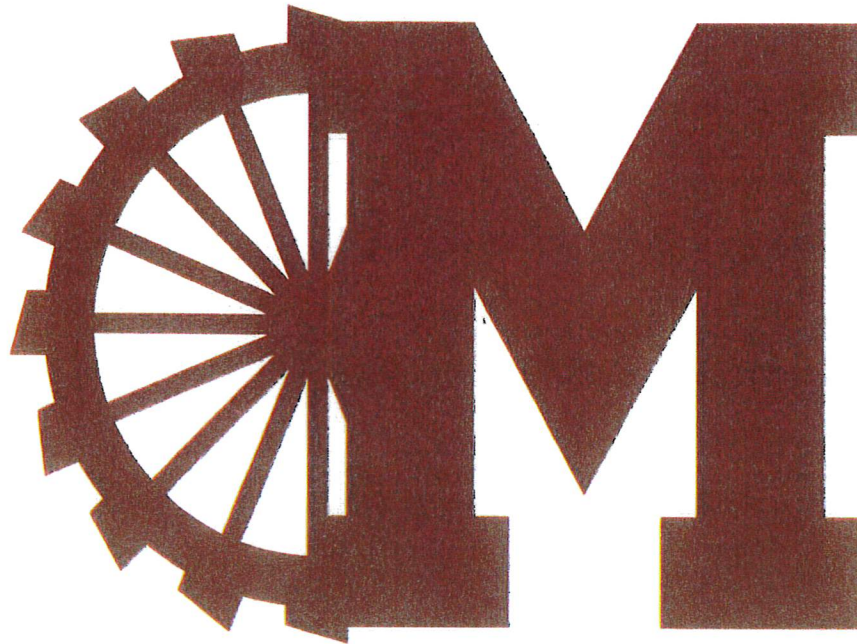


SOLAR ARRAYS



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: _____

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 ☐ 1. PRIVATE ☐ 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 <div style="text-align: center;">  -N- </div>
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. 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

- 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)

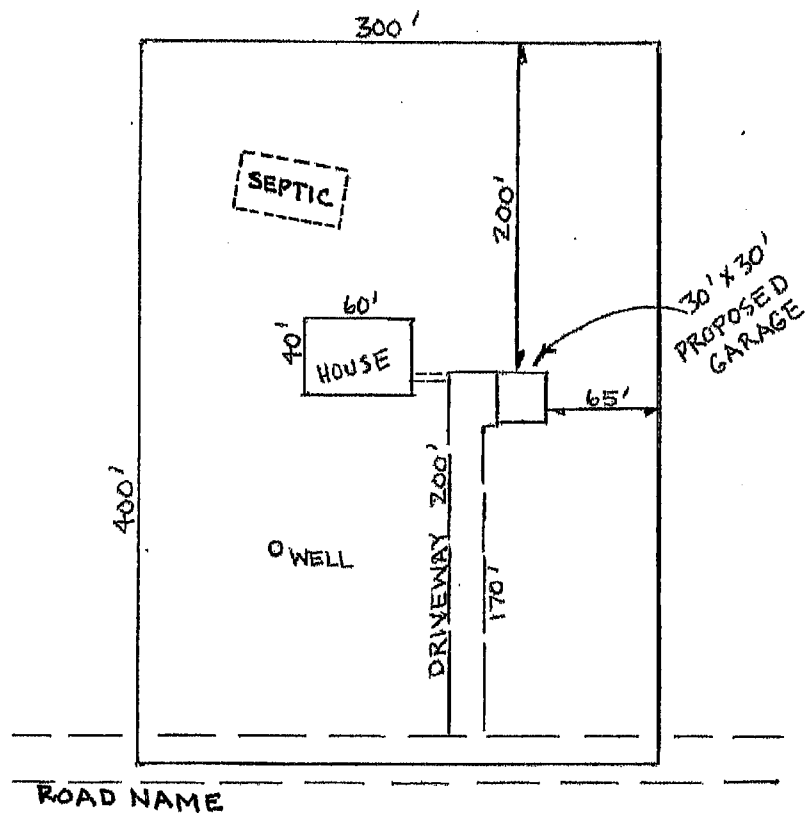
Existing Buildings / Structures with Corresponding Dimensions

