DECK AND/OR PATIO ROOF SPECIFICATIONS

Permits Required: A permit is required prior to constructing any patio or deck roof. 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.

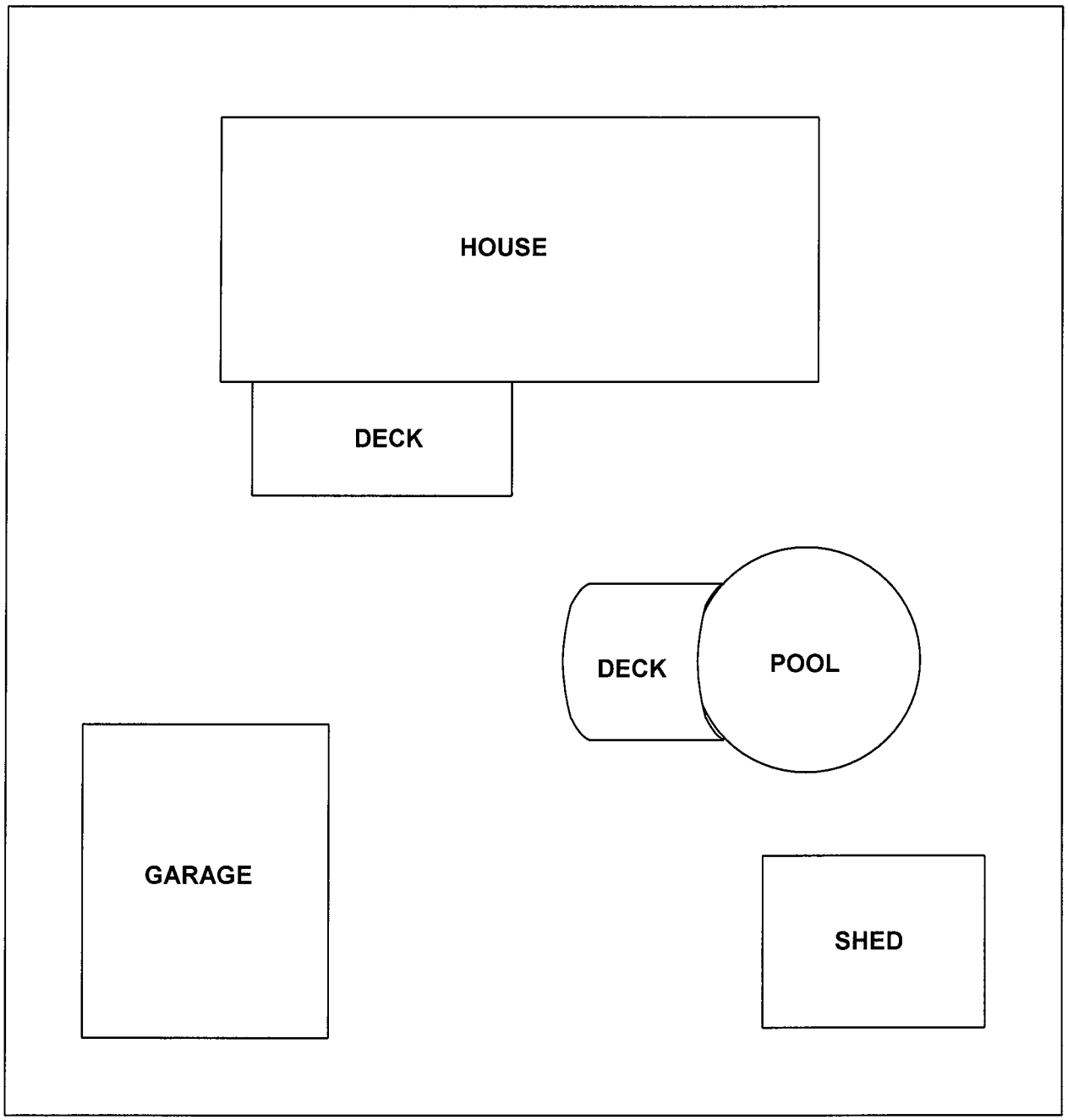
Location: Patios and decks may be located no closer than ***three feet** to any side yard property line and **eight feet** to any rear yard property line.
Exception - patios/decks constructed on existing non-conforming lots may line up with and be as wide as the principal structure on the lot.
***four 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
A) For a concrete floor, the footer must be 36" deep.
B) For post holes, the holes must be 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

NO. _____ STREET _____

***IMPORTANT** – Applicant to complete all items in sections: I, II, III, IV, and IX.*

I. LOCATION OF BUILDING

AT (LOCATION) _____ (NO.) _____ (STREET) ZONING DISTRICT _____

BETWEEN _____ (CROSS STREET) AND _____ (CROSS STREET)

SUBDIVISION _____ BLOCK _____ LOT _____ LOT SIZE _____

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)

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* – – – – – – – → _____
15 ☐ Garage
16 ☐ Carport
17 ☐ Other – *Specify* _____

Nonresidential

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* _____

C. COST

	(Omit cents)
10. Cost of improvement	$
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

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.)

