

# **LH LIGHT-HEIGEL & ASSOCIATES, INC.**

A full service provider of  
Pennsylvania Uniform Construction Code (UCC) services.

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## *Uniform Construction Code*

# **Sewer Lateral Permit Application**

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The completed application and required documents may be submitted to the address below.

**Light-Heigel & Associates, Inc.  
430 East Main Street  
Palmyra, PA 17078  
Fax: 717-838-3820**

### **QUESTIONS?**

**Phone:** (800) 257-2190

**E-mail:** [Permits@light-heigel.com](mailto:Permits@light-heigel.com)

**Additional Information available at our web site:**

[www.light-heigel.com](http://www.light-heigel.com)

**Why do I need a PA "UCC permit" when I already have my building permit from the township? The state requires builders to obtain a "state building permit" and the required inspections for most construction projects.**

# UNIFORM CONSTRUCTION CODE BUILDING PERMIT APPLICATION

PLEASE PRINT LEGIBLY

## LOCATION OF PROPOSED WORK OR IMPROVEMENT

County: \_\_\_\_\_ Municipality \_\_\_\_\_

Site Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Tax Parcel ID# \_\_\_\_\_ Lot # \_\_\_\_\_ Subdivision/Land Development \_\_\_\_\_

(REQUIRED)

Directions to Work Site: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Principal Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## TYPE OF WORK OR IMPROVEMENT

Sewer Lateral

## ESTIMATED FAIR MARKET VALUE OF CONSTRUCTION \$

### BUILDING DIMENSIONS

Existing Building Area: \_\_\_\_\_ sq. ft.      Number of Stories: \_\_\_\_\_  
Proposed Building Area: \_\_\_\_\_ sq. ft.      Height of Structure Above Grade: \_\_\_\_\_ ft.  
Total Building Area: \_\_\_\_\_ sq. ft.      Area of the Largest Floor: \_\_\_\_\_ sq. ft.

### FLOODPLAIN

Is the site located within an identified flood hazard area? (Check one)  YES  NO  
Will any portion of the flood hazard area be developed? (Check one)  YES  NO  N/A

If checked yes, applicant must submit certification that lowest floor elevation is at or above the design 100-year flood elevation, as required in the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3*. All living spaces and mechanical equipment shall be placed above the 100-year flood elevation.

Note: The National Flood Insurance Program recommends that residential and non-residential structures be elevated 1.5' above the 100-year flood elevation. Many municipalities have adopted all or part of these recommendations in their zoning ordinances, in which case the most restrictive regulation will apply.

Lowest Floor Level: \_\_\_\_\_

### SITE PLAN

Is a site plan attached, showing the size and location of the new construction and existing structures on the site and the structure's distance from the property lines?

YES  NO

## CERTIFICATION AND/OR ACKNOWLEDGEMENT

Application for a permit must be made by the *owner* or lessee of the building or structure, or *agent* of either or by the *registered design professional* employed in connection with the proposed work.

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality.

The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc.

Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body.

Authorized Agent Acknowledgement – I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and agree to conform to all applicable regulations set forth by PA ACT 45. I also certify that I will bear the responsibility to request a final inspection of the project covered by this permit.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Name of Owner or Authorized Agent

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Date

# WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. The Applicant or Authorized Agent is

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

YES     NO

If the answer is "yes" complete Section B, if "no" complete section C below.

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B. Insurance Information

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

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Worker's Compensation.     Certificate Attached

Name of Worker's Compensation Insurer \_\_\_\_\_

**Worker's Compensation Insurance Policy**

No. \_\_\_\_\_     Certificate Attached

Policy Expiration Date: \_\_\_\_\_

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C. Exemption

I, \_\_\_\_\_, do attest that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit, if I employ any other persons, I will notify this office and provide proof of workers' compensation coverage within three 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.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993, Act 44.