- | | |
|------------------|--|
| ○ 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

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	CONTACT NAME: _____ FAX: _____ PHONE (A/C, No, Ext): _____ (A/C, No): _____ E-MAIL: _____ ADDRESS: _____														
INSURED Moving Company Name and Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">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>	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 :	
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 :															

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
		X	X				MED EXP (Any one person) \$ 25,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	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	X	X				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
B	UMBRELLA LIAB						EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE	X	X				\$
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				01/01/2020	01/01/2021	X PER STATUTE COM-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. 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
--	--

**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

- ## 2. Electrical Inspection

- Trench inspection prior to backfill (if applicable)
- 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 Relser

Phone, 1-800-732-6342

Structure mounted arrays:

- ## 1. Attachment inspection

Inspector, Keith Reiser

Phone, 1-800-732-6342

- ## 2. Electrical inspection

Inspector, Kelth 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

**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, Cords and Lighting Cables
YELLOW	Gas, Oil, Steam, Petroleum or Gaseous Materials, Hazardous Materials
ORANGE	Communication, Alarm or Signal Lines, Cables or Cords and Traffic Lights
BLUE	Private Vises
PURPLE	Reclaimed Water, Irrigation and Storm Lines
GREEN	Sewers and Drain Lines

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

YOUR TELEPHONE NUMBER
YOUR MAILING ADDRESS
COUNTY - The name of the county where the work will take place
MUNICIPALITY - City, Township or Borough where the work will take place
THE ADDRESS WHERE THE WORK WILL TAKE PLACE
THE NEAREST INTERSECTING STREET TO THE WORK SITE
THE NAME OF A SECOND INTERSECTION NEAR THE WORK SITE
IS THE PROPOSED EXCAVATION AREA (WORK SITE) MARKED IN WHITE - Yes or No
OTHER INFORMATION THAT WOULD HELP THE LOCATION 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

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.
- In some cases, the utility company may not mark the service lines to your home.
- If you need your water, gas or electric service disconnected, you must call the utility company directly.
- For more information, visit www.pa811.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

