

IV. Identification – to be completed by all applicants				
Name	Mailing address _ Number, Street, City, & State	Zip Code	Phone	
1. Owner or Lessee Name				
2. Contractor				
3. Architect or Engineer				

V. Property Information		
Has a Zoning permit been issued for municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a Sewage permit been issued, if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Commercial, has Land Development approval been granted? <input type="checkbox"/> Yes <input type="checkbox"/> NO
If needed, has the PA Highway Occupancy permit been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Property in a Flood Hazard Area? <input type="checkbox"/> Yes <input type="checkbox"/> No Owner shall verify that the proposed activity complies with the requirements of the National Flood Insurance Program	If applicable, has storm water approval been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No

Estimated Start Date _____ Estimated Completion Date _____

DIRECTIONS TO SITE _____

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION. I ALSO CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUTHFUL, AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THE PERMIT MY BE REVOKED. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIALS AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE (S) APPLICABLE TO SUCH PERMIT. IF A PERMIT IS ISSUED I UNDERSTAND THAT IF A PERMIT IS ISSUED WRONGFULLY, WHETHER BASED ON MISINFORMATION OR AN IMPROPER APPLICATION OF THE CODE, THE PERMIT MAY BE REVOKED.

Please attach required drawings on separate sheet.

→ Signature _____ Print Name _____ Date _____

Primary Contact Person _____ Phone # _____ Fax # _____

VI. Plan review record - For office use only						
Plans review required	Check	Date plans started	By	Date plans approved	By	Notes
BUILDING						
PLUMBING						
MECHANICAL						
ELECTRICAL						
OTHER						

VII. APPROVALS	
Building Permit Denied: Date _____ Reason for denial _____ Date returned _____ Building Permit Approved: Date _____ Date Expires _____	USE GROUP _____ CONSTRUCTION TYPE _____ TOTAL SQUARE FEET. _____ PERMIT FEE \$ _____ Map Number _____ Deed/ref _____

APPROVAL: _____ TITLE: _____ DATE: _____

INSPECTION CHECKLIST
(FOR CODE ADMINISTRATOR USE ONLY)

SITE ADDRESS: _____ PERMIT # _____

REQUIRED:

<u>TYPE</u>	<u>DATE</u>	<u>INSPECTOR</u>	<u>COMMENTS:</u>
FOOTING	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
FOUNDATION	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
FRAMING	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
PLUMBING	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
MECHANICAL	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
ELECTRICAL	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
WALLBOARD	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
OTHER	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
FINAL	_____	_____	_____
	_____	_____	_____

BOROUGH OF MANSFIELD BOROUGH
CODE ADMINISTRATION
14 SOUTH MAIN STREET
MANSFIELD, PA 16933 (570) 662-2315

WORKER'S COMPENSATION AFFIDAVIT

Physical Address: _____ Tax parcel number: _____

Commonwealth of Pennsylvania)
County of Tioga)

On this _____ day of _____, 20____,

Name: _____
Company Name: _____
Address: _____
Federal ID Number: _____

Personally appeared before me who, being duly sworn according to law, does solemnly swear as follows: (NOTE: Choose only one of the following)

_____ **Certificate of insurance.** Attached hereto is my Certificate of Insurance or self-insurance evidence compliance with Pennsylvania's Workers' Compensation Law, which insurance ___ of self-insurance remains in full force and effect.

_____ **Property Owner Performing own work.** I own this property and will perform all work myself. If I do hire contractors or employees to perform any work under the building permit issued in connection herewith, I, or my contractor will provide proof of workers' compensation insurance immediately.

_____ **Contractor has no employees.** As contractor, I will perform all work required in connection with this permit myself. I have no employees and will use no subcontractors. I understand that I am prohibited by law from employing any individual to perform work under the building permit issued in connection herewith, unless I provide proof or insurance to The Borough of Mansfield Code Administration. After receipt of the building permit, if I employ any other persons, I agree to notify The Borough of Mansfield Code Administration and immediately provide proof of workers' compensation coverage.

_____ **Contractor uses subcontractors.** I have no employees and will use only subcontractors in performing the work under the building permit issued in connection herewith. Prior to commencement of the work, I have been provided with evidence or workers' compensation issuance coverage for each subcontractor I will use in performing the work. Alternately, I have been provided with evidence that non-covers subcontractors have no employees and I will not allow them to use employees on the job unless further evidence or workers' compensation coverage is provided to me.

_____ **Religious exemption.** All of my employees who will perform work under the building permit issued in connection herewith are exempt on religious ground under Section 304.2 of the Workers' Compensation Act. By way of further explanation, I state the following:

I agree that my failure to comply with the matters set forth in this Affidavit will result in a **STOP WORK ORDER** and it may not be lifted until proper Workers' Compensation Coverage is obtained, or until further proof or exemption is submitted. I further agree that should any required Workers' Compensation Coverage be terminated during the progress of the work, that I will immediately notify The Borough of Mansfield Code Administration and a **STOP WORK ORDER** will be issued until coverage is reinstated.

Signature of Property Owner if doing work alone
Or
Signature of Contractor

NOTARY REQUIRED

Sworn and subscribed to before me on this _____ day of _____, 20____

SEAL

By: _____
Signature of Notary