

**BOROUGH OF JEFFERSON HILLS  
PERMIT APPLICATION**

**FOR USE OF A COMMUNITY ROOM**

1. Person making application \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_
2. Group or Organization \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_
3. Person in charge if other than applicant shown above (name/address/phone)  
\_\_\_\_\_
4. Single Day Request: Day \_\_\_\_\_ Date \_\_\_\_\_ Hours \_\_\_\_\_
5. Regular year-round request: Year \_\_\_\_\_

	Specific Dates	Hours (from/to)
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Please fill in the above for the entire year. If no meeting is scheduled for a particular month, please indicate. Please notify the Borough Manager if at 412-6557760 if a meeting is cancelled so that others may use the room/s.

6. Purpose for which the room is requested: \_\_\_\_\_
7. Will admission fee be charged? \_\_\_\_\_ If yes, amount per person \$ \_\_\_\_\_ X 5 = room fee \$ \_\_\_\_\_
8. Average # of people in attendance: \_\_\_\_\_ % of Jefferson residents \_\_\_\_\_
9. Designate whether group requires: \_\_\_\_\_ tables & chairs Room 2 \_\_\_\_\_ chairs only Room 1

The Borough may request, if deemed necessary, a list of persons participating. I/We have read, understand and agree to abide by the regulations for the use of the community rooms.

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Permit Granted \_\_\_\_\_ Denied \_\_\_\_\_ Room Assignment \_\_\_\_\_

Reason, if denied \_\_\_\_\_

Fee received: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Date \_\_\_\_\_ Approved by \_\_\_\_\_

BOROUGH MANAGER

PERMIT # \_\_\_\_\_



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

BOROUGH OF JEFFERSON HILLS  
925 Old Clairton Road  
Jefferson Hills PA 15025

**2016 APPLICATION FOR 885 Park Shelters and Facilities**

Day & Date Requested \_\_\_\_\_ Shelter No. \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Resident Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Organization/Business \_\_\_\_\_ Phone No. \_\_\_\_\_

Purpose of Request \_\_\_\_\_

Large Shelter #2 \_\_\_\_\_ Small Shelter #1 \_\_\_\_\_

Estimated No. in Attendance \_\_\_\_\_

Will Alcoholic beverages be served? \_\_\_\_\_ (Glass bottles are **NOT PERMITTED**)

Time arriving for set-up \_\_\_\_\_ Time Departing premises \_\_\_\_\_

**(DEADLINE IS 10:00 P.M.)**

The Rental Fee is required by check or money order payable to Borough of Jefferson Hills and must accompany this application. Credit cards not accepted. The following rates are effective until December 31, 2016. Completed application and rental fee received thereafter are subject to additional rate increases.

**WEEK DAYS**

Small Shelter #1	\$70.00	\$40.00 Refund
Large Shelter #2	\$120.00	\$50.00 Refund

**WEEKENDS (FRIDAY – SUNDAY) & HOLIDAYS**

Small Shelter #1	\$100.00	\$40.00 Refund
Large Shelter #2	\$170.00	\$50.00 Refund

I have read the above, and acknowledge receipt of the Rules and Regulations outlined in Code Chapter 16, as amended and Code Fee Resolution as amended, do hereby affix my signature that I will abide by same.

\_\_\_\_\_  
Applicant's Signature

**Borough Use Only**

Date Application Received by Borough \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check #, MO # or Cash \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Borough Manager

Date of Application \_\_\_\_\_  
BOROUGH OF JEFFERSON HILLS  
925 Old Clairton Road  
Jefferson Hills PA 15025  
**2016 APPLICATION FOR GILL HALL COMMUNITY CENTER**



Day & Date Requested \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Resident Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Organization/Business \_\_\_\_\_ Phone No. \_\_\_\_\_

Purpose of Request \_\_\_\_\_

Entire Building \_\_\_\_\_ Lower level Only \_\_\_\_\_ Upper level only \_\_\_\_\_

Estimated No. in Attendance \_\_\_\_\_

Will Alcoholic beverages be served? \_\_\_\_\_ (Glass bottles are **NOT PERMITTED**)

Time Arriving for set-up \_\_\_\_\_ Time Departing premises \_\_\_\_\_  
(**DEADLINE IS MIDNIGHT**)

The Rental Fee is required by check or money order payable to Borough of Jefferson Hills and must accompany this application. Credit cards not accepted. The following rates are effective until December 31, 2016. Completed application and rental fee received thereafter are subject to additional rate increases.

