

**CITY OF HERMITAGE**800 North Hermitage Road, Hermitage, PA 16148  
Phone: 724-981-0800 • Fax: 724-981-2008 • www.hermitage.net**CONSTRUCTION PERMIT****APPLICATION**

(Short Form)

PERMIT NUMBER

THIS PERMIT IS NOT VALID UNTIL ISSUED BY BUILDING CODE OFFICIAL and PERMIT NUMBER IS ASSIGNED

**This application is designed for only the following which DO NOT require zoning review / approval:**

Electrical Inspections

Mechanical Inspections

Plumbing Inspections

**PAGE 1 TO BE COMPLETED BY APPLICANT IN INK & CONTAIN ORIGINAL SIGNATURES****APPLICANT INFORMATION** (Property Owner holds legal title to the land according to current tax records)

Property Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PROJECT INFORMATION** Check all that apply. Provide detailed explanation under Project Description. Electrical Inspection Mechanical Inspection Plumbing Inspection Other \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

**WORKER'S COMPENSATION INFORMATION** Must submit one of the following before permit is issued Certificate of Worker's Compensation Insurance attached Complete Affidavit of Exemption attached Not Applicable - No work being performed; application for inspection purposes only**ACKNOWLEDGMENT** I certify that I am the property owner or that I have the property owner's authorization to complete this application, and I hereby agree and confirm that all of the statements contained within this Construction Permit Application are true and correct, and that all accompanying documentation, if any, truly and correctly sets forth the extent and character of the work outlined herein, and that the accompanying site plan (if applicable) truly and correctly represents the above described property and ALL existing structure(s) for which this application for a Construction Permit has been made. I further agree to abide by any other applicable local, state and federal regulations that may pertain to this application.**EXPIRATION:** I understand that this permit becomes invalid unless the authorized construction work begins within 180 days after permit issuance or if the authorized construction work permit is suspended or abandoned for 180 days after work has commenced. A permit holder may submit a written request for an extension of time to commence construction for just cause. The Building Code Official may grant an extension of time to commence construction in writing. A permit may be valid for no more than five years from its issue date.

Signature of Owner or Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION REVIEW**

All of below - Not Applicable

Electrical:  Yes  N/A

Mechanical:  Yes  N/A

Plumbing:  Yes  N/A

Property Owner Verification:

Deed Reference # : \_\_\_\_\_ Mercer County Parcel # : \_\_\_\_\_

**APPLICATION APPROVAL**

Approved, Date: \_\_\_\_\_

**Deadline date for  
UCC Review (if applicable)  
& BCO Action:** \_\_\_\_\_

Denied, Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Not Applicable, Date: \_\_\_\_\_

Signature of  
Zoning Official: \_\_\_\_\_

Signature of  
Zoning Official: \_\_\_\_\_

NOTES/COMMENTS: \_\_\_\_\_

**UCC PLAN REVIEW**

Electrical Inspection

Mechanical Inspection

Plumbing Inspection

Other Inspection: \_\_\_\_\_

Approved, Date: \_\_\_\_\_

Denied, Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Not Applicable, Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

NOTES/COMMENTS: \_\_\_\_\_

**APPROVAL BY BUILDING CODE OFFICIAL (BCO)**

BCO - City of Hermitage: \_\_\_\_\_  
Date

Construction Permit Fee: \$ \_\_\_\_\_

UCC Surcharge: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Permit  
Issue Date: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Date Paid: \_\_\_\_\_

Total Fee for Construction Permit: \$ \_\_\_\_\_

***INSPECTION PROCEDURES – SHORT FORM***

**INSPECTIONS – ELECTRICAL, MECHANICAL, PLUMBING**

- The permit applicant or authorized agent is responsible for scheduling all inspections.
- To schedule an inspection call the inspector listed below.
- **DO NOT schedule an inspection if the work is not ready!!!!**

**MINIMUM OF 24 HOUR NOTICE REQUIRED TO THE APPROPRIATE  
INSPECTOR LISTED BELOW**

1. Electrical Inspection – Rough-in to be done prior to insulating.  
**Inspector: City of Hermitage – Residential** Phone 724-981-0800  
**Inspector: Building Inspection Underwriters, Inc. – Commercial** Phone 1-877-272-0255
2. Plumbing Inspection – Minimum 4" under slab. Rough-in to be done prior to insulating (if applicable).  
**Inspector: City of Hermitage** Phone 724-981-0800
3. Mechanical Inspection – If applicable.  
**Inspector: City of Hermitage** Phone 724-981-0800
4. Energy Conservation Inspection – To be done after insulating but before drywall.  
**Inspector: City of Hermitage** Phone 724-981-0800

**THIS FORM REQUIRES A NOTARY SEAL**

**RETURN THIS FORM WITH APPLICATION**

## AFFIDAVIT OF EXEMPTION

The undersigned affirms 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 this construction permit, contractor must provide proof of workers' compensation insurance to the municipality. Property owner 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 construction 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 letters for all employees).

\_\_\_\_\_  
Signature of Property Owner or Contractor

State of \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me  
by the above \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public