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Pennsylvania Uniform Construction Code (UCC) services.

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*Uniform Construction Code*

**Pool Permit  
Application**

**Crawford Township**

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LOCAL LIGHT-HEIGEL OFFICE CONTACT INFORMATION:

**Light-Heigel & Associates, Inc.**  
**135 Walter Drive Suite 3**  
**Lewisburg Pa 17837**  
*Attn: Building Codes*  
**Phone: (570) 524-7742**  
**Fax: (570) 524-7746**

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FOR ADDITIONAL INFORMATION:

**Website:** [www.light-heigel.com](http://www.light-heigel.com)  
**E-mail:** [Kylek@light-heigel.com](mailto:Kylek@light-heigel.com)

**Crawford Township**

**Clinton**

**UCC Pool Permit Application**

**COMPLETENESS CHECKLIST**

**The individual completing the application should use the checklist below to assure that all items are included in the application package. The Building Codes Officer will confirm that the required items have been included within 5 days of receipt.**

- Completed Application with applicant's name, signature and date
- Project plans and specifications, (including plot plan) with all required information to verify code compliance
- Zoning Permit from Zoning Department. Contact: Crawford Township
- Completed Worker's Compensation Insurance Coverage Form
- Completed Fee Schedule Worksheet
- Total Permit Fee enclosed (payable to Light-Heigel & Associates, Inc.)

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Completeness Signature of Building Code Official

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Date Submittal Determined Complete

**UNIFORM CONSTRUCTION CODE  
POOL PERMIT APPLICATION**

PLEASE PRINT LEGIBLY

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Tax Parcel #: \_\_\_\_\_

County: Clinton Township or Borough: Dunnstable Township

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

Subdivision/Land Development: \_\_\_\_\_ Lot #: \_\_\_\_\_

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

**Owner:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Principal Contractor:** \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

The *Building Permit* and *Occupancy Permit* should be sent to:     Owner         Contractor (please check)

**TYPE OF POOL**

Above Ground       In-Ground

**ESTIMATED FAIR MARKET VALUE OF CONSTRUCTION \$** \_\_\_\_\_

**BUILDING/SITE CHARACTERISTICS**

**Energy:** Indicate method chosen to confirm energy code compliance.

Design by Total Building Envelope (RESCheck / COMCheck or equal)

Design by PA Alternative Res. Energy Provisions

Other (specify) \_\_\_\_\_

**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

**WORKER'S COMPENSATION INSURANCE COVERAGE**

All applicants are required to submit evidence of Worker's Compensation Insurance Coverage or an exemption form as directed by PA ACT 44. Complete and attach the Worker's Compensation Insurance Coverage Worksheet.

**Note:** Contractor may fax or mail Workman's Compensation Insurance Coverage directly to Light-Heigel. Be sure to include the job name on the fax. Fax # (570) 524-7746

Worker's Compensation Insurance Coverage Worksheet attached.

## CERTIFICATION AND/OR ACKNOWLEDGEMENT OF RESPONSIBILITY

Application for a permit shall be made by the *owner* or *lessee* of the building or structure, the *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, right-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.

**Pennsylvania Act 45, Sections 403.45 & 403.46 requires that a final inspection be performed. A building, structure or facility may not be used or occupied without a certificate of occupancy. Failure to arrange for your final inspection after the project is completed is a violation that will result in possible legal action from your municipality. This action may include a fine of not more than \$1,000.00 in costs for each day the violation exists (Section 903).**

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.

**Crawford Township**

**Clinton**

**POOL PERMIT FEE SCHEDULE**

Please see the fee schedule below for the correct fee based on pool type. All fees should be submitted with the application. Permit will not be issued until all fees are collected.

**A. Above Ground Pool**

Above Ground Permit Fee	=	\$100.00
Government Surcharge	+	\$4.50
<b>Total Permit Fee</b>	=	<b>\$104.50</b>

**B. In-Ground Pool**

In-Ground Permit Fee	=	\$250.00
Government Surcharge	+	\$4.50
<b>Total Permit Fee</b>	=	<b>\$254.50</b>

**C. Above Ground Pool with Deck**

Above Ground w/ Deck Permit Fee	=	\$250.00
Government Surcharge	=	\$4.50
<b>Total Permit Fee</b>	=	<b>\$254.50</b>

**TOTAL PERMIT FEE** = \_\_\_\_\_

Check made payable to: *LIGHT-HE/GEL & ASSOC/ATES, INC.*

FOR OFFICE USE ONLY:

CHECK# \_\_\_\_\_ RECEIVED ON \_\_\_\_\_ BY \_\_\_\_\_

Payment methods: money order or personal check. All returned checks will be assessed a \$25.00 penalty fee.