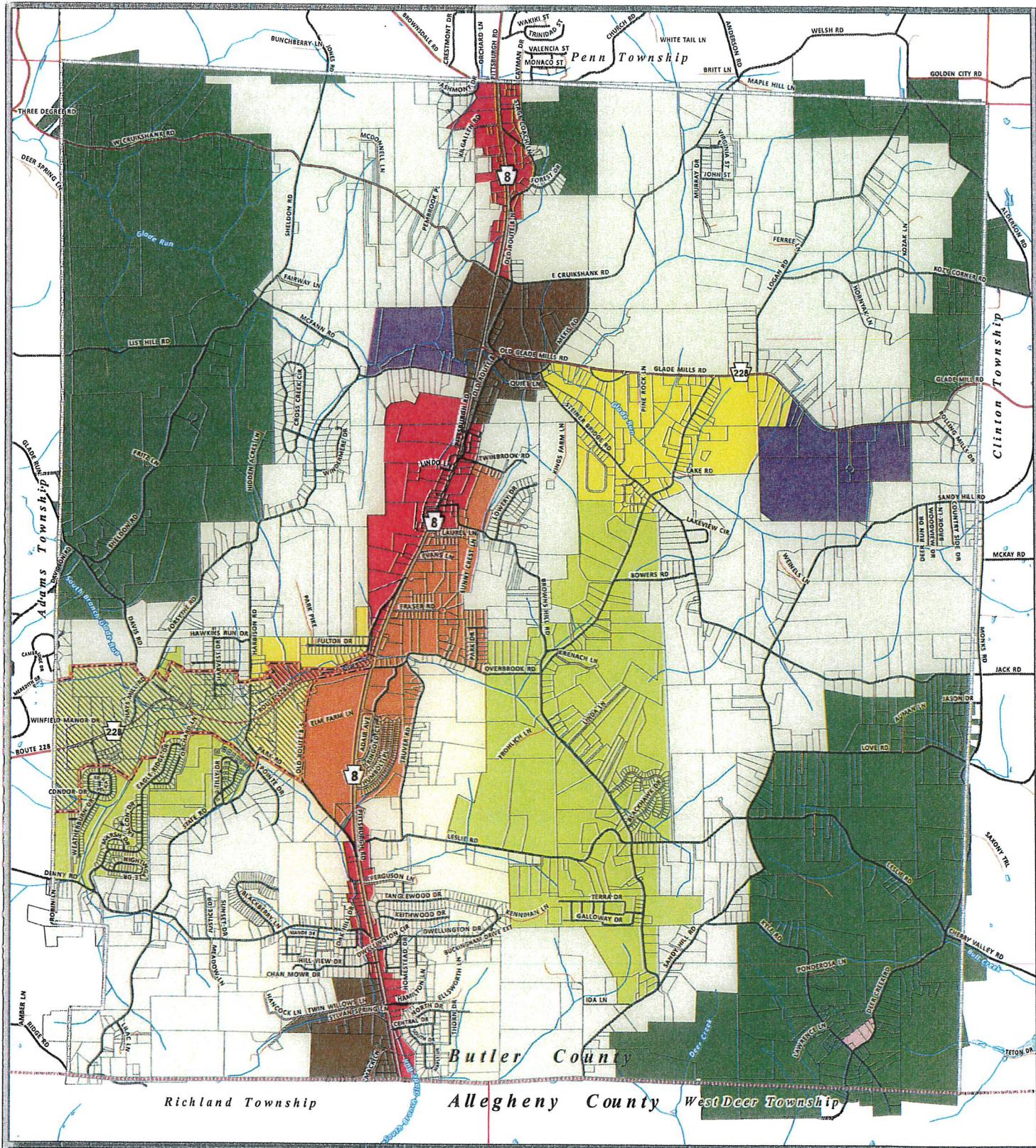
3. Final inspection – (may be combined with #1) when job is completely finished and after all other required inspections have been done and approved.

Inspector, Keith Reiser

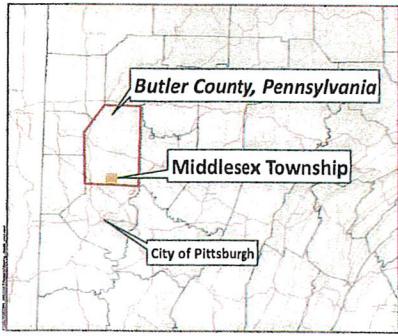
Phone: 1-800-732-6342

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





Key Map

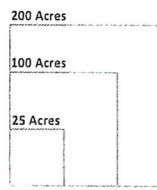


Legend

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



Engineering & Design  
for a Better Environment



NORTH

May 2022



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

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