DECK SPECIFICATIONS

Permits Required: A permit is required for all deck construction where the floor of the deck is more than 30 inches above grade. A building permit application and a zoning permit application must be completed. Full construction specifications must be submitted with your building permit application. A plot plan must be submitted with your zoning permit application.

Location: Decks may be located no closer than *three feet to any side yard property line and eight feet to any rear yard property line. Exception - decks constructed on existing non-conforming lots may line up with and be as wide as the principal structure on the lot.

*four feet if it is an accessory structure for a swimming pool

Inspections: A 48-hour notice is required to schedule all inspections. An inspection is required before pouring any concrete. An inspection is necessary before covering any structural work. Post holes must be a minimum of 36" deep.

ANY QUESTIONS, PLEASE CALL 610-262-1433 BETWEEN 8:30 A.M. AND 4:30 P.M.
This is a sample of the plot plan/drawing which must be submitted with your application. Side yard setback means the distance from the structure to your side property lines. Rear yard setback means the distance from the structure to your rear property line. Please call 610-262-1433 between 8:30 AM and 4:30 PM with any questions you may have.

Please include: 1) Lot Size – (Width & Length)  
2) Dimensions of All Accessory Structures  
3) Side Yard Setbacks from Both Sides  
4) Rear Yard Setback  
5) Distance Between House and All Accessory Structures
**Borough of Northampton**  
1401 Laubach Avenue  
Northampton, PA 18067 — Phone 610-262-1433

**APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT**

### I. LOCATION OF BUILDING
- **AT (LOCATION)**
- **(NO.)**
- **(STREET)**
- **BETWEEN**
- **(CROSS STREET)**
- **AND**
- **(CROSS STREET)**
- **SUBDIVISION**
- **BLOCK**
- **LOT**

### II. TYPE AND COST OF BUILDING — All applicants complete Parts A – D

#### A. TYPE OF IMPROVEMENT
- 1. New building
- 2. Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3. Alteration (See 2 above)
- 4. Repair, replacement
- 5. Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
- 6. Moving (relocation)
- 7. Foundation only

#### B. OWNERSHIP
- 8. Private (individual, corporation, nonprofit institution, etc.)
- 9. Public (Federal, State, or local government)

#### C. COST
- **(Omit cents)**
- 10. Cost of improvement
- 11. TOTAL COST OF IMPROVEMENT

#### D. PROPOSED USE — For "Wrecking": most recent use
- **Residential**
  - 12. One family
  - 13. Two or more family — Enter number of units
  - 14. Transient hotel, motel, or dormitory — Enter number of units
- **Nonresidential**
  - 15. Garage
  - 16. Carport
  - 17. Other — Specify
  - 18. Amusement, recreational
  - 19. Church, other religious
  - 20. Industrial
  - 21. Parking garage
  - 22. Service station, repair garage
  - 23. Hospital, institutional
  - 24. Office, bank, professional
  - 25. Public utility
  - 26. School, library, other educational
  - 27. Stores, mercantile
  - 28. Tanks, towers
  - 29. Other — Specify

#### Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

### III. SELECTED CHARACTERISTICS OF BUILDING — For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.

#### E. PRINCIPAL TYPE OF FRAME
- 30. Masonry (wall bearing)
- 31. Wood frame
- 32. Structural steel
- 33. Reinforced concrete
- 34. Other — Specify

#### F. PRINCIPAL TYPE OF HEATING FUEL
- 35. Gas
- 36. Oil
- 37. Electricity
- 38. Coal
- 39. Other — Specify

#### G. TYPE OF SEWAGE DISPOSAL
- 40. Public or private company
- 41. Private (septic tank, etc.)
- 42. Public or private company
- 43. Private (well, cistern)

#### H. TYPE OF WATER SUPPLY
- 44. Will there be central air conditioning?
- 45. Yes
- 46. No
- 47. Will there be an elevator?
- 48. Yes
- 49. No

#### J. DIMENSIONS
- 48. Number of stories
- 49. Total square feet of floor area, all floors, based on exterior dimensions
- 50. Total land area, sq. ft.

