

Citizen Information  
On a  
BUILDING/ZONING PERMIT  
WITHIN  
CONWAY BOROUGH

1. A zoning permit is required before you place, erect, or construct any building or structure. A PA UCC building permit is required before any interior or exterior structural changes, additions to or changes in the exterior dimensions of a building, relocation or reconstruction of a building; for example, add a family room, or install a swimming pool. A Razing Permit is necessary to raze a structure.
2. No permit is required for normal maintenance such as painting a house, installing aluminum siding, or replacing roofing. No permit is required for alterations to a building or structure that do not change the exterior dimensions of a building such as replacing windows.
3. Other Permits which may also be needed:
  - a. Pennsylvania Labor and Industry Approval.
  - b. Erosion Control Permit, County Soil Conservation District or Pennsylvania Department of Environmental Resources.
  - c. Subdivision Approval from Borough and County.
  - d. Borough Municipal Authority Approval or a Permit for an on-site sewage disposal system (see the Borough Sewage Enforcement Officer.)
  - e. Pennsylvania Department of Transportation Highway Occupancy Permit.
  - f. PA-DCA, Act 222 approval of energy conservation.
4. The Application for a Building/Zoning Permit shall be filed at the Borough Office by the Applicant. No application shall be officially received unless application is completed in full, is signed, all required attachments have been provided, and fees are paid.
5. Prior to the granting of a Building/Zoning Permit, the Borough will process your application as follows:
  - a. Application will be forwarded to the Zoning Officer for review to determine if Application is complete. If Application is not complete, it will be returned to the Applicant. If Application is complete, it will be declared officially received by the Borough.
  - b. An officially received Application is then reviewed by the Zoning Officer for compliance with the Zoning Ordinance.
  - c. Application may also be forwarded to the following agencies for technical review:
    - 1) Sewage Enforcement Officer.
    - 2) Borough Engineer
    - 3) Borough Planning Commission.
6. If approved, a copy of the Building/Zoning Permit is given to the Applicant and must be publicly displayed at the site.
  - a. A copy of the Building/Zoning Permit is kept on file in the Borough Office.

7. Denial of a Building/Zoning Permit shall include a written statement of reason.
8. A Building/Zoning Permit expires upon completion of authorized work or within one (1) year whichever occurs first. Permits can be issued for more than one (1) year if good reason is given. Further, if the authorized work is not started in 180 days, the permit shall expire.

## **Certificate of Occupancy:**

- Required before use and occupancy of the home

## **Permit Expiration:**

- Permits are valid for no more than 5 years.
- Construction work must begin within 180 days of permit issuance and may not be suspended or abandoned for more than 180 days after its start date.

Please contact our office should you have a question regarding your project.



**BUILDING INSPECTION UNDERWRITERS**

# **A GUIDE TO RESIDENTIAL PERMIT APPLICATIONS AND THE INSPECTION PROCESS**

## **BIU of PA**

Building Inspection Underwriters of PA  
343 Eicher Road  
Pittsburgh, PA 15237

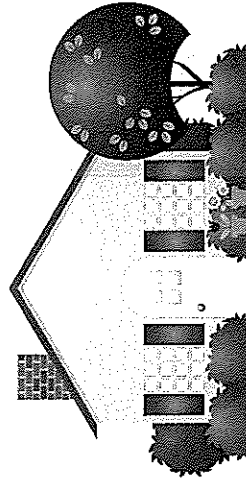
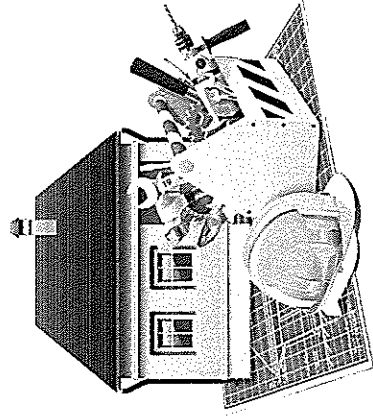
**Phone: 412-766-2565**

**Fax: 412-766-2711**

**Toll Free: 1-800-922-6062**

**[www.biupa.com](http://www.biupa.com)**

Building Inspection  
Underwriters of  
Pennsylvania, Inc.



