

SPRING CREEK TOWNSHIP

Affidavit Number

BUILDING CODE DEPARTMENT

JONES TOWNSHIP, P.O. Box 25, Wilcox, PA 15870

APPLICATION FOR RECREATIONAL CABIN PERMIT

UNDER 35 P.S. §7210,104(b.7) OF THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE

MUNICIPAL USE ONLY			
Municipality Tax Map ID #		Permit Fee	Date Issued
		\$	

This Application, along with the attached Affidavit is used to satisfy the requirement to file an affidavit for the construction of a "Recreational Cabin" as required by the Pennsylvania Uniform Construction Code. (§7210.104(b.7.1)). Construction may not begin until this application is reviewed and the Permit is approved.

- Building sites for new or replacement Recreational Cabins & Camps served by individual onlot sewage disposal (septic) systems, including privies, must be **field verified and approved** by the municipal Sewage Enforcement Officer (SEO).
- Construction of the recreational cabin must comply with any and all non-UCC statutory and regulatory requirements including sewage disposal, zoning, assessment, floodplain, stormwater, E&S, and utility regulations.
- An electrical service entrance inspection is required for all new or altered service entrance work as required by the utility company.
- Approval of this Exclusion is contingent upon the installation of at least one smoke detector, one fire extinguisher and one carbon monoxide detector in BOTH the kitchen and sleeping quarters of the cabin. **AN INSPECTION OF THIS INSTALLATION IS REQUIRED PRIOR TO OCCUPANCY OF THE CABIN.** Call (814) 929-5138 to schedule this inspection.

FEES:

- Recreational Cabin Affidavit Filing Fee: \$150.00 Electrical Service Inspection Fee: \$85.00

Payments made payable to: "Jones Township" THESE FEES ARE NON-REFUNDABLE and must accompany this application along with the notarized UCC Cabin Affidavit.

A. PROJECT INFORMATION

1. Brief Project Description (include size of building)

2. ESTIMATED CONSTRUCTION COST: \$ _____

3. This application is for:
 - a. New Building or Structure
 - b. Addition: _____

B. OWNER INFORMATION

Site Owner (Developer) -- Last Name First Name MI Phone: e-mail Address:
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 Mailing Address Mailing Address Line 2

 Mailing Address-- City State ZIP

C. SITE INFORMATION

Nearest State or Township maintained road:	911 Street Address:
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Site Location -- City	State	ZI	Latitude – if available	Longitude – if available
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Detailed Written Directions to Site:

D. PRIMARY CONTRACTOR INFORMATION

Last Name	First Name	M I	Suffix
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Title	Construction Firm
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Mailing Address	Mailing Address Line 2
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Address – City	State	ZIP+4
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Email	Phone ()	Ext.	FAX ()
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E. PERMIT COORDINATION

E.1 Will any part of the proposed structure, when completed, be within ten (10) feet of any property line or right-of-way, and/or within 55 feet from the centerline of any Township or State maintained road?

Yes No

E.2 Will any work associated with this project take place within 50 feet of a stream, waterway, wetland; and/or is located in a FEMA delineated floodplain? If "Yes", identify the stream, watershed, or wetland.

Yes No

Watershed _____

Stream _____

Wetland _____

E.3 Does the project involve dredging and/or construction of any structure; and/or placement of fill that encroaches within 50 feet of a stream, floodplain, and/or wetland? If "Yes", check the appropriate item(s).

Yes No

Placement of Fill

Bridge or Culvert Construction

Other _____

E.4 Will the project involve construction, alteration, modification, a connection to, and/or repair of a septic system, privy, outhouse, sanitary sewer or sewer taps? If "Yes", indicate Sewage Permit Number or attach a sewer tap approval letter from the appropriate Municipal Sewer Authority.

Yes No Sewage Permit Number: _____

E.5 Will land be subdivided and/or transferred for this project?

Yes No If Yes: Name of Subdivision & Lot #

I. SIGNATURE – CERTIFICATION OF OATH

OWNER SECTION: (To be completed only by the property owner)

1. I hereby certify that I am the owner of the property listed on Section "B" of this Application. I understand that submission of this form grants authorized representatives from the Township access to this property to inspect and conduct tests of the structure(s) under construction.
2. I further certify that the information presented on applicable application(s), form(s), all specifications, and/or drawing(s) are accurate and true to my belief and knowledge.
3. I attest that all work will conform to all rules and regulations as adopted by the Township Board of Supervisors.

X

Owner Name (Print)

Owner Signature

Date

AGENT SECTION: (To be completed only in the absence of the property owner) NOTE: The Affidavit must be signed by the owner.

1. I hereby certify that the work is authorized by the owner of record for the property indicated in Section "B"
2. I further certify that the owner has authorized me to create and file this *Application* as his agent, and that I will present a true and correct copy of this certification to the Owner. I understand and have informed the owner that submission of this form grants authorized representatives from the Township access to this property to inspect and conduct tests of the structure(s) under construction.
3. Evidence of valid Workers Compensation Insurance Provided (check if yes)

X

Agent Name (Print)

Agent Signature

Date

CHECKLIST

Prior to submitting this Application, please be sure all of the following have been included with the Application package.

- Attached the original notarized Recreational Cabin Affidavit
- Attached Permit and/or Electrical Inspection Fees
- Plot Plan with ALL required information shown
- Floor Plan Drawings (indicating the location of the smoke alarms & fire extinguishers)
- Copy of Zoning Permits (if required)
- Copy of E&S and/or Stormwater Permits (if required)
- Copy of Sewer Approvals or Sewage Permit (if required)
- Copy of any Assessment Permits required by the Municipality
- Copy of PennDOT or Township Road Occupancy Permit (if required)

This Application along with the accompanying notarized Cabin Affidavit, permit fees, and drawings must be submitted to:

**Building Code Official
Jones Township
PO Box 25
320 Faries Street
Wilcox, PA 15870**