## SEWER LATERAL FEE SCHEDULE WORKSHEET

### Specific Projects

Sewer Lateral = 75.00 \$75

**SUBTOTAL** = \_\_\_\_\_

Applicable Municipal Fees + NONE  
(Contact your Municipality for the fee amount)

State Fee + \$4.00

○ **TOTAL PERMIT FEE** = \$79.00

**PLEASE NOTE** – *Please coordinate inspections so that all items can be observed concurrently. In the event that a site requires more than one visit due to failed inspection or unavailability of some items, an additional charge of \$65/per inspection will be charged for additional inspections.*

Payment may be made by money order or personal check made payable to: **Light-Heigel & Associates, Inc.**  
Send to: The regional office address on the cover page of this application package.

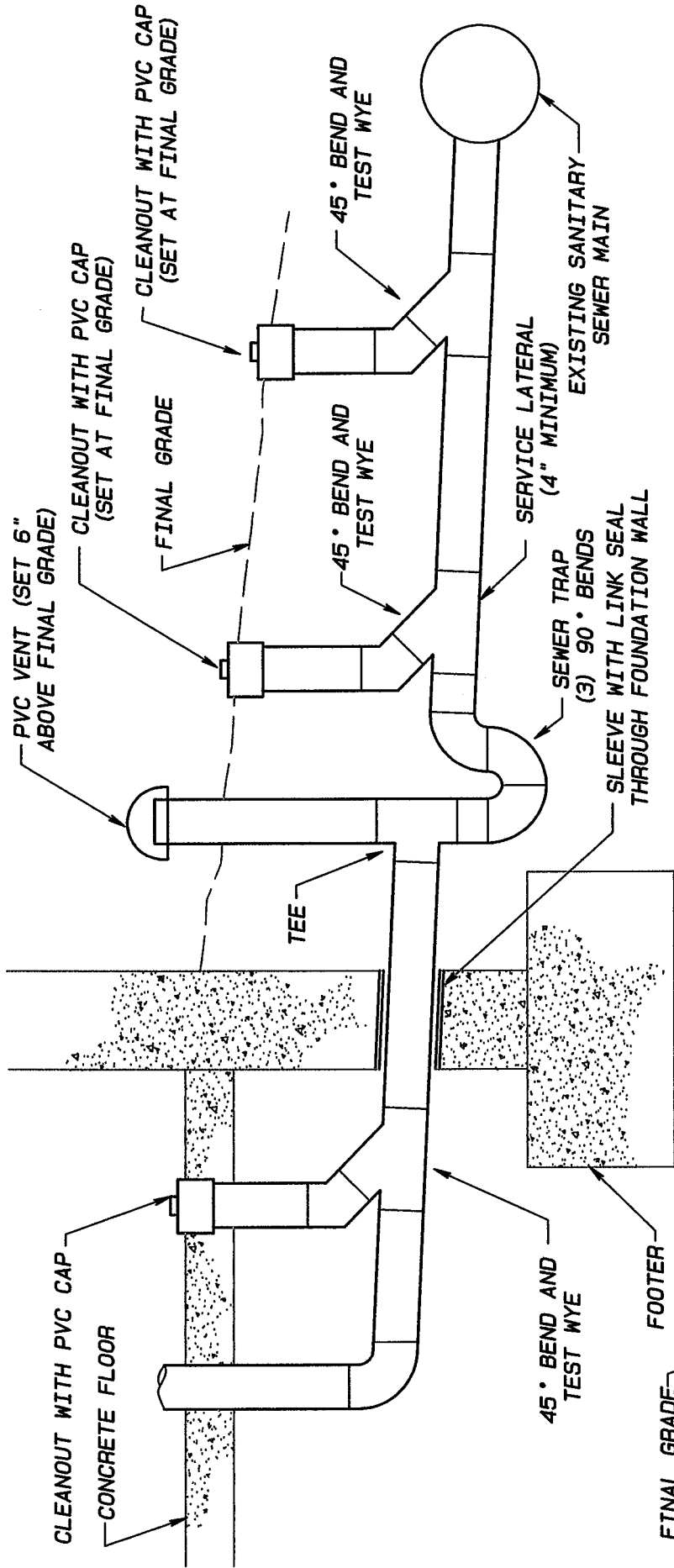
All returned checks will be assessed a \$25.00 penalty fee.

