

# Lehman Township Board Of Supervisors

193 MUNICIPAL DRIVE, \* 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 am – 4:00 pm, or on our website [www.lehmantownship.com](http://www.lehmantownship.com). Checks are payable to Lehman Township.
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, Workers Compensation Insurance form and check payable to Lehman Township. **\*\*\*REMINDER: 2018 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**

*The fee will be determined by Building Inspection Underwriters (BIU) after review of your plans.*

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 made by calling **BIU at 570-344-9681**. Additionally, a request for **FINAL INSPECTION MUST BE REQUESTED BY CALLING BIU AT 570-344-9681**. 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, and / or an Electrical Certificate, if applicable, request must be called into **BIU at 570-344-9681**. 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 building has informed you of job completion, consult the Township Office to verify that your Certificate of Occupancy has been issued.



## *Lehman Township Board Of Supervisors*

193 Municipal Dr. • Bushkill, Pike County, PA 18324 • (570) 588-9365 • Fax (570) 588-1864

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.

There is a \$65.00 Re-Inspection fee upon each failed inspection and a re-inspection will not be performed until paid to Lehman Township.

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.



# Lehman Township Board Of Supervisors

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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.

## 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.

**BUILDING PERMIT**

**ELECTRICAL PERMIT**

Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Front Yard \_\_\_\_\_ Ft. (Front of building to property line) Describe proposed work in detail \_\_\_\_\_

Rear Yard \_\_\_\_\_ Ft. (Rear of building to property line) \_\_\_\_\_

Side Yard \_\_\_\_\_ Ft. Side Yard \_\_\_\_\_ FT. \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**BUILDING PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Total square feet: \_\_\_\_\_ Use Group \_\_\_\_\_ Type Construction \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Height of Structure \_\_\_\_\_

Description of work: \_\_\_\_\_

**Type of work:**

Alterations/Additions of: \_\_\_\_\_ Square Ft. \_\_\_\_\_

( ) Roofing - Total square feet \_\_\_\_\_

( ) Fencing, supply height if it exceeds 6 foot \_\_\_\_\_

( ) Sign - Total Square feet \_\_\_\_\_

( ) Pool - Total Square feet \_\_\_\_\_

( ) Decks - Total Square feet \_\_\_\_\_

( ) Demolition - Total Square feet \_\_\_\_\_

( ) Accessibility \_\_\_\_\_

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

**I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.**

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**ELECTRICAL PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Technical Site Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____ Garbage Disposal
_____	Heater _____	Central A/C Units
_____		Signs
_____		Survey Fee
_____		Others: _____

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Building Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Scan Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

**ELECTRICAL CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Electrical Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Scan Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

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**PERMIT APPLICATION**

**MECHANICAL PERMIT** \_\_\_\_\_ **PLUMBING PERMIT** \_\_\_\_\_  
 Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ Tax Parcel \_\_\_\_\_  
 Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_  
 Owner \_\_\_\_\_ Tenant \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
 Describe proposed work in detail: \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**MECHANICAL PERMIT**  
 Contractor \_\_\_\_\_  
 (if owner, put same name above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Fed Employee No. \_\_\_\_\_  
 (Certificate of Insurance for Workers Compensation needed or signed exemption form)  
 Estimate of total costs for all work \_\_\_\_\_

Technical Site Data No.	Fixture/Equipment
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Owner ( ) Contractor ( ) Owner Representative ( )

**PLUMBING PERMIT**  
 Contractor \_\_\_\_\_  
 (if owner, put same name above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Fed Employee No. \_\_\_\_\_  
 (Certificate of Insurance for Workers Compensation needed or signed exemption form)  
 Estimate of total costs for all work \_\_\_\_\_

Technical Site Data No.	Items	Technical Site Data No.	Items
_____	Water Closet	_____	Interceptor/Separator
_____	Urinal/Bidet	_____	Backflow preventer
_____	Bath tub	_____	Grease trap
_____	Lavatory	_____	Sewer Connection
_____	Shower	_____	Sewer Pump
_____	Floor drain	_____	Stacks
_____	Sink	_____	Solar
_____	Dishwasher		
_____	Drinking fountain		
_____	Washing Machine		
_____	Hose Bibb		
_____	Water Heater		
_____	Fuel Oil Piping		
_____	Gas Piping		
_____	Steam Boiler		
_____	Hot Water Boiler		
_____	Water Service Connection		