**RENTAL FEES**

Entire Building (Occupancy 180 people) Deposit \$400.00 Refund \$100.00

Lower Level only (Occupancy 100 people) Deposit \$335.00 Refund \$100.00

Upper Level only (Occupancy 80 people) Deposit \$300.00 Refund \$100.00

I have read the above, and acknowledge receipt of the Rules and Regulations outlined in Code Chapter 16, as amended and Code Fec Resolution as amended, do hereby affix my signature that I will abide by same.

\_\_\_\_\_  
Applicant's Signature

**Borough Use Only**

Date Application Received by Borough \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check #, MO # or Cash \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Borough Manager

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

BOROUGH OF JEFFERSON HILLS  
925 Old Clairton Road  
Jefferson Hills PA 15025

**2016 APPLICATION FOR GILL HALL COMMUNITY CENTER**

**BOROUGH ORGANIZATIONS ONLY**

Day and date requested \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Resident Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Organization \_\_\_\_\_ Phone \_\_\_\_\_

Purpose of Request \_\_\_\_\_

Entire Building \_\_\_\_\_ Upper level \_\_\_\_\_ Lower level \_\_\_\_\_

Estimated No. in Attendance \_\_\_\_\_

Will Alcoholic Beverages be served? \_\_\_\_\_ (Glass bottles are NOT PERMITTED)

Time arriving for set up \_\_\_\_\_ Time Departing \_\_\_\_\_

**(DEADLINE IS MIDNIGHT)**

The Rental fee is required by check or money order payable to Borough of Jefferson Hills and must accompany this application. Credit cards not accepted. The following rates are effective until December 31, 2016. Completed application and rental fee received thereafter are subject to additional rate increases.

**RENTAL FEES**

Entire Building (Occupancy 180 people)	Deposit	\$150.00
Lower level only (Occupancy 100 people)	Deposit	\$70.00
Upper level only (Occupancy 80 people)	Deposit	\$40.00

I have read the above, and acknowledge receipt of the Rules and Regulations outlined in Code Chapter 16, as amended and Code Fee Resolution as amended, do hereby affix my signature that I will abide by same.

\_\_\_\_\_  
Applicant's Signature

**Borough Use Only**

Date Application Received by Borough \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check or Money order # or Cash \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Borough Secretary



## EVIDENCE OF COMPLIANCE

(ORDINANCE NO. 685, CHAPTER 18, PART 5)

THE UNDERSIGNED REGISTERED, LICENSED PLUMBER has performed or supervised a dye test on the following property:

Owner's Name: \_\_\_\_\_  
Purchaser's Name: \_\_\_\_\_  
Property Locations: \_\_\_\_\_  
Lot & Block Number: \_\_\_\_\_

This TEST was conducted on (date) \_\_\_\_\_  
\*\*Manhole No. Observed \_\_\_\_\_

### CHECK ONE

	<u>Satisfactory</u>	<u>Violation</u>
Downspout and roof leader	_____	_____
Area drains receiving storm or surface water (driveway drains, etc.)	_____	_____
Fresh air vent (must be of such a height and locations as to prevent Entry of storm or surface water	_____	_____

If any corrections are made, please notify the Borough at 412-655-7760 for an inspection by the Building Inspector's Office.

Explain below the location and circumstances of any violation or indicate method of correction (if done).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify the information contained in this report is true and correct.

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Registration No.: \_\_\_\_\_  
Date: \_\_\_\_\_

Payment of \$35.00 Received  
Check No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
By: \_\_\_\_\_  
Permit No.: \_\_\_\_\_

New/Existing  
Permit Approved: \_\_\_\_\_  
Temporary Permit Approved: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

# Residential Occupancy Permits

## Application for Temporary or Final Residential Occupancy

Borough of Jefferson Hills  
 925 Old Clairton Road  
 Jefferson Hills, Pa 15025  
 Phone: 412-655-7760  
 Fax 412-655-3143

Permit No. \_\_\_\_\_

<input type="checkbox"/> TEMPORARY APPROVAL	<input type="checkbox"/> NEW STRUCTURE	<input type="checkbox"/> FINAL APPROVAL	<input type="checkbox"/> EXISTING STRUCTURE
Final Inspection _____	Garbage Acct. # _____	Bin # _____	Sewage Account # _____ Rte _____
Dye Test # _____	Dye Test Date: _____	Building Permit # _____	Sewage Customer # _____

