



Butler Township  
290 South Duffy Road  
Butler, PA 16001  
724/287-7465  
Fax: 724/282-2142

**RESIDENTIAL BUILDING PERMIT APPLICATION**

Name of Applicant \_\_\_\_\_ Name of Owner \_\_\_\_\_

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

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Contractor/Co. \_\_\_\_\_ Name of Architect \_\_\_\_\_

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

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Location of Property (Including lot #, plan, and street name) \_\_\_\_\_

Size of Property \_\_\_\_\_

Description of Construction Activity and Number of Stories \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Permit requested (Check all that apply):  Building  Electrical  Fire Protection  
 Mechanical  Plumbing  Demolition

Estimated Cost of Construction \_\_\_\_\_

Is Worker's Compensation Certificate provided with this Application?  Yes  No

Is Applicant Exempt (Notarized statement required)?  Yes  No

Map & Parcel # \_\_\_\_\_ Zoning District \_\_\_\_\_

I hereby acknowledge that the information contained herein is true and correct, and I hereby agree to comply with all applicable provisions of Butler Township's Codified Ordinance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
E-mail

\*\*Please submit two (2) sets of plans with your completed submission\*\*

\*\*Please check with your Homeowner's Association prior to applying for any building/zoning permits.

(FOR TOWNSHIP USE ONLY)

<p>Total Square Footage _____</p> <p>ZHB# (If Applicable) _____</p> <p>Construction Type Classification _____</p> <p>Floodplain:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Building Use Classification _____</p> <p>Setbacks:</p> <p>    Front _____</p> <p>    Rear _____</p> <p>    Left Side _____</p> <p>    Right Side _____</p> <p>Lot Coverage _____</p>	<p>Building Permit Fee _____</p>
<p>Conditions of Issuance _____</p> <p>_____</p>	
<p>_____</p> <p><b>Building Code Official</b></p>	<p>_____</p> <p><b>Approval Date</b></p>

## Butler Township Workers' Compensation Information

If the homeowner is the contractor, please complete the following and stop at the dotted line.

I, \_\_\_\_\_, am the homeowner and am "Exempt from  
(Print Name)

Workers' Compensation.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

-----  
If the homeowner is not the contractor for the building permit, the contractor in compliance with Act 44 of 1993, hereby submits the following information. Please check one of the following:

A current *Certificate of Insurance* showing proof of Workers' Compensation is attached to this form. The certificate must indicate **Butler Township** as the certificate holder. **Signature required below, but does not need notarized.**

The building permit contractor qualifies as "Exempt from Workers' Compensation". Please indicate the reason for the exemption by shading in one of the following. **Complete the box below and get notarized.**

- Contractor is a Sole Proprietor without employees.
- All of the contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Act. Explain in detail: attach as necessary.

- Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Act. Explain the status of any/or all workers on the project: attach as necessary.

Name of Contractor / Company: \_\_\_\_\_

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

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

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires  
\_\_\_\_\_

## PROPERTY OWNER AUTHORIZATION

I, \_\_\_\_\_, do hereby authorize  
**Property Owner's Name Printed**

\_\_\_\_\_ to act on my behalf in  
**Acting Agent's Name Printed**

applying for a Building Permit for the following work:

---

---

---

---

---

to be performed at \_\_\_\_\_  
**Address where construction will occur**

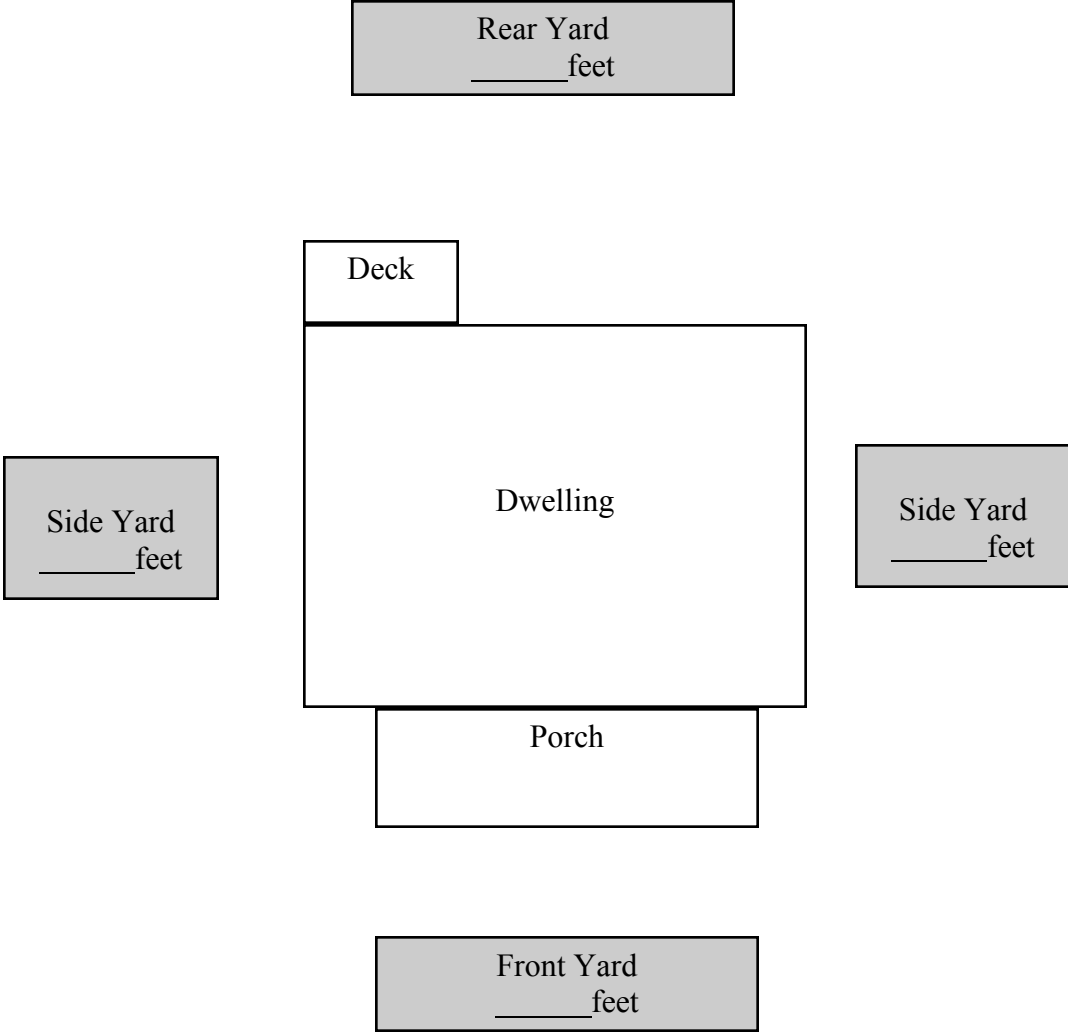
\_\_\_\_\_  
**Property Owner's Signature**

\_\_\_\_\_  
**Property Owner's Street Address**

\_\_\_\_\_  
**Property Owner's City, State, Zip Code**

\_\_\_\_\_  
**Date**

**SAMPLE SHOWING  
PLOT PLAN**



---

**Right -of-Way**

---

**Cartway or Road**

---

**Right -of-Way**