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Owner ( ) Contractor ( ) Owner Representative ( )

**MECHANICAL CODE OFFICIAL USE ONLY**  
 Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Mechanical Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

**PLUMBING BUILDING CODE OFFICIAL USE ONLY**  
 Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Plumbing Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

**FIRE PROTECTION PERMIT**

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ Tax Parcel \_\_\_\_\_  
 Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_  
 Owner \_\_\_\_\_ Tenant \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
 Describe proposed work in detail: \_\_\_\_\_

State Classification: New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**FIRE PROTECTION PERMIT**  
 Contractor \_\_\_\_\_  
 (if owner, put same name above)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Fed Employee No. \_\_\_\_\_  
 (Certificate of Insurance for Workers Compensation needed or sign exemption form)  
 Estimate of total costs for all work \_\_\_\_\_

**Technical Site Data:**  
 Water Supply Source \_\_\_\_\_  
 Method of Alarm/Supr. Sys Supervised \_\_\_\_\_

**Storage Tanks:**  
 Type - ( ) Flammable Liquid ( ) Combustible Liquid  
 ( ) LPG ( ) LNG Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

Alarm Systems ( ) 110V Interconnected  
 ( ) System

No.	ITEM
_____	Alarm devices (smoke, heat, pulls, waterflow)
_____	Supervisory devices (tamper, low/high air)
_____	Signaling devices (horns/strobes, bells)
_____	Fire pump GPM Type
_____	Dry pipe/Alarm valves
_____	Sprinkler heads (dry & wet)
_____	Standpipes
_____	Wet chemical or Dry chemical

Circle one: CO2 suppression-Foam suppression-Halon suppression  
 Others: \_\_\_\_\_

Estimate of total costs for all work \_\_\_\_\_

Signature: \_\_\_\_\_  
 Owner ( ) Contractor ( ) Owner Representative ( )

**CODE OFFICIAL USE ONLY**  
 Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_  
 UCC Fire Protection Fee: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 Admin. Fee: \_\_\_\_\_  
 State Fee: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_  
 Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_  
 Date Issued: \_\_\_\_\_

Building Inspection Underwriters (BIU): 570-344-9681

## REQUIREMENTS FOR SUBMITTED PLANS

### RESIDENTIAL:

THREE SETS OF PLANS

DESCRIPTION OF PROJECT AND LIST OF MATERIAL. BE AS DESCRIPTIVE AS POSSIBLE, INCLUDE DIMENSIONS AT ALL SPANS AND GIVE LUMBER SIZES, FOUNDATION, FOOTERS AND INSULATION.

INCLUDE:

- a. ELECTRICAL
- b. PLUMBING
- c. MECHANICAL
- d. SPRINKLERS (OPTION), SIGN FIRE APPLICATION AS OPTING *NOT* TO INSTALL SPRINKLER OPTION.

**COMMERCIAL:** SEND ELECTRONICALLY TO BIU IN SCRANTON WITH THE COMPLETED AND SIGNED APPLICATION WITH ALL OF THE FOLLOWING TO [jsupulski@biu.com](mailto:jsupulski@biu.com) FOR REVIEW.

PLANS SIGNED AND STAMPED BY A DESIGN PROFESSIONAL REGISTERED IN THE STATE OF PENNSYLVANIA

A COVER PAGE LISTING THE CONSTRUCTION TYPE, THE USE GROUP AND THE CODES USED.

A SITE PLAN DETAILING ACCESSIBLE PARKING SPACES, ACCESS ISLES, ROUTE AND SIGNAGE. (UCC 403.42A(h)) (5&6)

COMPLETE DRAWINGS FOR ALL DISCIPLINES THAT APPLY TO THE PROJECT:

- a. BUILDING
- b. ACCESSIBILITY
- c. ELECTRICAL
- d. PLUMBING
- e. MECHANICAL
- f. FIRE ALARM / DETECTION SYSTEM
- g. EXTINGUISHING SYSTEM
- h. SPRINKLER / STANDPIPE SYSTEM
- i. COMMERCIAL COOKING SYSTEM

AFTER PLANS ARE APPROVED SUBMIT 1 COMPLETE SET OF PLANS WITH ALL REQUIRED DOCUMENTATION TO LEHMAN TOWNSHIP

# **BUILDING DEPARTMENT PLAN REVIEW REQUIREMENTS**

## **RESIDENTIAL PLAN REVIEW**

- 1) Plan(s) showing to scale the size and location of all new construction and existing structures on the site. Distances from lot line, established street grades and the proposed finished grades. Site plan shall be drawn in accordance with an accurate boundary line survey.
- 2) Two (2) sets of plans and specifications with the following information included for the building permit application.