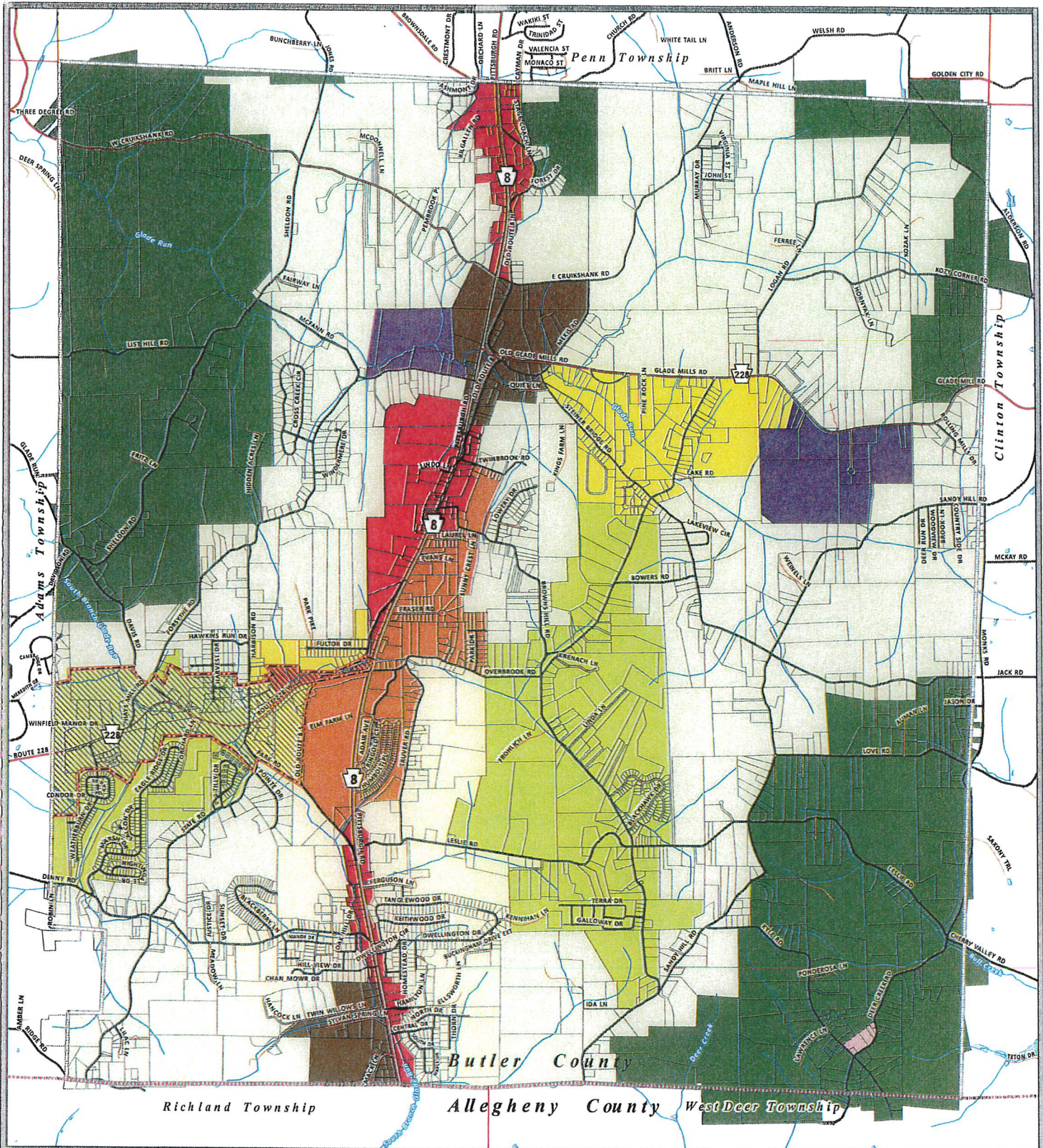


Homeowner Quick Tips

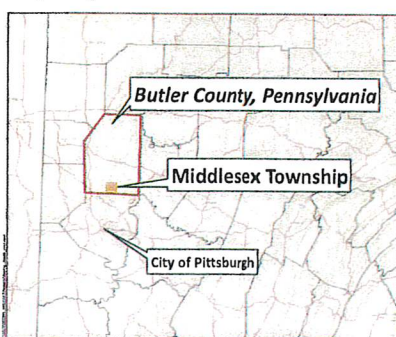
- One easy phone call to 8-1-1 three to ten business days before digging begins helps keep your neighborhood safe.
- Call on Monday or Tuesday if you plan to dig on Saturday or Sunday.
- The utility companies will mark where their underground lines are located with colored paint, flags or chalk.
- Do 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 or pavement.
- Report violations by dialing 8-1-1.



Key Map

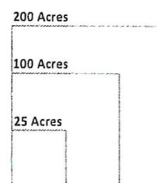


Legend

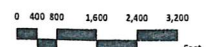
- County Boundary
- Municipal Boundary
- State Road
- Township Road
- Private Lane
- Parcel boundary
- Existing Zoning
- Rural Residential (AG-A)
- Agricultural (AG-B)
- Residential Agriculture (R-AG)
- Low Intensity Residential (R-1)
- Moderate Intensity Residential (R-2)
- Town Center (TC)
- Neighborhood-Scale Commercial (C-1)
- Community-Scale Commercial (C-2)
- Regional-Scale Commercial (C-3)
- Restricted Industrial (I-1)
- RI 228 Corridor Commercial and Mixed Use Overlay District

Zoning Map

Middlesex Township
133 Browns Hill Road
Valencia, PA 16059



128 West Schenck Drive, Suite 100
Columbus Township, PA 15808
724.739.4777
2024.1784.111
www.hrginc.com



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

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