#### K. NUMBER OF OFF-STREET PARKING SPACES
- Enclosed
- Outdoors

#### L. RESIDENTIAL BUILDINGS ONLY
- 53. Number of bedrooms
- 54. Number of bathrooms
- Full
- Partial
CO detectors must be installed in all new residential buildings that must comply with the IRC 2009 and that use fuel-fired appliances or have attached garages. CO detectors are also required in existing residential buildings that use fuel-fired appliances or have attached garages, whenever work will be done that requires a UCC building permit.
### IV. IDENTIFICATION – To be completed by all applicants

<table>
<thead>
<tr>
<th>Name &amp; License No.*</th>
<th>Mailing address – Number, street, city, and State</th>
<th>ZIP code</th>
<th>Daytime Tel. No.</th>
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1. **Owner or Lessee**

2. **Contractor**

3. **Architect or Engineer**

The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.

<table>
<thead>
<tr>
<th>Signature of applicant</th>
<th>Address</th>
<th>Application date</th>
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**DO NOT WRITE BELOW THIS LINE**

### V. PLAN REVIEW RECORD – For office use

<table>
<thead>
<tr>
<th>Plans Review Required</th>
<th>Check</th>
<th>Plan Review Fee</th>
<th>Date Plans Started</th>
<th>By</th>
<th>Date Plans Approved</th>
<th>By</th>
<th>Notes</th>
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<td>BUILDING</td>
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### VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

<table>
<thead>
<tr>
<th>Permit or Approval</th>
<th>Check</th>
<th>Date Obtained</th>
<th>Number</th>
<th>By</th>
<th>Permit or Approval</th>
<th>Check</th>
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<th>Number</th>
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<td>PLUMBING</td>
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<td>CURB OR SIDEWALK CUT</td>
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<td>SIGN OR BILLBOARD</td>
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### VII. VALIDATION

Building Permit number

Building Permit issued 19

Building Permit Fee $

Approved by:

Title
### VIII. ZONING PLAN EXAMINERS NOTES

<table>
<thead>
<tr>
<th>DISTRICT</th>
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<td>SIDE YARD</td>
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<tr>
<td>REAR YARD</td>
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<tr>
<td>NOTES</td>
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</tbody>
</table>

### IX. SITE OR PLOT PLAN - AND STRUCTURAL DRAWINGS AND/OR INFORMATION

![Site or plot plan diagram]

Rev. 4/87
TO: Contractors and Subcontractors

FROM: Anthony Lopsonzski, Jr., President of Council
Northampton Borough

RE: Workers’ Compensation Reform Act 44 of 1993

EFFECTIVE SEPTEMBER 1, 1993, the Borough of Northampton will no longer issue a building permit to a contractor, subcontractor or resident (i.e., plumber, electrician, mason, HVAC) who has not demonstrated current coverage and compliance with the requirements of Act 44 by filing with the Zoning Office one of the following:

1. Certificate of Insurance issued by your insurance carrier as proof of Workers’ Compensation insurance for your employees; or

2. Certification of self-insurance from the Department of Labor and Industry; or

3. A notarized affidavit of exemption from Workers’ Compensation insurance stating you will not hire any employees to work on the construction project; or

4. Register via company letterhead or bill head, including address and phone number (Post Office Box IS NOT Acceptable) your Federal or State Identification Number.

Borough resident and/or homeowner please note: If resident and/or homeowner will be performing the work, they must file a notarized affidavit of exemption from Workers’ Compensation insurance stating that they will not hire/employ any individual, or subcontract any work on the construction project.

Should resident and/or homeowner later choose or be forced to subcontract work to comply with the building code, it is the responsibility of the resident to see that the subcontractor comply with the regulations as outlined above.

Under Section 302 of Act 44, every building permit issued by the Borough to a contractor, subcontractor or resident shall clearly set forth one of the following:

1. Name and Workers’ Compensation policy number and the contractor’s and/or subcontractor’s Federal or State Employer Identification Number.
2. Contractor’s Federal or State Employer Identification number and the substance of the affirmation that the applicant is not permitted to employ any individual to perform work pursuant to the building permit.

3. Resident and/or homeowner’s notarized affirmation that he will not employ any individual to perform work pursuant to the building permit.

These certifications shall be filed with the Borough’s copy of the building permit. Upon issuance of a building permit, the Borough will be named as a WC policy certificate holder. The issuer of the policy, your insurance carrier, must inform the municipality within three (3) working days of any change in or termination of coverage.