### **Building Plan Review Requirements**

- Front, rear and side elevations
- Footing/foundation diagram and details
- Floor plan
- Cross-Section
- Garage/living area separation wall(s)
- Window and door schedule including sizes and U-values
- Design loads and design calculations
- Location of all smoke detectors, heat detectors, carbon monoxide alarms
- "R" value of all insulation

### **Plumbing Plan Review Requirements**

- Isometric diagram of potable water supply system with fixtures, locations and WSFU values.
- Isometric diagram of DWV system with fixtures, location, and DFU values.
- Sprinkler plans if applicable per attached requirements

### **Mechanical Plan Review Requirements**

- Location and size of equipment
- Air distribution and return air system
- Ventilation and exhaust schedule(s)
- Combustion air requirements for all new appliances
- Gas piping diagram

### **Electrical Plan Review Requirements**

- Location of electrical devices: lighting, receptacles, switches, equipment, appliances, transformers, panel and subpanels
- Size and type of conductors
- Panel and subpanel schedule

**\*Homeowners are permitted to draw their own plans. All plans must be to scale.**

**Building Inspection Underwriters of PA, Inc.**  
**570-344-9681 Fax 570-969-9700**

**REQUEST FOR INSPECTION**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

Permit Number: \_\_\_\_\_ (MUST have to schedule an appointment)

Job Name: \_\_\_\_\_

Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Street: \_\_\_\_\_

Town: \_\_\_\_\_

Development: \_\_\_\_\_

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**TYPE OF INSPECTION**

- Footings (before pour)  Slab (before pour)
- Basement/Foundation Walls, Damproofing, Permitter Drains
- Electric Service (Service request # \_\_\_\_\_)
- Rough Electric, Rough Plumbing, Rough Mechanical, Rough Framing
- Final Framing (All mechanicals)
- Insulation/Energy  Dry Wall
- Accessibility
- Final (Need minimum of 48 hours notice)

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Ready When: \_\_\_\_\_ (Date & Time)

Requested by: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Inspections will be completed within 24-48 hours of notification of COMPLETION of work not including weekends and holidays. Request for times cannot be guaranteed.)



## *Lehman Township Board Of Supervisors*

193 Municipal Dr. • Bushkill, Pike County, PA 18324 • (570) 588-9365 • Fax (570) 588-1864

### 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 \_\_\_\_\_

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**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 \_\_\_\_\_

**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.**



*Lehman Township Board of Supervisors*

193 Municipal Dr. · Bushkill, Pike County, PA 18324 · (570) 588-9365 · Fax (570) 588-1864

**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. Authorization to enter the property is limited to inspections necessary for the specific permit application and only during the active permit review period.

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

This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, intending thereby to be legally bound.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

# Deck Plan Submittal

MUST INCLUDE OVERHEAD VIEW ALSO

Deck Size (overall dimensions): \_\_\_\_\_ X \_\_\_\_\_

• note: All Fasteners Must Be Exterior grade

Railing: \_\_\_\_\_  
 - req'd if floor is 30" or more off the ground  
 - constructed so no opening will allow a 4" sphere to pass through.