<b>PROPERTY ADDRESS:</b>	Block/Lot No:
--------------------------	---------------

Plan/Subdivision:	Zoning District:
-------------------	------------------

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

Address:	City:	State:	Zip:
Home Phone: (    )	Cell Phone: (    )	Email:	

**TENANT'S NAME:** \_\_\_\_\_

Address:	City:	State:	Zip:
Home Phone: (    )	Cell Phone: (    )		

**FEE:        \$30.00**

**DATE PAID:** \_\_\_\_\_ **CHECK/CASH:** \_\_\_\_\_  
 CHECK NO & Bank Name/CASH REC. NO. *Check payable to BOROUGH OF JEFFERSON HILLS*

<b>MOVE-IN DATE:</b>	<b>PROPOSED NO. OF FAMILIES:</b>	<input type="checkbox"/> Group Home <input type="checkbox"/> Single Family <input type="checkbox"/> Apt. <input type="checkbox"/> Townhouse <input type="checkbox"/> Quad/Duplex <input type="checkbox"/> Addition
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I am the new owner. By signing this form, I certify that ownership of this building has been legally transferred to myself and that I am entitled to process occupancy permit(s) or certificate(s) of occupancy for the building listed above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am the tenant of this building. (Signature of owner must also be included.)

Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_

I certify that the property has been inspected on20 for compliance with the Uniform Construction Code. IRC Stipulations and Conditions:

Signature of Building Code Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Office cc to:

County Assessor	Real Estate Tax Collector	PAMS	911	Business Privilege Tax Collector
Police	Refuse	WJHSD	Postmaster	New Construction
				Apartments
				Tara



## Borough of Jefferson Hills

### Determination of the Need For a Grading Permit

This form must be completed by a property owner prior to commencing any earthmoving activities on their property in order to determine the need for a minor or major grading permit per the provisions of the Grading and Excavating Ordinance.

Name of Property Owner \_\_\_\_\_  
Address/Location of Proposed Grading \_\_\_\_\_  
Contact information: Phone \_\_\_\_\_ Email \_\_\_\_\_  
Name and Phone Number of the Grading Contractor (if different than above) \_\_\_\_\_

Describe the type of work to be performed and the purpose/need for the grading activity  
\_\_\_\_\_  
\_\_\_\_\_

How much area will be disturbed by this grading (in sq. ft.) \_\_\_\_\_ approximate cubic yards of fill to be placed on the site \_\_\_\_\_ approximate cubic yards of cut to be made on the site \_\_\_\_\_  
Is the cut and fill balanced Yes \_\_\_\_\_ No \_\_\_\_\_ if not, describe the amount of fill to be brought to the site and the amount of cut to be removed from the site.  
\_\_\_\_\_  
\_\_\_\_\_

What is the largest depth of any excavation on the site (in feet): \_\_\_\_\_ What is the current slope of the site area to be graded? \_\_\_\_\_ What is the proposed slope of the site after grading? \_\_\_\_\_

**IMPORTANT: Attach a plot plan drawing of your property that identifies the approximate area(s) of disturbance, easements and drainage ways.**

By signing this form, I verify that the information provided is true and accurate to the best of my knowledge, and that a determination will be made as to the need for a minor or major grading permit based upon this information and follow-up as required by Borough Officials. I also acknowledge that if a determination is made that a grading permit is not required based on the information provided above, and the actual work performed on the site exceeds the described work, I may be subjected to submit a grading permit application and may be subjected to enforcement provisions of the Grading and Excavation Ordinance.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only:

Grading Permit not necessary  Minor Grading Permit Issued  Major Grading Permit Issued

# Grading Permit Application

## Borough of Jefferson Hills

925 Old Clairton Road  
Jefferson Hills, PA 15025  
Phone: 412-655-7760  
Fax: 412-655-3143

Application fee paid: \_\_\_\_\_  
Additional fee Paid: \_\_\_\_\_

Clk. # \_\_\_\_\_  
Clk. # \_\_\_\_\_

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

**Check one:**

Minor Earth Disturbance – Type A  Minor Earth Disturbance – Type B  Major Earth Disturbance

**PROPERTY ADDRESS: (for new building or dwelling, Borough will assign new property number)**

PLAN/SUBDIVISION:

LOT #:

ZONING:

LOT/BLOCK:

**OWNER'S NAME:**

Address:

City/State/Zip:

PHONE NOS:

Home: ( )

Cell: ( )

Work: ( )