If the Borough received notice that you have had coverage terminated, lost state-approved self-insurance status, or employed persons without providing coverage, the Borough must and will, under Section 302 (e)(4) issue a stop work order. The stop work order may not be lifted until the contractor and/or subcontractor re-obtains proper coverage.

The Council realizes the impact this Act will have upon contractors, subcontractors and residents and for this reason suggest you:

1. Notify Workers’ Compensation insurance carrier that a certificate of insurance should be forwarded to the Borough of Northampton, Zoning Office, at the address noted above, at the same time you should register via company letterhead or bill head (which includes address and telephone number - Post Office Box is NOT acceptable), with the Zoning Office your Federal or State Employer Identification Number;

2. Provide certification of self-insurance from the Department of Labor and Industry, at the same time you should register via company letterhead or bill head (which includes address and telephone number - Post Office Box is NOT acceptable), with the Zoning Office your Federal or State Employer Identification Number;

3. Notify frequently used subcontractors to follow the same steps, providing the Borough with the information and data required.

These certificates, certifications and affidavits along with Federal and State Identification Numbers will be filed alphabetically in the Zoning Office and need only be updated when there is a change of address, insurance coverage, insurance companies or notification by insurance company expiration or cancellation.

Nothing in the Workers’ Compensation shall be the basis of any liability on the part of the Borough. It is not the Borough’s responsibility to notify you that your insurance has expired or been cancelled, nor shall the Borough incur liability for any damages which may result from the issuance of the stop work order.

It is in your best interest that we have taken the initiative to notify you of the requirements of the Act and to provide you with a means to comply so as not to interrupt, delay or cause financial hardship and yet effectively and efficiently achieve the goals of the Act with regard to employee coverage for work-related illness or injuries.
WORKERS' COMPENSATION AFFIDAVIT

I,__________________________________________, do solemnly
(PLEASE PRINT AND SIGN NAME)
swear that I will not employ/hire any other persons for the project(s) for which I am seeking a
building permit.

After receipt of the building permit, if I employ any other persons, I must notify the Borough
Office and provide proof of Workers' Compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order and that such order may
not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the Act of June
2, 1915 (P.L.736), known as The Pennsylvania Workmens' Compensation Act, reenacted and

Subscribed and sworn to before this_________ day of ______________________, 20____.

(Signature of Notary Public)  My commission expires
APPLICATION FOR ZONING PERMIT

BOROUGH OF NORTHAMPTON
1401 Laubach Avenue; P. O. Box 70
Northampton, PA 18067
Phone: 610-262-1433

Application No.

The undersigned applies for a Zoning Permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. This applicant is required, in addition to the information requested on this form, to submit plans drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations.

1. Locational Description (address where work will be done)

2. Name of Owner
Mailing Address
Home Phone Number Work Phone Number
Name of Tenant or Applicant
Mailing Address
Home Phone Number Work Phone Number

3. Existing Use

4. Property Presently Zoned As

5. Proposed Use:

New Construction Business*
Remodeling Industry
Accessory Building Sign Size
Residence No. Of Units Other (explain)
Pool (size) (Ground Fault Interrupter Must Be Installed For All Pools)
6. Percentage Of Lot To Be Occupied ____________%

7. Lot Width ________________ Lot Depth ________________ Lot Area ________________

8. Square Feet Of Living Area (Residence) ________________

9. Square Feet In Garage ________________

10. Square Feet Of Commercial ________________ Industrial ________________ Office ________________

11. Building Dimensions - Stories ________________ Width ________________ Length ________________

12. Yard Dimensions - Front ________________ Rear ________________

One Side ________________ Sum Of Side Yards ________________

13. Accessory Building Dimensions - Height ________________ Width ________________ Length ________________

Side Yard Setbacks __________ ft. and __________ ft. Rear Yard Setback __________ ft.

14. Number Of Off-Street Parking Spaces To Be Provided ________________

15. Number Of Off-Street Loading Berths To Be Provided ________________

16. On a separate sheet of paper attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

NOTE: This permit shall be void if work is not started within one (1) year.

This permit is only valid for one year from the date of issuance.

Signature ____________________________ Date ____________________________

- Draw a sketch of what is proposed -

*Provide a detailed description of operation and hours of business.