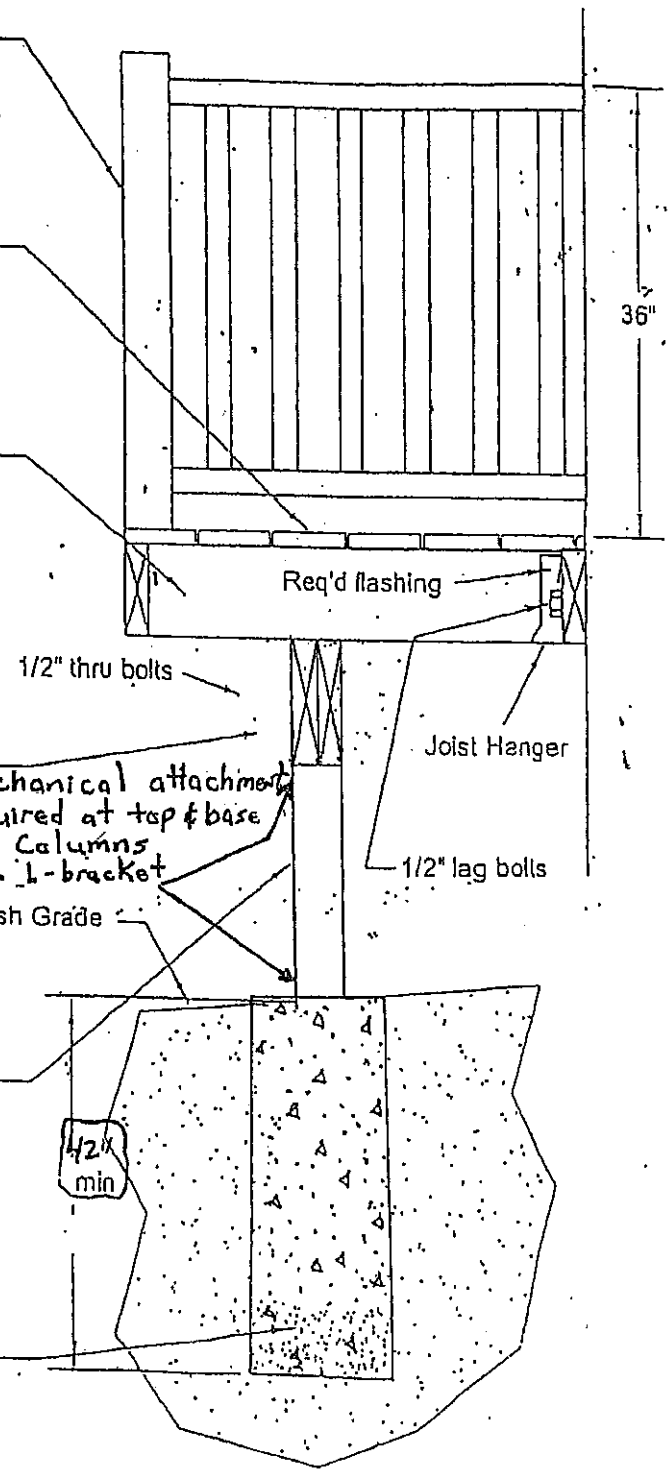
Flooring: \_\_\_\_\_  
 - Material: \_\_\_\_\_  
 - Size (nominal): \_\_\_\_\_ X \_\_\_\_\_

Floor Joists: \_\_\_\_\_  
 - Material: \_\_\_\_\_  
 - Size (nominal): \_\_\_\_\_ X \_\_\_\_\_  
 - Spacing Cen to Cen: \_\_\_\_\_  
 - Clear span distance: \_\_\_\_\_

Carrier Beam: \_\_\_\_\_  
 - Material: \_\_\_\_\_  
 - Size (nominal): \_\_\_\_\_ X \_\_\_\_\_  
 - Spacing Cen to Cen: \_\_\_\_\_  
 - Clear span distance: \_\_\_\_\_

