

GRADING PERMIT

RESERVE TOWNSHIP

Application for Grading Permit (Rev: 03-05)

Permit # _____ Date Issued: _____

Plans (maximum size 24" X 36")

Prepared by: _____

Company _____

Engineers Name _____

Phone _____

Cubic Yards Estimate: _____

Estimated Cost: \$ _____

Bond or Cash Deposit

Required \$ _____

Performance Bond issued by: _____

Company _____

Received By: _____
(Building Inspector)

Date _____ \$ _____
Amount

Location: _____ Contractor: _____

Purpose: _____ Address _____

Allegheny County Lot & Block Number(s) _____ City _____ State _____ Zip _____

Phone _____

Does Work affect other property in any way? Yes No

If Yes Explain: _____

Date Work will Start: _____ Date Work to be Completed: _____

CHECKLIST

- _____ Contours (existing)
- _____ Contours (proposed)
- _____ Property Lines
- _____ Street Lines
- _____ Owners
- _____ Buildings
- _____ Drains
- _____ Trees > 8" dia.
- _____ Soils Classification
- _____ Engineers Seal
- _____ Engineers Plan
- _____ Ground Cover
- _____ Engineers Report
- _____ 400 CY

Applicants Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Applicant understands and acknowledges that all engineering review costs incurred by the Township shall be reimbursed by the applicant prior to the issuance of this permit. This permit shall become null and void in six (6) months from the date of issuance if work does not commence or in twelve (12) months from the date of issuance if the work is not completed. Requests to extend the permit time period must be submitted in writing and approved by the Township Engineer.

Signature of Applicant _____

Date _____

(OVER)

GRADING PERMIT

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GRADING INSPECTIONS

The Building Inspector/Township Engineer will conduct required inspections as requested by the Permit Holder for that portion of work completed and shall either approve or refuse to approve the work completed and the continuation of the project. The permit holder shall provide a minimum of a 24 hour notice before an inspection may be made. Notification excludes Weekends and Holidays.

Initial Inspection	Date Completed _____	Inspection By _____	Approved (Y/N) _____
	<i>(When work on the excavation or fill is about to commence)</i>		
Rough Grading	Date Completed _____	Inspection By _____	Approved (Y/N) _____
	<i>(When all rough grading has been completed)</i>		
Drainage Facilities	Date Completed _____	Inspection By _____	Approved (Y/N) _____
	<i>(When drainage facilities are to be installed and before those facilities are backfilled)</i>		
Special Structures	Date Completed _____	Inspection By _____	Approved (Y/N) _____
	<i>(When excavation is complete for retaining & crib walls and where reinforcing steel is in place – before concrete is poured)</i>		
Final Inspection	Date Completed _____	Inspection By _____	Approved (Y/N) _____
	<i>(When all work, including the installation of all drainage and other structures has been completed.)</i>		

CERTIFICATE OF COMPLETION

PERMIT # _____
Date Issued: _____
Issued By: _____ Title: _____
Return of Deposit Amount: \$ _____
Deposit Received By: _____
Signature _____

GRADING PERMIT

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Permit # _____ Date Issued: _____

Township Engineer Special Conditions

This is to certify that all grading, filling, etc. stipulated in the above application Under Permit # _____ has been completed in compliance with the approved plans and specifications.

Applicants Engineer _____ Date _____

Permit Approved for Issuance

Township Engineer/Building Inspector _____ Date _____

Township Engineer _____ Date _____

WORKERS COMPENSATION ACT - TO BE COMPLETED BY CONTRACTOR
Contractor in compliance with Act 44 of 1993, hereby submits CHECK ONE

- ____ Certificate of Insurance Attached On File
- ____ Certificate of Self Insurance Attached On File
- ____ Affidavit of Exemption Attached
- ____ Contractor/Applicant is a sole proprietorship without employees

Permittee is responsible for: *

- Prevention and/or alleviation of any dust nuisance.
- Removal of any dirt or debris spilled onto adjacent public street areas.
- All vehicles hauling to or from the job site must use assigned truck routes (See Attached)
- A vehicles hauling to or from the job site must have a copy of this permit and assigned truck route

Application Fee Due (Per Fee Schedule): \$ _____
 Deposit \$ _____
 Total Due/Paid \$ _____

Bond Required Yes ___ No ___ Bond Rec. Yes ___ No ___
 Date: _____ Check # _____ Received By Bmp: _____

GRADING PERMIT

RESERVE TOWNSHIP

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(Rev: 03-05)

Permit # _____

Date Issued: _____

ASSIGNED TRUCK ROUTE

Excavation/Fill Location: _____

Assigned Route: _____

Over Weight Permit Required

Overweight Permit No.

Date Overweight Permit Issued:

(Y/N) _____

Destination Location: _____

Assigned Route: _____

(Place where excavation debris will be unloaded)

Approved Route: _____

Signature Reserve Twp

Permittee/Permittee Representative

Signature

ALL VEHICLES HAULING TO AND FROM THE SITE MUST HAVE A COPY OF THIS PERMIT SHOWING ASSIGNED ROUTES IN THEIR POSSESSION FOR INSPECTION BY THE RESERVE TOWNSHIP POLICE DEPT. FAILURE TO PRODUCE THIS PERMIT WILL RESULT IN TERMINATION OF ALL GRADING/HAULING ACTIVITIES AS DIRECTED BY THE POLICE DEPT.

DATE APPROVED: _____ PERMIT NO: _____

APPLICATION APPROVED BY: _____ CHIEF

COPY OF INSURANCE CARRIER AND POLICY NO.: YES _____ NO _____

COPY OF REGISTRATION ATTACHED: YES _____ NO _____

SIGNATURE (OWNER OF TRUCK OR DESIGNATED AGENT)

THE UNDERSIGNED AGREES TO INDEMNIFY AND HOLD HARMLESS THE TOWNSHIP OF RESERVE FOR ANY AND ALL DAMAGES TO ROADS, CURBS, SIDEWALKS, WATERLINES, SEWER LINES, OTHER UTILITY LINES, OR OTHER PROPERTY CAUSED BY THE MOVEMENT OF THE ABOVE LOADS OVER TOWNSHIP PROPERTY.

AGREEMENT

GROSS WEIGHT: _____ LBS. DATE OF MOVEMENT: _____

PROPOSED ROUTE: _____

DESTINATION: _____

POINT OF ORIGIN: _____

POLICY NUMBER: _____ EXPIRATION DATE: _____

INSURANCE CARRIER: _____

REGISTRATION NUMBER: _____ STATE: _____

MAKE AND YEAR OF VEHICLE: _____

BUSINESS PHONE NO. _____

ADDRESS: _____

BUSINESS/DESIGNATED AGENT NAME: _____

DATE: _____

ALL VEHICLES IN EXCESS OF NINE (9) TON

APPLICATION FOR OVERWEIGHT PERMIT
ORDINANCE NO. 315
FREDERICK G. BOORY JR., CHIEF
NON EMERGENCY 412-486-3201
OFFICE 412-322-1559
FAX 412-322-3466

POLICE DEPARTMENT
RESERVE TOWNSHIP
33 LONSDALE STREET
PITTSBURGH, PENNSYLVANIA 15212



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