In order to ensure completeness of your application package, please refer to the following checklist:

- Completed Application with applicant's name, signature and date
- Project Sketch – including location of vents, cleanouts (and distances between), total length of lateral measured from house to point of connection to public system
- Municipal Sewer Permit from Deb Casey
- Completed Worker's Compensation Insurance Coverage Form
- Tax Parcel ID number (on application)
- NO Municipal fee added to Fee Schedule Worksheet
- Completed Fee Schedule Worksheet
- Total Permit Fee enclosed (made payable to Light-Heigel & Associates, Inc.)

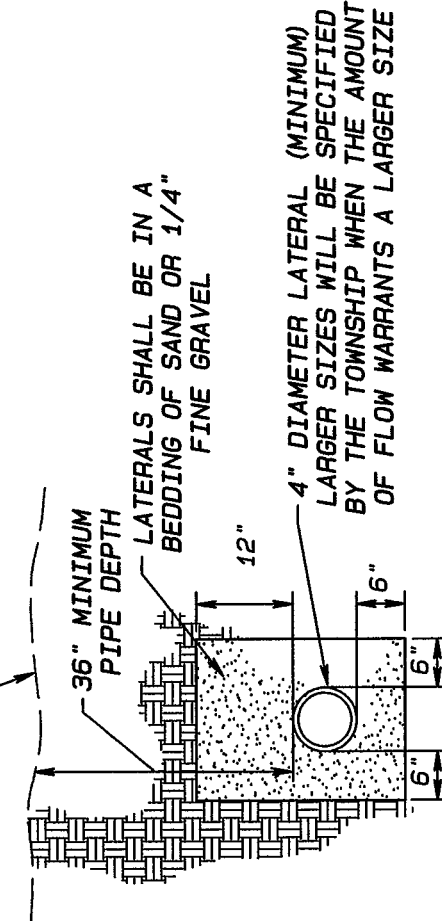
### The following items should be in place and ready for inspection:

- The lateral should be exposed and pressurized
- Cleanouts and vents should be in place (ACCEPTED SEWER LATERAL DESIGN ATTACHED)
- Septic tanks should be filled with appropriate material and lids crushed
- SEWER AND WATER LINES MUST BE SEPARATED HORIZONTALLY BY AT LEAST 5 FEET OR THE WATER LINE MUST BE LOCATED AT LEAST 1 FOOT (VERTICALLY) ABOVE THE SEWER LINES.



**NOTES:**

1. LATERAL SLOPE SHALL BE 1/8" MINIMUM PER FOOT AND MUST COMPLY TO THE IPC STANDARDS AND REGULATIONS.
2. ALL PIPING MATERIAL INCLUDING TRAPS FOR GRAVITY APPLICATIONS SHALL BE SCHEDULE 40 PVC, ANSI/ASTM D2665 OR SDR 35.
3. ALL SCHEDULE 40 PVC PIPE USED FOR PRESSURE APPLICATIONS MAY BE STAMPED ASTM D2665 BUT MUST ALSO INCLUDE A SECOND NUMBER, EITHER ASTM D1785 OR ASTM F480, WHICH ARE PRESSURE DESIGNATIONS.
4. WORK MUST BE INSPECTED AND TESTED PRIOR TO BACKFILLING.
5. INSPECTION REQUIRING MORE THAN ONE VISIT TO THE SITE WILL BE BILLED AT \$65.00/INSPECTION.
6. CLEANOUTS MUST BE INSTALLED EVERY 75 FEET.



**PIPE BEDDING SECTION**

**EAST HANOVER TOWNSHIP STANDARD CONSTRUCTION DETAILS  
TYPICAL SANITARY SEWER LATERAL**