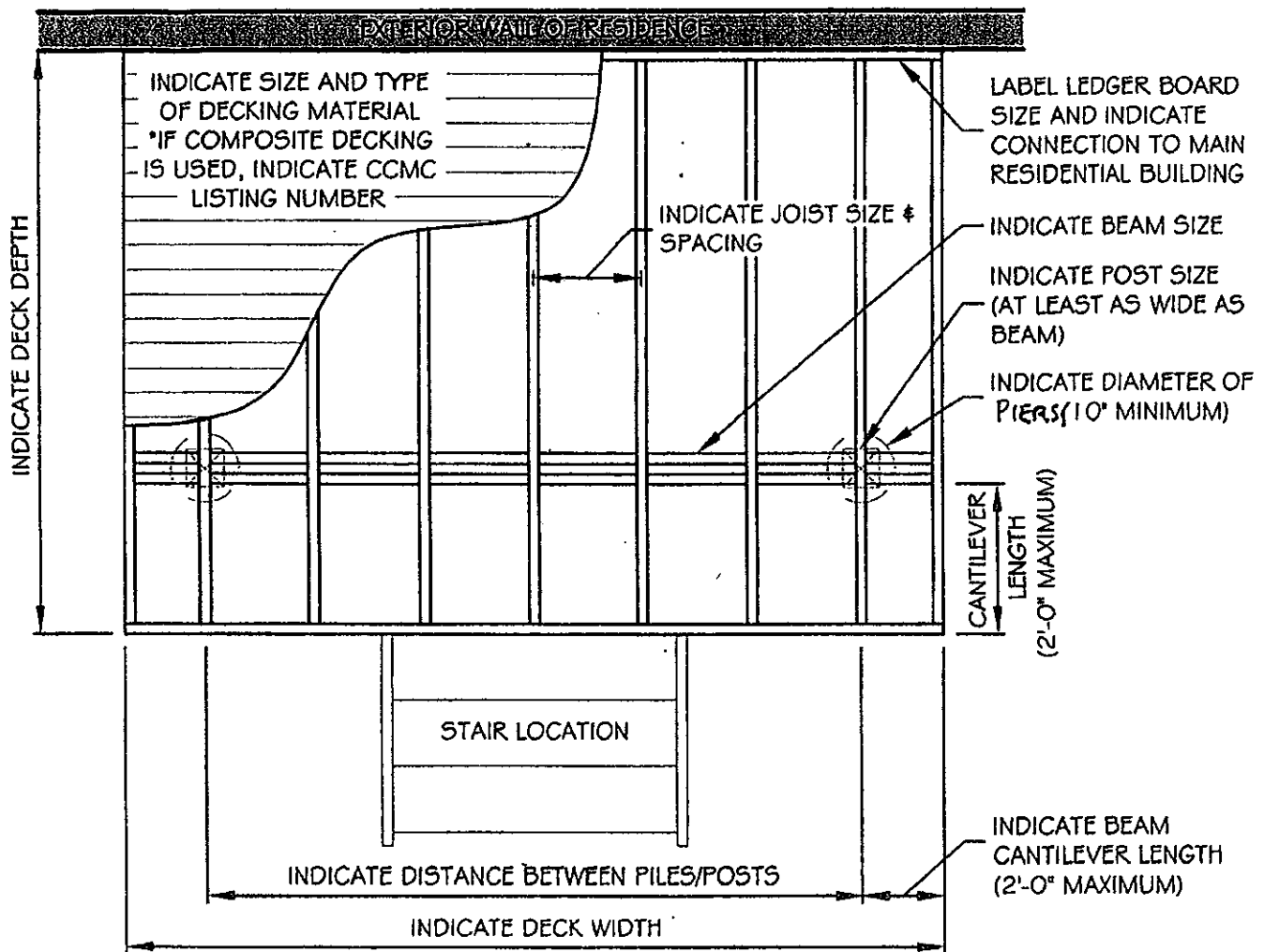
Support Post: \_\_\_\_\_  
 - Material: \_\_\_\_\_  
 - Size (nominal): \_\_\_\_\_ X \_\_\_\_\_  
 - Post Length: \_\_\_\_\_


Footer: \_\_\_\_\_  
 - Depth (below grade): \_\_\_\_\_  
 - Size: \_\_\_\_\_ X \_\_\_\_\_  
 - Thickness: \_\_\_\_\_ (6" min.)



*Mechanical attachment required at top & base of columns i.e. L-bracket*

*42X min*



	SAMPLE CROSS SECTION	DATE: MARCH 3, 2016
	ADDRESS: 123 FOUR ST NW	SCALE: $\frac{3}{16}'' = 1'$

Owner \_\_\_\_\_

Municipality \_\_\_\_\_

Address \_\_\_\_\_

Permit # \_\_\_\_\_

### TYPICAL CROSS SECTION

FILL IN THE BLANKS

PITCH OF ROOF: \_\_\_\_\_

