

INSPECTION PROCEDURES – SHORT FORM

INSPECTIONS – ELECTRICAL, MECHANICAL, PLUMBING

- The permit applicant or authorized agent is responsible for scheduling all inspections.
- To schedule an inspection call the inspector listed below.
- **DO NOT schedule an inspection if the work is not ready!!!!**

MINIMUM OF 24 HOUR NOTICE REQUIRED TO THE APPROPRIATE INSPECTOR LISTED BELOW

1. Electrical Inspection – Rough-in to be done prior to insulating.
Inspector: City of Hermitage – Residential Phone 724-981-0800
Inspector: Building Inspection Underwriters, Inc. – Commercial Phone 1-877-272-0255
2. Plumbing Inspection – Minimum 4" under slab. Rough-in to be done prior to insulating (if applicable).
Inspector: City of Hermitage Phone 724-981-0800
3. Mechanical Inspection – If applicable.
Inspector: City of Hermitage Phone 724-981-0800
4. Energy Conservation Inspection – To be done after insulating but before drywall.
Inspector: City of Hermitage Phone 724-981-0800

CITY OF HERMITAGE

800 North Hermitage Road • Hermitage, PA 16148
Phone: 724-981-0800 • Fax: 724-981-2008 • www.hermitage.net

CONSTRUCTION PERMIT

APPLICATION

(Short Form)

PERMIT NUMBER

NOTE: THIS PERMIT IS NOT VALID UNTIL ISSUED BY BUILDING CODE OFFICIAL and PERMIT NUMBER IS ASSIGNED

This Application is designed for only the following which DO NOT require zoning review/approval:

Electrical Inspections Mechanical Inspections Plumbing Inspections

PAGE 1 TO BE COMPLETED BY APPLICANT - MUST BE COMPLETED IN INK & CONTAIN ORIGINAL SIGNATURES

APPLICANT INFORMATION

Property Owner is current holder of legal title to the land according to current tax records

Property Owner Name: _____ **Phone:** _____

Address: _____ **Cell:** _____

Fax: _____

Email: _____

Contractor Name: _____ **Phone:** _____

Address: _____ **Cell:** _____

Fax: _____

Email: _____

Applicant Name: _____ **Phone:** _____

Company: _____ **Cell:** _____

Address: _____ **Fax:** _____

Email: _____

PROJECT INFORMATION

Check all that apply. Provide detailed explanation under Project Description.

- Electrical Inspection
- Mechanical Inspection
- Plumbing Inspection
- Other _____

Project Address: _____

Project Description: _____

Business Name (if applicable): _____

WORKERS' COMPENSATION INFORMATION

Must submit one of the following before permit is issued.

- Certificate of Workers' Compensation Insurance attached
- Complete Affidavit of Exemption attached
- Not Applicable - No work being performed; application for inspection purposes only

ACKNOWLEDGEMENT

I certify that I am the property owner or that I have the property owner's authorization to complete this application, and I hereby agree and confirm that all of the statements contained within this Construction Permit Application are true and correct, and that all accompanying documentation, if any, truly and correctly sets forth the extent and character of the work outlined herein, and that the accompanying site plan (if applicable) truly and correctly represents the above described property and ALL existing structure(s), for which this application for a Construction Permit has been made. I further agree to abide by any other applicable local, state, and federal regulations that may pertain to this application.

EXPIRATION: I understand that this permit becomes invalid unless the authorized construction work begins within 180 days after permit's issuance or if the authorized construction work permit is suspended or abandoned for 180 days after the work has commenced. A permit holder may submit a written request for an extension of time to commence construction for just cause. The building code official may grant extensions of time to commence construction in writing. A permit may be valid for no more than 5 years from its issue date.

Signature of Owner or Applicant: _____ Date: _____

APPLICATION REVIEW

Are the following inspection forms attached?

- All of below Not Applicable
- Electrical: Yes N/A
- Mechanical: Yes N/A
- Plumbing: Yes N/A

Property Owner Verification:

Deed Reference #: _____ Mercer County Parcel #: _____

APPLICATION APPROVAL

Approved, Date: _____

**Deadline date for UCC Review
& BCO Action:** _____

Signature of Application Reviewer: _____

Denied, Date: _____

Reason: _____

Signature of Application Reviewer: _____

NOTES/COMMENTS: _____

UCC PLAN REVIEW

- Electrical Inspection Mechanical Inspection Plumbing Inspection
- Other: _____

Approved, Date: _____
(Attach all applicable inspection forms to this application)

Not Applicable, Date: _____

Signature: _____

Denied, Date: _____

Reason: _____

Signature: _____

NOTES/COMMENTS: _____

APPROVAL BY BUILDING CODE OFFICIAL (BCO)

BCO-City of Hermitage: _____

Date

Date Paid: _____

Permit Issue Date: _____ Fee Paid: \$ _____ Receipt #: _____

Construction Permit Fee: \$ _____

UCC Surcharge: \$ 4.00

Other: _____ \$ _____

Total Fee for Construction Permit: \$ _____