Email:

**Contractor's Name:**

Address:

City/State/Zip:

PHONE NOS:

Work: ( )

Cell: ( )

Email:

ESTIMATED START DATE:

Cost:

Square Footage:

***WORKERS COMPENSATION ACT - to be completed by contractor***

Contractor, in compliance with Act 4 of 1993, hereby submits: **(PLEASE CHECK ONE)**

- |   |                                   |                                  |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Certificate of Workers Compensation Insurance  | <input type="checkbox"/> Attached | <input type="checkbox"/> On file |
| <input type="checkbox"/> Certificate of Self-Insurance  | <input type="checkbox"/> Attached | <input type="checkbox"/> On file |
| <input type="checkbox"/> Affidavit of Exemption   | <input type="checkbox"/> Attached | <input type="checkbox"/> On file |
| <input type="checkbox"/> Contractor/Applicant is a sole proprietorship without employees  |                                   |                                  |
| <input type="checkbox"/> Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as |                                   |                                  |

“Executive Employees” under Section 104 of the Workers Compensation Act. Please Explain:

**Contractor's Federal or State Employee ID No. (EIN):**

My signature of behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

**Contractor's Signature:**

Print Name:

Print Title:

Company Name:

Approved \_\_\_\_\_

Date \_\_\_\_\_

**STREET OPENING APPLICATION**

**Borough of Jefferson Hills**

925 Old Clairton Road

Jefferson Hills, PA 15025

Phone: 412-655-7760

Fax: 412-655-3143

Permit No. \_\_\_\_\_

**Applicant/Contractor:**

Address:

City/State/Zip:

PHONE NOS:

Home: ( )

Cell: ( )

Work: ( )

Email:

NAME OF STREET WHERE OPENING/EXCAVATION IS BEING CONDUCTED

NEAREST INTERSECTING STREET TO OPENING:

SIZE OF OPENING IN FEET: WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_ LENGTH \_\_\_\_\_

DISTANCE OF OPENING FROM CURB OR PAVEMENT EDGE (FEET) \_\_\_\_\_

PURPOSE OF OPENING: \_\_\_\_\_

DATE WHEN WORK WILL START: \_\_\_\_\_

DATE WHEN WORK WILL BE COMPLETED: \_\_\_\_\_

PA ONE CALL COMPLETED? (Please check)

1-800-242-1776

I (We) hereby agree to be bound by the provisions of the ordinances, specifications, and regulations of the Borough of Jefferson Hills governing openings in or under municipal streets and to such special conditions, restrictions and regulations as may be imposed by the Public Service Coordinator.

APPLICANT/CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Do not write below this line**

Fee Received \$ \_\_\_\_\_ Receipt/check # \_\_\_\_\_

The applicant is hereby authorized to make an opening in or under named street at the location designated; provided, however, all work is performed in accordance with the applicant's plans, the Borough Ordinances, specifications, and regulations governing street openings and the following special conditions:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Building Code Official for Borough of Jefferson Hills

Approved by Council (Over 500 Feet): \_\_\_\_\_ Date: \_\_\_\_\_

Borough Manager

**Permit Application**  
Borough of Jefferson Hills  
925 Old Clairton Road  
Jefferson Hills, PA 15025  
Phone: 412-655-7160  
Fax: 412-655-3143

Zoning \_\_\_\_\_

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

Property Address:

Plan/Subdivision:

Lot No.

Owner's Name:

Address:

PHONE NOS:

Home: ( )

Cell: ( )

Work: ( )

Email:

Contractor's Name and Title:

Address:

PHONE NOS:

Work: ( )

Cell: ( )

Email:

**PROJECT DESCRIPTION**

**PERMIT TYPES AND FEES (check applicable permits below)**

ESTIMATED CONSTRUCTION COST:

<b>CONSTRUCTION SQ. FOOTAGE:</b>	
<input type="checkbox"/> <u>RESIDENTIAL ADDITIONS/ALTERATIONS:</u>	\$
<input type="checkbox"/> <u>NEW RESIDENTIAL DWELLING:</u> S.F. _____	\$
<input type="checkbox"/> <u>DEMOLITION:</u>	\$
<input type="checkbox"/> <u>ACCESSORY STRUCTURE:</u> (shed, pool, fence, detached garage, retaining walls, deck/porches)	\$
\$4.00 STATE FEE	\$ 4.00
BUILDING PERMIT FEE:	\$
OCCUPANY PERMIT FEE:	\$ 25.00
<input type="checkbox"/> ZONING PERMIT FEE:	\$

TOTAL FEES FROM ABOVE: _____		Make Check Payable to: "BOROUGH OF JEFFERSON HILLS"
CASH REC#	CHECK#	
<input type="checkbox"/> SEWER PERMIT:	# EDU's to be added:	WATERSHED:
TOTAL SEWER PERMIT FEE: _____		Make Check Payable to: "BOROUGH OF JEFFERSON HILLS"
CASH REC#	CHECK#	

APPROVED: \_\_\_\_\_

Building Code Official

Date

All work which requires a building permit will also require a new certificate of occupancy to be issued.

