

Cambria Township Compliance Permit Application

Location of proposed building /addition _____

A. TYPE OF IMPROVEMENT:

- _____ New Building
- _____ Addition
- _____ Repair/Replace
- _____ Demolition
- _____ Moving/Relocation
- _____ Foundation Only
- _____ Other

B. OWNERSHIP

- _____ Private
- _____ Public

C. TOTAL COST OF IMPROVEMENT: \$ _____

NON-RESIDENTIAL: Describe in detail proposed used of building:
 Food Processing Plant, Machine Shop, Secondary School, College,
 Parochial School, Parking Garage for Dept. Store , Rental Office
 Building Office or Industrial Plant. If use existing building is being
 changed, enter proposed use. _____

D. PROPOSED USE-MOST RECENT USE:

RESIDENTIAL

- _____ One Family
- _____ Two or more Family
- _____ No. of Units _____
- _____ Transient Hotel, Motel
- _____ No. of Units _____
- _____ Garage
- _____ Carport
- _____ Swimming Pool
- _____ Other

NON RESIDENTIAL

- _____ Amusement/Recreation
- _____ Church/Religious
- _____ Industrial
- _____ Parking Garage
- _____ Service Station /Repair
- _____ Hospital/Institution
- _____ Office/Bank/Prof.
- _____ Public Utility
- _____ School/Library
- _____ Store/Mercantile
- _____ Tanks/Towers
- _____ Sign

I. TYPE OF MECHANICAL

- _____ Air Conditioning _____ Elevator

J. DIMENTIONS

- _____ No. of Stories
- _____ Sq. Ft-Floor
- _____ Sq. Ft Land

K. OFF STREET PARKING:

- _____ Enclosed _____ Outdoors

L. RESIDENTIAL

- _____ Bathrooms
- _____ Full Bath
- _____ Partial Bath

OWNER(PRINT) _____ ADDRESS _____ PHONE NO. _____

CONTRACTOR _____ ADDRESS _____ PHONE NO. _____

ARCHITECT(PRINT) _____ ADDRESS _____ PHONE NO. _____

SIGNATURE OF APPLICANT _____ DATE: _____

DO NOT WRITE IN THIS SPACE

APPROVED _____ PERMIT FEE _____ DATE ISSUED _____ PERMIT NO. _____

_____ \$ _____ _____

PLEASE SEE REVERSE SIDE FOR FURTHER INFORMATION

WORKERS' COMPENSATION INSURANCE INFORMATION

A. The Applicant is:

A Contractor within the meaning of the Pennsylvania Workers' Compensation Law.

YES

NO

If the answer is yes, complete Sections B and C below as appropriate or attach a copy of Certificate of Insurance Form from Contractors Insurance Company.

B. Insurance Information:

Name of Applicant

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation
(Attach Certificate)

Name of Workers' Compensation Policy No. _____

(Attach Certificate)

Policy Expiration Date: _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from Workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania Workers Compensation Law for one of the following reasons, as indicated:

- _____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of insurance to the Township.
- _____ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____, 20____

(Signature of Notary Public)

My Commission Expires: _____

Signature of Applicant:

Address

CAMBRIA TOWNSHIP COMPLIANCE PERMIT

PROPERTY OWNER NAME: _____

LOT NUMBER _____ #911 ADDRESS _____

DESCRIPTION OF CONSTRUCTION _____

FAX TO: Brian Rearick, MDIA Field Inspector
1-800-682-6342 (Phone)

ADDITIONAL COMMENTS:

- _____ Set Back Requirements Established
- _____ Land Development /Subdivision Ordinance
- _____ Stormwater Management Ordinance
- _____ Cam. County Conservation District (Erosion and Sedimentation)
- _____ Flood Plain Management Ordinance
- _____ Road Occupancy/Driveway Permit
- _____ Contractors License/Permit

NOTE: "Certificate of Occupancy" will be used by the Cambria Township Zoning /Compliance Permit Officer (for Commercial buildings) after receipt of "Certificate of Occupancy" from the Building Codes Enforcement Officer.

Cambria Township Compliance Officer
Terry Shulsky
404 Forest Drive
Ebensburg, PA 15931
814-472-7675

Date of Approval

Applicant please do not write on this form
COMPLIANCE OFFICER USE ONLY

FOR YOUR INFORMATION ONLY-PLEASE KEEP

SEND ALL COMPLIANCE APPLICATION PERMITS TO:

Terry Shulsky
404 Forest Drive
Ebensburg, PA 15931
814-472-7675

STEP 1

BUILDING PERMIT INFORMATION:

Middle Department Inspection Agency (MDIA)
Brian Rearick, Field Inspector
800-682-6342

STEP 2

In order to determine if your construction is applicable to the Land Development and Subdivision Ordinance or the Storm-water Management Ordinance, or if you require a Special Exception or Variance, you must contact the Cambria Township Planning Commission, Zoning/Hearing Board and/or the Township Engineer.

CAMBRIA TOWNSHIP PLANNING COMMISSION: Meets the 2nd Tuesday of each month at 5:30pm in the Cambria Township Conference Room. Dennis Simmers 814-748-7961 ext.15

CAMBRIA TOWNSHIP ZONING/HEARING BOARD: Meets the 1st Tuesday of each month at 7:00pm in the Cambria Township Conference Room. Norberta Marshall 814-472-7093

CAMBRIA TOWNSHIP ENGINEERS: CPS Surveying Engineering Services Mini Mall Ebensburg, PA 15931. Jack Shaffer 814-472-5812

TO OBTAIN #911 ADDRESS: 911 Center, 401 Candlelite Drive, Ebensburg, PA 15931 814-472-2050

ALL ROADS OR DRIVEWAYS coming onto a Township road must have Road Occupancy Permit Applications are available at the Cambria Township Municipal Building.

CAMBRIA COUNTY INDUSTRIAL PARK: business entering onto the Cambria County Industrial Park Road must receive a Road Occupancy Permit from Cambria Township. A minimum of 18" smoothwall pipe must be installed . An open ditch inspected will be conducted by the Supervisors before completing the job. Call 814-472-8810 to set up a time for inspection.

If placing a sign on the State Right of Way Contact: Penndot, 1620N. Juniata St. Hollidaysburg, PA 16648. Joe Tagliati 814-696-7215.

YOU MUST ATTACH COPIES OF THE FOLLOWING INFORMATION (IF APPLICABLE) TO THE COMPLIANCE PERMIT FOR APPROVAL.

- _____ proof (copy) of Sewage Permits or Sewage Connection Permit if Public Sewage System
- _____ Proof (copy) of Workers' Compensation from Contractor
- _____ Proof (copy) of #911 addressing
- _____ Proof (copy) Road Occupancy Permit (Township or Penndot)