H. TYPE OF WATER SUPPLY

42 ☐ Public or private company
43 ☐ Private (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 ☐ Yes 45 ☐ No

Will there be an elevator?
46 ☐ Yes 47 ☐ 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

51. Enclosed .....
52. Outdoors .....

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms .....
54. Number of bathrooms { Full ..... Partial .....

NOTES and Data –

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*

	Name & License No.*	Mailing address – *Number, street, city, and State*	ZIP code	Daytime Tel. No.
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.

Signature of applicant	Address	Application date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – *For office use*

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		$					
PLUMBING		$					
MECHANICAL		$					
ELECTRICAL		$					
OTHER _____		$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit number _____

Building Permit issued _____ 19 _____

Building Permit Fee $ _____

Approved by:

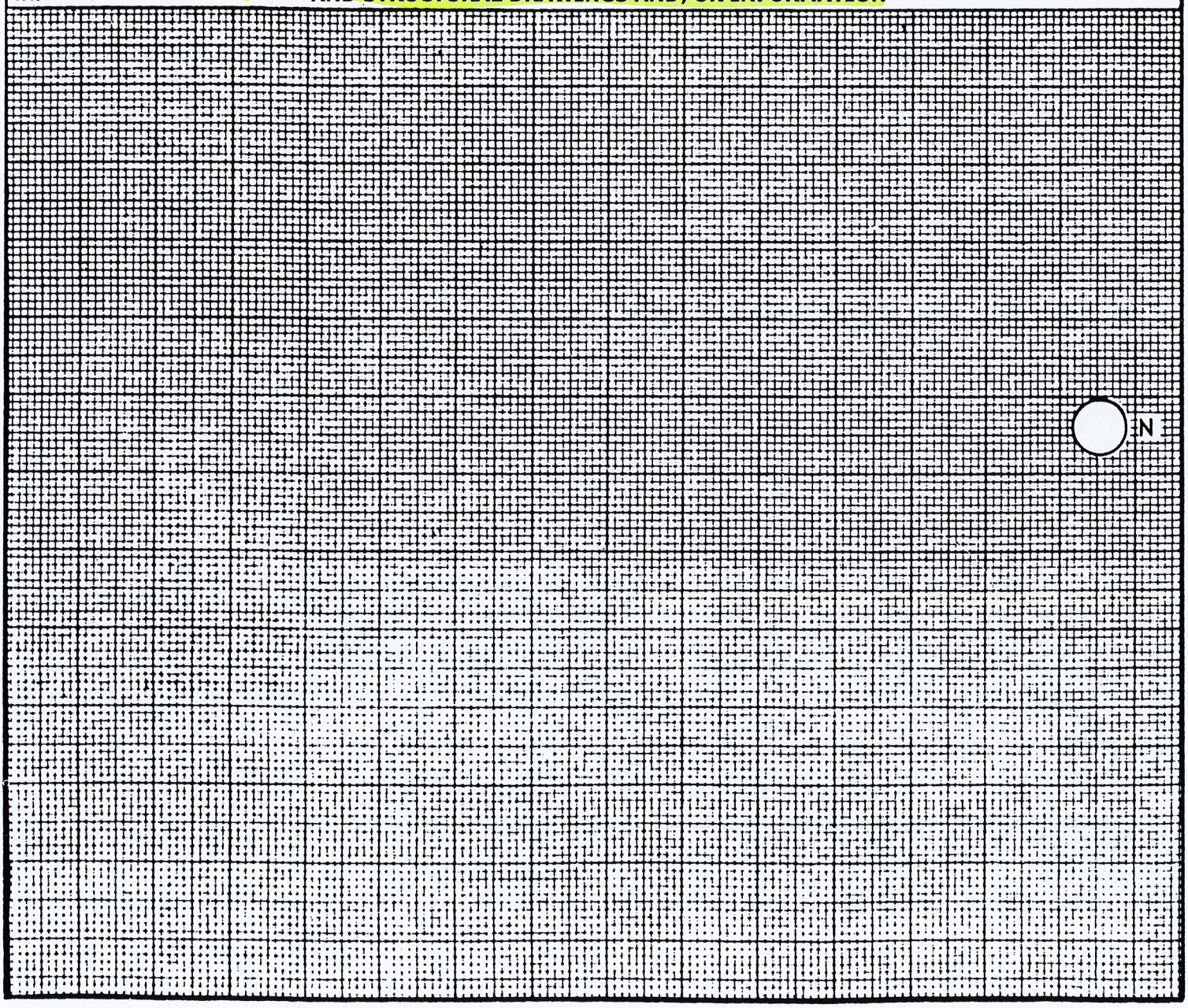
_____

_____

TITLE

VIII. ZONING PLAN EXAMINERS NOTES	
DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES	

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



THOMAS D. REENOCK
MAYOR

LEROY E. BROBST
MANAGER - SECRETARY

ANTHONY LOPSONZSKI, JR.
PRESIDENT OF COUNCIL

KEITH PIESCIENSKI
VICE PRESIDENT OF COUNCIL

Borough of NORTHAMPTON Pennsylvania

1401 LAUBACH AVE., P.O. BOX 70 • NORTHAMPTON, PENNSYLVANIA 18067-0070 • TEL.: 610-262-2576 • FAX: 610-261-0505

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 amended June 21, 1939 and amended December 5, 1974, and amended July 2, 1993. (P.L.).

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.