All building permits must have the required inspections performed and approved before occupancy can be issued.

- Required inspections include (as required by project) if unsure call building inspector for requirements:
- Footing inspection – prior to concrete after reinforcement has been placed
  - Electrical/Mechanical/Plumbing rough in – Prior to framing – Allegheny County performs plumbing
  - Framing / Foundation inspection – Prior to covering
  - Final / Occupancy inspection

Please call 48 hours ahead to schedule all required inspections. 412-655-7760

# Commercial Building Permit Application

Borough of Jefferson Hills

925 Old Clairton Road

Jefferson Hills, PA 15025

Phone: 412-655-7760

Fax: 412-655-3143

Permit #

Property Address:

Plan/Subdivision:

Lot No.

Owner's Name:

Address:

PHONE NOS:

Home: ( )

Cell: ( )

Work: ( )

Email:

Tenant's Name:

Address:

PHONE NOS:

Home: ( )

Cell: ( )

Work: ( )

Email:

Contractor's Name and Title:

Address:

PHONE NOS:

Work: ( )

Cell: ( )

Email:

Company Name:

Site Foreman:

## PROJECT - (Select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> New Residential Construction (fill in section B) | <input type="checkbox"/> Retaining Wall Height: _____ (fill in section B)           |
| <input type="checkbox"/> Residential Alteration (fill in section B)       | <input type="checkbox"/> Storage (180 sf. - 750 sf.) (fill in section B)            |
| <input type="checkbox"/> Residential Addition (fill in section B)         | <input type="checkbox"/> Swimming Pool / Hot Tub (Circle) (fill in section B and E) |
| <input type="checkbox"/> Demolition                                       | <input type="checkbox"/> Brick Mailbox Pillar (fill in section B)                   |
| <input type="checkbox"/> Shed (under 180 sf.) (fill in section B)         | <input type="checkbox"/> Commercial New Construction (fill in section B and F)      |
| <input type="checkbox"/> Sign (fill in section B and C)                   | <input type="checkbox"/> Commercial Alteration (fill in section B and F)            |
| <input type="checkbox"/> Deck / Porch (fill in section B)                 | <input type="checkbox"/> Commercial Addition (fill in section B and F)              |
| <input type="checkbox"/> Fence (fill in section B and D)                  |   |

PROPOSED PROJECT DESCRIPTION:



**SECTION E - SWIMMING POOLS/HOT TUBS**

ABOVE GROUND

IN-GROUND

Description of pool (size, shape, depth diameter etc.)

**SECTION F - COMMERCIAL CONSTRUCTION**

USE/OCCUPANCY CLASS: (Check all that apply)

- |   |   |                              |                              |                              |                              |                              |                              |                            |
|---|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------|
| <input type="checkbox"/> A-1            | <input type="checkbox"/> A-2            | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 | <input type="checkbox"/> B   | <input type="checkbox"/> E   | <input type="checkbox"/> S-2 | <input type="checkbox"/> U |
| <input type="checkbox"/> F-1            | <input type="checkbox"/> F-2            | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 |                              |                            |
| <input type="checkbox"/> I-1            | <input type="checkbox"/> I-2            | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 | <input type="checkbox"/> M   | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 |                              |                            |
| <input type="checkbox"/> R-3 Adult Care | <input type="checkbox"/> R-3 Child Care | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 |                              |                              |                              |                            |

DESIGN PROFESSIONAL RESPONSIBLE: (Affix seal to the right of name and address)

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

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

PA License #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone:(    ) \_\_\_\_\_

Fax:(    ) \_\_\_\_\_

**SPECIAL INSPECTION & STRUCTURAL OBSERVATION PROGRAM:**

Section I704 and I709 of the *International Building Code* require special inspections and structural observations, in certain circumstances. Please check which (if any) apply to this construction:

section I704 Special Inspections

section I709 Structural Observations

If either box is checked, submit copy of the "Special Inspections & Observations Statement" AND

Provide name and contact information of special inspector. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**PROJECT DATA:**

Number of stories above grade \_\_\_\_\_

Floor area renovated /added (sq. ft.)

