



Lehman Township Board Of Supervisors

RR 4, BOX 4000 • BUSHKILL, PIKE COUNTY, PENNSYLVANIA 18324 • (570) 588-9365 • FAX (570) 588-1864

Thank you for your recent inquiry regarding Building Permit procedures. The following is a step-by-step list of our procedures, fees, and other notes that may assist you in understanding the regulations involved.

1. Applications may be obtained at the Township Office Monday through Friday, 8:00 a.m. – 4:00 p.m., or by mail. Checks are payable to Lehman Township. Inspector is available Monday-Friday 8:00 a.m.-3:30 p.m.
2. The Township requires a completed Building Permit application (signed and dated) copy of deed, copy of survey, copy of site plan, 3 sets of Building Plans, signed Trespass Waiver, Agent authorization (if applicable), Workers Compensation Insurance form and check payable to Lehman Township (see Building Fees). ****REMINDER: 2009 IRC Requires: all braced wall lines, shall be identified on the construction documents and all pertinent information including, but not limited to, bracing methods, location and length of braced wall panels, foundation requirements of braced wall panels at top and bottom shall be provided.**
3. A Building Permit is **NOT** needed for One-story detached accessory structures, provided the floor area does not exceed 1000 square feet.

RESIDENTIAL BUILDING FEES

Minimum fee required: \$50.00

Living space & Garage: multiply total square footage by 0.562

Deck: multiply total square footage by 0.109 (min. \$100.00)

Add'l Bathroom: \$50.00 each additional

Administrative Fee: 15% will be added.

(Rev. 8/11)

Other alterations, renovations, repairs & minor work: *Contracts over \$1,000 are \$60 for the first \$1,000 and \$5 per \$1,000 of work thereafter. Contracts under \$1,000 are \$30 flat fee. Copy of contract must be provided.*

4. Once the Building Inspector has approved your application, you will be responsible for inspection requests. Some of the various inspections involved include: footers, foundation, concrete slab, rough plumbing, framing & masonry, special and final inspections.
- ** PLEASE NOTE** that after the foundation is in, all work **MUST** cease and no foundation inspections will be made until a Certified Foundation Survey Plan has been submitted, reviewed and approved by the Building and Zoning Officers. Inspection requests may be telephoned in during regular business hours, and will be placed in the Inspection Log Book for the following business day. However, a request for **FINAL INSPECTION MUST BE IN WRITING ON PROVIDED FORM.** To save time and re-inspection fee costs, make arrangements in advance so that the Building Inspector has access to the areas he will need to inspect. All temporary/permanent stairs must be installed.
5. In order to obtain a Certificate of Occupancy, an Electrical Certificate, if applicable, must be submitted to the Building Inspector prior to the Final Inspection. **Final Inspection to be submitted on provided form.**
The Township also requires, prior to the issuance of the Certificate of Occupancy, an inspection certificate, provided by a qualified individual, for all buildings using a gas appliance and any energy connection, other than electric, to verify that the installation is safe and in accordance with the manufacturers or trade specifications.
 6. Occupancy of any structure prior to the Certificate of Occupancy's issuance is unlawful, and will not be permitted. Avoid problems. If your builder has informed you of job completion, consult the Township Office to verify that your Certificate of Occupancy has been issued.



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TO: CONTRACTORS
FROM: BUILDING INSPECTOR

RE: REQUIRED INSPECTIONS

In Lehman Township, all construction is regulated by the current International Residential Code.

The Township makes the following inspections on all new construction to determine that it adheres to the code:

1. Before the footer and/or foundation is poured; with steel re-bars hung in place (if applicable).
2. * **STOP** – an as-built survey of the foundation must be submitted before the foundation can be backfilled; with perimeter drain in place, foundation parged and tarred.
3. Before the basement or garage slab is poured.
4. Sheathing: before house wrap has been installed and taped
5. House wrap: after windows and doors have been installed. All seams and seams around doors and windows must be done.
6. Frame: After rough plumbing, mechanical and electrical, fire blocking and air barrier have been completed.
7. Insulation.
8. Drywall: before taping and spackling.
9. Final: Upon completion of all construction and grading.

Prior to issuance of the Certificate of Occupancy, the Township requires an electrical certificate, to verify that an electrical inspection (rough and final) was performed by a licensed electrical inspector.

The Township also requires, prior to the issuance of the Certificate of Occupancy, an inspection certificate, provided by a qualified individual, for all buildings using a gas appliance and any energy connection, other than electric, to verify that the installation is safe and in accordance with the manufacturers or trade specifications.

It is the builder's obligation to schedule inspections. The request for **FINAL INSPECTION MUST BE IN WRITING.**

All houses with a Certificate of Occupancy under the International Residential Code standards have completed the above review process.