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**RESIDENTIAL**

# Residential Permits:

## A permit is **REQUIRED** for:

- New buildings and additions
- Utility and miscellaneous use structures that are attached to one and two family structures
- Alterations that make structural or egress changes to the structure
- Swimming pools and spas

The Uniform Construction Code does not apply to the following structures unless modified by your municipality.

- The following structures if the structure has a building area of less than 1000 square feet and is an accessory to a detached single family dwelling, carports, detached private garages, greenhouses and sheds.
- A permit is not required for the following as long as the work does not violate a law or ordinance:

1. Repairs are considered reconstruction, or renewal of any part of an existing building with like material.
2. Alterations that do not make structural changes to required egress components.

# Plan Review Requirements:

Residential plans may be drawn by the homeowner, contractor, or licensed design professional.

At least two sets of plans with the following information shall be submitted:

- Check with your local Municipality regarding zoning or land development approvals.

## Building Plan Review Requirements

- Front, rear and side elevations
- Footing/foundation drawing
- Framing plan showing floor, ceiling, and roof details
- Window and door schedule
- Location of all smoke detectors
- "R" value of wall and ceiling insulation

## Plumbing Plan Review Requirements

- Diagram of water system with pipe sizes
- Diagram of drainage and venting system with pipe sizes
- Plumbing fixture types and locations

## Mechanical Plan Review Requirements

- Location and size of equipment
- Diagram of air distribution and return air system
- Ventilation and exhaust schedule
- Combustion air requirements for all new appliances
- BTU ratings for all new fuel fired appliances
- Diagram of gas piping including pipe size

## Electrical Plan Review Requirements

- Location of new electrical devices: receptacles, lights, switches, appliances, panels, sub-panels, and disconnects
- Wiring diagram indicating size and type of wire
- Panel and sub-panel schedules

# Residential Permits:

The following inspections are required under the Uniform Construction Code:

## **Building:**

- \* Footing/Foundation
- \* Frame
- \* Insulation
- \* Drywall
- \* Final

## **Plumbing:**

- \* Water/Sewer Open Trench
- \* Rough
- \* Final

## **Mechanical:**

- \* Rough
- \* Final

## **Electrical:**

- \* Service
- \* Rough
- \* Final

# BOROUGH OF CONWAY

*801 First Avenue*  
Conway, Pennsylvania 15027

Phone: (724) 869-5550

Fax: (724) 869-9959

## Construction Permit Instructions

All information is required under the Commonwealth of Pennsylvania Uniform Construction Code Act No. 45 of 1999.

1. Application for Plan Examination and Building Permit, Worker's Compensation, as well as the Zoning, Historic District, and Flood Hazard signoff shall be completed and returned to the Municipality along with the required plans.
2. Residential construction projects: Three (3) sets of building plans and specifications are to be submitted with the application and will be subject to a code compliance plan review.

Commercial construction projects: Three (3) sets of building plans and specifications are to be submitted with the application. Commercial drawings must be sealed by a Pennsylvania registered design professional and will be subject to a code compliance plan review.

3. The Municipality MUST sign off on the Zoning, Historical District and Flood Hazard form. Plan review for construction permits will not proceed until these approvals have been granted by the Municipality.
4. The applicant will be notified when the permit is available for pick up at the Municipal office. The balance of permit fees will be paid to the Municipality at that time.

### **Specific information required for zoning approval:**

In addition to the Application for Plan Examination and Building Permit, Worker's Compensation, as well as the Zoning, Historic District, and Flood Hazard signoff, a plot plan of the property where the project is to be completed showing the location of the primary structures, garage, fence, and all accessory structures shall be included.

The plot plan shall also include dimensions for existing objects from property lines as well as the new project location.