Does it have a basement?  Yes  No

# of multi-family dwelling units

Total floor area (sq. ft.) \_\_\_\_\_

# of accessible dwelling units

Occupant load of new construction \_\_\_\_\_

Occupant load of existing construction

Is fire separation required?  Yes  No

If existing, is separation present?  Yes  No

Type(s) of construction per Chapter 6 of the *International Building Code* (Check all that apply):

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

Fire Suppression:  Full  Partial  None

Code requirements in which construction will apply: 2009 Edition

- International Building Code
- International Existing Building Code (ch. \_\_\_\_\_)
- Chapter 34 of the International Building Code

If existing building, list all relevant prior occupancy permits issued:

Is this permit for a medical care facility regulated by the Health Care Facilities Act?

Yes  No If "yes," please attach copy of plan approval issued by the PA Department of Health.

PERMIT TYPES AND FEES (check applicable permits below)	
<b>ESTIMATED CONSTRUCTION COST:</b>	
<b>CONSTRUCTION SQ. FOOTAGE:</b>	
<input type="checkbox"/> <u>NEW COMMERCIAL CONSTRUCTION:</u>	\$
<input type="checkbox"/> <u>COMMERCIAL ADDITIONS/ALTERATIONS:</u>	\$
<input type="checkbox"/> <u>DEMOLITION:</u>	
<input type="checkbox"/> <u>ACCESSORY STRUCTURE:</u> (shed, pool, fence, detached garage, deck/porches)	\$
<input type="checkbox"/> <u>SIGN:</u>	\$ \$ 4.00
<b>\$4.00 STATE FEE</b>	\$
<b>BUILDING PERMIT FEE:</b>	
<input type="checkbox"/> <b>ZONING:</b>	\$

<b>TOTAL FEES FROM ABOVE:</b> _____		Make Check Payable to: "BOROUGH OF JEFFERSON HILLS"
CASH REC#	CHECK#	
<input type="checkbox"/> <b>SEWER PERMIT:</b>	# EDU's to be added:	WATERSHED:
<b>TOTAL SEWER PERMIT FEE:</b> _____		Make Check Payable to: "BOROUGH OF JEFFERSON HILLS"
CASH REC#	CHECK#	

APPROVED:

Building Code Official

Date

DENIED:

Building Code Official

Date

# Right-to-Know Request Form

The Borough of Jefferson Hills  
925 Old Clairton Road  
Jefferson Hills, PA 15025 - 3133  
(412) 655-7735

Date of Request \_\_\_\_\_

Request Submitted by (Select One):  E-mail  U.S. Mail  In-Person

Name of Requestor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Records Requested: *\*Provide as much information as possible so the Borough can identify the information*

Do You Want Copies  Yes  No

Do You Want to Inspect the Records?  Yes  No

Do You Want Certified Copies of Records?  Yes  No

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## For Borough Use Only

Date of Received by Borough: \_\_\_\_\_

Five Day Response Due: \_\_\_\_\_

Right-to-Know Officer or Designee (Signature): \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

DATE

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER? Yes  No

STATE

ZIP

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes  No

## EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY

## EDUCATION

NAME AND LOCATION OF SCHOOL

\*NO OF YEARS ATTENDED

\*DID YOU GRADUATE?

SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 25, 1991.

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO FROM				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A  
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE  
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

\* I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF  
 ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM  
 EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY  
 EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT  
 EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT  
 MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT  
 NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT,  
 HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY  
 AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED:  Yes  No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1

EMPLOYMENT MANAGER

2

DEPT. HEAD

3

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application  
 Form is sold for general use throughout the United States. TQPS assumes no responsibility for the inclusion in said form of any questions  
 which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law

Borough of Jefferson Hills  
925 Old Clairton Road  
Jefferson Hills PA 15025  
Telephone 412-655-7760  
Fax 412-655-3143

Mark Reis  
Building and Code Enforcement

Taken By \_\_\_\_\_

Date \_\_\_\_\_

Type of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant:

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

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Date Inspected: \_\_\_\_\_

Type of Work Done: \_\_\_\_\_

Orders or Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date Completed \_\_\_\_\_