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LEHMAN TOWNSHIP BUILDING INSPECTIONS

Note: NO SAME DAY INSPECTIONS.

PERMIT # _____

PLEASE PRINT THE FOLLOWING INFORMATION AND CHECK OFF THE NECESSARY ITEMS.

I/We _____ request an inspection for a:

Footer & Pier Pads _____ Piers _____ Foundation _____ Sheathing _____

Rough Mechanical/ Plumbing/ Electric (3rd Party) _____ Framing _____

Insulation _____ Drywall _____ Other _____ Final _____

Home Owner's Name _____ (if different from name listed above)

Structure _____ (i.e. House, Deck, Addition)

Use _____ (i.e. Business, Residence)

Location:

Subdivision: _____ (i.e. Saw Creek, PMLE, Pine Ridge)

Lot _____ Section _____ Block _____

Street Name _____

Is there a specific date you would like for us to make this inspection?

If so, please list _____.

NOTE: The Officers will make every attempt to fulfill your inspection request regarding a specific date and time. However, please note that we cannot guarantee that they will be able to do so. See chart below, which lists all Officers, office days and hours, to avoid a conflict in scheduling.

If you have any special note to make, please list: (i.e. Key under front door mat).

Signature: _____

Date: _____

Phone: _____

OFFICE NAMES

Zoning: Stanley Whittaker
Building: Richard Vollmer/Ed Bland
Sewage: Richard Vollmer

OFFICERS' OFFICE DAYS AND HOURS

Monday-Friday 8:00 a.m. – 3:30 p.m.
Monday-Friday 8:00 a.m. – 3:30 p.m.
Monday-Friday 8:00 a.m. – 3:30 p.m.



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CERTIFICATION FOR FACTORY BUILT STRUCTURES

OWNER: _____

LOCATION: _____

PURPOSE: The building industry now produces an abundance of factory or pre-built structures that are delivered to the construction site for installation and/or connection only. Interior and exterior walls are completed and much of the usual inspection work performed by Township inspectors is, therefore, impossible. This certificate is designed to replace the normal inspection work concerning these items.

_____ hereby certifies to Lehman Township that:

Name of Builder

1. He/She is the builder or supplier (or an officer of a corporate builder or supplier) of a factory built structure delivered to the site described above and,
2. The construction of the structure described herein is built in accordance with PA Rules and Regulations and,
3. He/She is familiar with the Lehman Township Building Code, and the International Residential Code.

Signature: _____ Date: _____

Mailing Address: _____

NO PERMIT FOR ANY FACTORY BUILT STRUCTURE WILL BE ISSUED UNLESS THIS CERTIFICATION HAS BEEN PROPERLY EXECUTED AND FILED. FALSE, MISLEADING OR OTHERWISE INACCURATE STATEMENTS IN THIS CERTIFICATION WILL RESULT IN THE REVOCATION OF ANY BUILDING PERMIT OR CERTIFICATE OF OCCUPANCY ISSUED IN RELIANCE THEREON.



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Authorization of Agent

OWNER: _____

LOCATION: _____

PROPERTY SECTION / LOT: _____

I hereby agree to the proposed work submitted herewith and authorize _____

to make application and act as my agent with the Township concerning the same.

Owner

Owner

Commonwealth of Pennsylvania)

)

ss.

County of _____)

_____, being duly sworn according to law, deposes and says that he/she/it is the person or corporation named in the foregoing authorization of agent and that the facts set forth in the authorization of agent are true and correct to the best of his/her/its knowledge, information and belief and that if a corporation, the person is authorized to execute this document on behalf of the corporation.

Sworn and subscribed before me this _____ day of _____ 20__.

_____(seal)
Notary Public

My Commission expires_____.

Construction Codes Summary

The following is a summary of the requirements for the submission of various construction codes applications to Lehman Township, Pike County, Pennsylvania. Submit the required documents in the number shown for each permit.

	Sewage Permit	Well Permit	Driveway Permit	Zoning Permit	Building Permit
Application Form	1	1	1	1	1
Site Plan	4	3	-	3	1
Original Sealed Survey Plan	1	-	-	2	1
Building Plans	-	-	-	-	3
Property Deed	1	-	-	1	1
Trespass Waiver	1	-	-	1	1
Wetlands Certification	-	-	-	1	-
Agent Authorization	-	-	-	-	1
Workers Compensation Insurance Form	-	-	-	1	1
On-Site Sewage Permit	-	-	-	1*	1*
Well Permit	-	-	-	1*	1*
Central Sewer and/or Water Certification	-	-	-	1*	1*
Copy of signed contract if over \$500.00	-	-	-	1	1
Driveway Permit	-	-	-	1	1
Zoning Permit	-	-	-	-	1
Required Fee	1	1	1	1	1
Port-a-Potty Permit	-	-	-	1	1

* Submit the appropriate document for the type of sewer disposal or water supply being provided.