# BOROUGH OF CONWAY

801 First Avenue  
Conway, Pennsylvania 15027

Phone: (724) 869-5550

Fax: (724) 869-9959

## Flood Hazard, Historic District, and Zoning Information

### Property location

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

### Property Owner Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Please print)

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(If not held privately)

Address of owner: \_\_\_\_\_

Alternate contact information: \_\_\_\_\_  
(Electronic mail, fax, other)

•owner or owner's agent is responsible for obtaining required highway occupancy permits from Pa. Dept. of Transportation, permits from the Municipality's sewer authority and water authority, and contact any utility companies as required to complete the proposed project.

Signature of owner/owners agent: \_\_\_\_\_

### For Municipal use only

Tax ID #. \_\_\_\_\_ Zoning District \_\_\_\_\_

Flood hazard area acceptance:  Approved  Denied  
Comments: \_\_\_\_\_

Historical District acceptance  Approved  Does not apply  
Comments: \_\_\_\_\_

Zoning Acceptance  Approved  Denied  
Comments: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Zoning Officer Date: \_\_\_\_\_

**BUILDING PERMIT** \_\_\_\_\_ **ELECTRICAL PERMIT** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Front Yard \_\_\_\_\_ Ft. (Front of building to property line) Describe proposed work in detail \_\_\_\_\_

Rear Yard \_\_\_\_\_ Ft. (Rear of building to property line) \_\_\_\_\_

Side Yard \_\_\_\_\_ Ft. Side Yard \_\_\_\_\_ FT. \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**BUILDING PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Total square feet: \_\_\_\_\_ Use Group \_\_\_\_\_ Type Construction \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Height of Structure \_\_\_\_\_

Description of work: \_\_\_\_\_

**Type of work:**

Alterations/Additions of: \_\_\_\_\_ Square Ft. \_\_\_\_\_

( ) Roofing - Total square feet \_\_\_\_\_

( ) Fencing, supply height if it exceeds 6 foot \_\_\_\_\_

( ) Sign - Total Square feet \_\_\_\_\_

( ) Pool - Total Square feet \_\_\_\_\_

( ) Decks - Total Square feet \_\_\_\_\_

( ) Demolition - Total Square feet \_\_\_\_\_

( ) Accessibility \_\_\_\_\_

Other: \_\_\_\_\_

**I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.**

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**ELECTRICAL PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Technical Site Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units _____
_____		Signs
_____		Survey Fee

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Building Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

**ELECTRICAL CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Electrical Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

**MECHANICAL PERMIT** \_\_\_\_\_

**PLUMBING PERMIT** \_\_\_\_\_

Municipality \_\_\_\_\_ County \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Describe proposed work in detail: \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

**MECHANICAL PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Technical Site Data No.	Fixture/Equipment
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**PLUMBING PERMIT**

Contractor \_\_\_\_\_  
(if owner, put same name above)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_  
(Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Technical Site Data No.	Items	Technical Site Data No.	Items
_____	Water Closet	_____	Interceptor/Separator
_____	Urinal/Bidet	_____	Backflow preventer
_____	Bath tub	_____	Grease trap
_____	Lavatory	_____	Sewer Connection
_____	Shower	_____	Sewer Pump
_____	Floor drain	_____	Stacks
_____	Sink	_____	Solar
_____	Dishwasher		
_____	Drinking fountain		
_____	Washing Machine		
_____	Hose Bibb		
_____	Water Heater		
_____	Fuel Oil Piping		
_____	Gas Piping		
_____	Steam Boiler		
_____	Hot Water Boiler		
_____	Water Service Connection		

Others: \_\_\_\_\_

Signature: \_\_\_\_\_  
Owner ( ) Contractor ( ) Owner Representative ( )

**MECHANICAL CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Mechanical Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

**PLUMBING BUILDING CODE OFFICIAL USE ONLY**

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Plumbing Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

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**FIRE PROTECTION PERMIT**

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ Tax Parcel \_\_\_\_\_  
 Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_  
 Owner \_\_\_\_\_ Tenant \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
 Describe proposed work in detail: \_\_\_\_\_

