



# Borough of Wilkinsburg

## Code Enforcement

Municipal Building

605 Ross Avenue

Wilkinsburg, PA 15221

Phone: (412) 244-2923 • Fax: (412) 244-2922

### Sewer or Storm Water Tap Application

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Owner: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address of proposed sewer tap: \_\_\_\_\_

Number of EDU's \_\_\_\_\_

Property Owner/Contractor must coordinate and schedule an inspection with the borough engineer.

Property Owner must obtain a Street Opening Permit from Wilkinsburg Borough prior to excavating any borough streets.

Authorized Agent for owner \_\_\_\_\_ Date: \_\_\_\_\_

Please print clearly. Illegible and incomplete forms will not be accepted. Please remit payment with this application. For Corporations, a form of identification of an authorized officer of the company, or copy of a written agreement of the corporation's registered agent is required.

**Application Type:**     Sewer

Storm Water

#### CONTRACTOR INFORMATION

Business Name: \_\_\_\_\_ PA Cont. Reg. #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

PA ONE CALL SERIAL # \_\_\_\_\_

**Fees**

|  |       |
|--|-------|
| Single Family                                      | \$300 |
| Duplex or Double                                   | \$300 |
| Multiple Dwelling, per apartment or unit           | \$300 |
| Single business, Commercial or industrial property | \$300 |

**For Office Use Only**

Permit Number \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

# WORKERS' COMPENSATION ADDENDUM

(Required to be attached to all building permit applications)

## Part 1

The Applicant for the permit, in compliance with Act 44 of 1993, hereby submits, *(check one)*:

- Certificate of Insurance OR Certificate of Self-Insurance Listing the Borough of Wilkinsburg and our Third (Must Attach)
- Affidavit of Exemption

## Part 2

Basis and Affidavit of Exemption

- Applicant is an Individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.
- All of the Contractor/Applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Worker's Compensation Act.
- Other: Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature on behalf of or as the Contractor/Applicant for this permit constitutes my varication that the statements contained herein are true, and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

### Applicant Signature

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_