Applicants should coordinate all permits with the appropriate Lehman Township Codes Official to insure that submissions are both accurate and complete.

All fees should be made payable to Lehman Township. Checks must be in the appropriate amount, in accordance with the current Lehman Township Fee Schedule. Separate checks shall be provided for each separate type of permit, with each check appropriately annotated.



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LEHMAN TOWNSHIP TRESPASS WAIVER

The undersigned is/are the owner(s) of land in Lehman Township, Pike County, Pennsylvania, at the following location:

SUBDIVISION: _____

LOT NO.: _____ SECTION: _____

The undersigned authorize(s) and allow(s) any agents, employees, officials, or representatives of Lehman Township to enter upon the above land for the purpose of performing any inspection or testing necessary to verify information or determine the suitability of an application to Lehman Township pertaining to Codes Enforcement; i.e. Zoning, building, sewage, etc.

IN WITNESS WHEREOF, the undersigned has/have signed this Waiver

This _____ day of _____, 200____, intending thereby to be legally bound.

Owner

Owner



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To All Contractors and Private Individuals:

Effective August 31, 1993, the following is needed before a Building Permit will be issued:

- 1) All contractors with employees must submit a completed Workers' Compensation Information Form and a current Workers' Compensation Insurance Certificate with the following information on it:
 - a) A notation to the effect that the insurer must notify the Township of the expiration or cancellation of any such policy of insurance within three (3) working days.
 - b) The certificate must list Lehman Township as a "certificate holder".
- 2) If the applicant is a private individual, that person does not need proof of insurance.

NOTE: Any violation of the above shall result in the issuing of a "stop work order" until compliance has been obtained.

Stanley Whittaker, Lehman Township Zoning Officer

Workers' Compensation Insurance Coverage Information

(attach to building permit application)

Please Print Clearly:

Company Name: _____ Your Name; _____

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law
() Yes () No

If the answer is "Yes", complete Section B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Workers' Compensation.
() *Certificate attached*

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____
() *Certificate attached*

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation insurance under the provisions of 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 building 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: _____

(Seal)

Signature of applicant _____
Address _____

County of _____
Municipality of _____

Lehman Township BUILDING PERMIT APPLICATION

Permit Fee: _____

Check # _____

PERMIT NO: _____

-----Office Use-----

OWNERS NAME AND MAILING ADDRESS

SITE: (Indicate Subdivision, Lot & Section)

Phone: _____ **ROAD NAME:** _____

Permit is for: () New () Addition () Remodel () Deck () Other _____

Garage: () Attached () Detached () Demolition

Building (Construction) is to be _____ **Ft. wide by** _____ **Ft. long by** _____ **Ft. in height** _____ **Stories**

Living Space, _____ **s.f.** **Garage** _____ **s.f.** **Deck(s)** _____ **s.f.** **Porch(s)** _____ **s.f.**

Bedrooms # _____ **Baths #** _____ **Foundation:** () Full () Crawl () Slab () Piers

Foundation type: () Block () Poured Concrete () Precast

Basement: () Unfinished () Finished – Living Space _____ **s.f.**

Attic: () Unfinished () Finished – Living Space _____ **s.f.**

CONTRACTOR / BUILDER NAME AND ADDRESS

Phone: _____ **Registration No.** _____

Remarks: _____

Estimated Cost: \$ _____

Signature: _____ **Date:** _____

WATER SUPPLY / SEWAGE DISPOSAL CERTIFICATION

LEHMAN TOWNSHIP BOARD OF SUPERVISORS

Name of Property Owner _____ Phone _____

Address _____ Zip _____

Property Location (Development, Lot # Section #, etc.) _____

Street _____

Name of Utility Company _____

Owner of Utility Company _____

Address _____

Water Supply _____ Sewage Disposal _____

Comments

The undersigned does hereby certify that he/she represents the above named utility company, that said Utility company can service the subject property and that said utility will, upon request by the owner of the above property or his agent, cause the same to be connected to the utility lines that are actually in place and capable of providing services to the subject property, which utility lines have been designed and permitted to serve said property. This certification is conditioned upon the applicant complying with the requirements of the utility company and payment by the applicant of any connection fees.

Date _____

(Signature of Agent or Officer)

(BELOW THIS LINE FOR TOWNSHIP USE ONLY)

Zoning and Building Permit Number _____ Date of Issue _____

Comments _____

NO BUILDING SHALL BE USED OR OCCUPIED UNTIL SEWAGE CONNECTION IS MADE AND IN OPERATION.