**State Classification:** New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

<p><b>FIRE PROTECTION PERMIT</b></p> <p>Contractor _____  <small>(if owner, put same name above)</small></p> <p>Address _____        City _____ State _____ Zip _____        Phone _____ Cell _____        Fed Employee No. _____  <small>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</small></p> <p>Estimate of total costs for all work _____</p> <p><b>Technical Site Data:</b>        Water Supply Source _____        Method of Alarm/Supr. Sys Supervised _____</p> <p><b>Storage Tanks:</b>        Type - <input type="checkbox"/> Flammable Liquid <input type="checkbox"/> Combustible Liquid  <input type="checkbox"/> LPG <input type="checkbox"/> LNG Capacity _____ Fuel _____</p> <p>Alarm Systems <input type="checkbox"/> 110V Interconnected  <input type="checkbox"/> System</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">No.</th> <th style="text-align: left;">ITEM</th> </tr> </thead> <tbody> <tr><td>_____</td><td>Alarm devices (smoke, heat, pulls, waterflow)</td></tr> <tr><td>_____</td><td>Supervisory devices (tamper, low/high air)</td></tr> <tr><td>_____</td><td>Signaling devices (horns/strobes, bells)</td></tr> <tr><td>_____</td><td>Fire pump GPM Type</td></tr> <tr><td>_____</td><td>Dry pipe/Alarm valves</td></tr> <tr><td>_____</td><td>Sprinkler heads (dry &amp; wet)</td></tr> <tr><td>_____</td><td>Standpipes</td></tr> <tr><td>_____</td><td>Wet chemical or Dry chemical</td></tr> </tbody> </table> <p>Circle one: CO2 suppression-Foam suppression-Halon suppression        Others: _____</p> <p>Estimate of total costs for all work _____</p> <p>Signature: _____        Owner ( ) Contractor ( ) Owner Representative ( )</p>	No.	ITEM	_____	Alarm devices (smoke, heat, pulls, waterflow)	_____	Supervisory devices (tamper, low/high air)	_____	Signaling devices (horns/strobes, bells)	_____	Fire pump GPM Type	_____	Dry pipe/Alarm valves	_____	Sprinkler heads (dry & wet)	_____	Standpipes	_____	Wet chemical or Dry chemical	
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<p style="text-align: center;"><b>CODE OFFICIAL USE ONLY</b></p> <p>Plans Approved _____ Plans Approved with Comments _____        UCC Fire Protection Fee: _____        Plan Review Fee: _____        Admin. Fee: _____        State Fee: _____        Total Cost: _____        Code Official: _____ State Cert.# _____        Date Issued: _____</p> <p style="text-align: center;"><b>COPYRIGHTED</b></p>																			

**WORKERS' COMPENSATION INFORMATION FORM**

**THIS FORM REQUIRES A NOTARY SEAL**

**AFFIDAVIT OF EXEMPTION**

The undersigned affirm that he/she is not required to provide workers compensations insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

\_\_\_ Property owner performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with these requirements.

\_\_\_ Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.

\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letter for all employees).

\_\_\_ Use this form when applicable to part "C" on the workers' compensation form.

---

Signature of Applicant

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by the above

\_\_\_\_\_ this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

SEAL

---

Notary Public

**MUST BE NOTARIZED**

PLANNING COMMISSSION

NOTE: PLANNING COMMISSION APPROVAL IS REQUIRED FOR ALL STRUCTURES EXCLUSIVE OF SINGLE-FAMILY DETACHED DWELLINGS AND ASSOCIATED ACCESSORY USE(S) STRUCTURES AND RESIDENTIAL ACCESSORY STRUCTURES.

And now, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the within application is approved subject to the following special conditions which shall be made part of the Zoning Permit to be issued by the Zoning Officer.

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

Attest:

PLANNING COMMISSION

\_\_\_\_\_  
Secretary

By \_\_\_\_\_  
Chairman

DISAPPROVAL

And now, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the within application is disapproved for the following reasons:

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

Attest:

PLANNING COMMISSION

\_\_\_\_\_  
Secretary

By \_\_\_\_\_  
Chairman