



BUILDING PERMIT INSTRUCTIONS

STEP 1: SUBMIT APPLICATION

- Submit items 1-4 for all projects. Submit items 5-8 if applicable.
- Submit documentation to jjackson@ohiotwp.org or to Ohio Township Municipal Building for review.

- 1. Building Permit Application**
- 2. Contractor’s Certificate of Insurance OR Affidavit of Exemption**
- 3. Property Survey**
 - Include location of the proposed structure(s) and their distance from each property line.
 - Proposed construction may *not* encroach on any easements.
- 4. Construction Drawings**
 - Conforming to the PA UCC/stamped by a licensed design professional (architect/engineer).
- 5. Hauling Permit Application**
 - For any vehicles or equipment over 10 tons traveling Township-owned roadways (i.e. swimming pools, concrete trucks, material delivery).
 - Include hauler’s Certificate of Insurance.
- 6. Highway Occupancy Permit**
 - For new driveways on County and State-owned roadways.
- 7. Stormwater Management**

| Total Earth Disturbance (Square Feet) | Submittal Requirements |
|---------------------------------------|-------------------------------------|
| • 0 – 2,177 | None |
| • 2,178 – 10,890 | Small Project SWM Site Plan |
| • Over 10,890 | SWM Plan prepared by prof. engineer |

- 8. Trash Cart Selection Form**
 - For new dwellings only.
- 9. Sanitary Sewer Connection Application**
 - For new dwellings/new connections to the sanitary sewer system.

STEP 2: OBTAIN PERMIT

- The Building Official will review the Building Permit Application upon submittal. Typical review time for a Building Permit Application is 10-15 business days.
- Once Application is approved, the Building Official will email the applicant instructions to pay Building Permit Fees (via credit card or check made out to Ohio Township). Once fees are paid, the approved Building Permit will be issued to the applicant via email. Work shall NOT start until Building Permit is issued.

STEP 3: SCHEDULE INSPECTIONS

- The required inspections are given to applicant with the approved Building Permit. Call 412-364-6321 or email jjackson@ohiotwp.org to schedule.
- Once the project has passed Final Inspection, a Certificate of Occupancy will be issued to the applicant, meaning that the structure may be legally occupied.
- Occupancy or use of a structure without a Certificate of Occupancy will result in prosecution of the permit applicant per 34 Pa. Code § 403.65(a).



OHIO TOWNSHIP
 1719 Roosevelt Road
 Pittsburgh, PA 15237
 (412)364-6321 // www.ohiotwp.org

BUILDING PERMIT APPLICATION

LOCATION

ADDRESS _____ CITY, STATE, ZIP _____

PARCEL ID (i.e. XXX-01-XXX) _____ LOT SIZE (SQ. FT.) _____

PROJECT INFORMATION

New Building Addition Alteration Repair/Replacement Demolition Sign Wall/Fence Pool Deck Other

Description – Describe in detail proposed improvement (i.e. type of dwelling, number of units, size, proposed use, etc.).

Size (square feet): _____

Number of Stories: _____

Type of Water Supply: Public Private N/A

Type of Sewage: Public Private (septic tank, etc.) N/A

Total Cost of Improvement: \$ _____

IDENTIFICATION

| | | |
|------------------------------|--|--|
| Owner or Lessee | Name | |
| | Address | |
| | Phone | |
| | E-mail | |
| Contractor | Name | |
| | Address | |
| | Phone | |
| | E-mail | |
| | Builder's License No. (i.e. PA123456) | |
| Architect or Engineer | Name | |
| | Address | |
| | Phone | |
| | E-mail | |

Applicant hereby certifies that the above information is true and correct to the best of their knowledge. The applicant agrees to comply with the provisions of Ohio Township's Ordinances, Codes, and Regulations, and all other applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania, and the United States, whether or not specified in this application. The applicant agrees that if a permit is issued, the permit may be revoked by administrative action of Ohio Township if compliance with the aforementioned regulations is not absolute.

| | | |
|-------------------------------|----------------|-------------|
| Signature of Applicant | Address | Date |
|-------------------------------|----------------|-------------|



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Affidavit of Exemption for Worker's Compensation Insurance

A permit applicant may submit this form in lieu of a contractor's certificate of insurance.

FORM MUST BE NOTARIZED

The undersigned affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as directed:

Property owner performing own work. If property owner does hire contractor to perform any work pursuant to the building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

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 letters for all employees).

DO NOT SIGN BELOW UNTIL NOTARY IS PRESENT

Signature of applicant: _____

County of _____

Township of _____

Subscribed sworn to and acknowledged before me
by the above _____ This
_____ day of _____ 20____

(Seal)

Notary Public



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HAULING PERMIT APPLICATION

Hauling operations in Ohio Township are subject to the applicable provisions of the Ohio Township Code Chapter 266. Submit this application and either a road bond (\$12,000 per mile of Township roadways to be traveled) or certificate of insurance from the hauler.

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

HAULER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

HAULING INFORMATION

START DATE: _____

END DATE: _____

HAULING FROM (ADDRESS/WORK SITE): _____

HAULING TO (ADDRESS/WORK SITE): _____

ROADWAYS TO BE TRAVELED:

1. _____
2. _____
3. _____
4. _____
5. _____

TYPE OF WORK TO BE PERFORMED: _____

DATE: _____

APPLICANT SIGNATURE: _____



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SMALL PROJECT STORMWATER MANAGEMENT SITE PLAN APPLICATION

Owner Name: _____ **Phone:** _____
Owner Address: _____ **E-mail:** _____
 _____ **Project:** _____

Submit this Application and a Site Plan for review. The Site Plan shall contain, at a minimum, property lines, proposed buildings and other impervious surfaces with dimensions, proposed utility locations, and proposed stormwater management facilities. A scaled property survey may be used as a Site Plan.

STEP 1: Determine Total New Impervious Surfaces proposed for project

| Table 1: Impervious Surfaces Calculation | | | | | |
|--|-------------|---|------------|---|-----------------------------------|
| Surface Type | Length (ft) | X | Width (ft) | = | Impervious Surface Area (sq. ft.) |
| Building (House) | | X | | = | |
| Driveway | | X | | = | |
| Patios and Sidewalks | | X | | = | |
| Other | | X | | = | |
| Total New Impervious Surface Area | | | | | |

Note: If the Total Impervious Surface Area from Table 1 EXCEEDS 5,000 Square Feet, a complete stormwater management plan, prepared by a registered professional engineer must be submitted in lieu of this small project stormwater management site plan.

STEP 2: Determine Total Volume of stormwater runoff required to be managed

| Table 2: Runoff Volume Calculation | | | | | |
|--|---|-------------------|---|----------|-----------------------------------|
| Total New Impervious Surface Area (from Table 1) | X | Runoff Depth (in) | ÷ | 12 in/ft | = Total Volume Required (cu. ft.) |
| | X | 2 | ÷ | 12 | = |

STEP 3: Size Stormwater Management Facility to control Total Volume required in Table 2

| Table 3: Stormwater Management Facilities | | | | | | | | | |
|---|-------------|---|------------|---|------------|---|------------|---|--------------------------------|
| Facility Type | Length (ft) | X | Width (ft) | X | Depth (ft) | X | Void Space | = | Total Volume Managed (cu. ft.) |
| Dry Well | | X | | X | | X | .40 | = | |
| Dry Well | | X | | X | | X | .40 | = | |
| Dry Well | | X | | X | | X | .40 | = | |
| Total Volume Managed | | | | | | | | | |

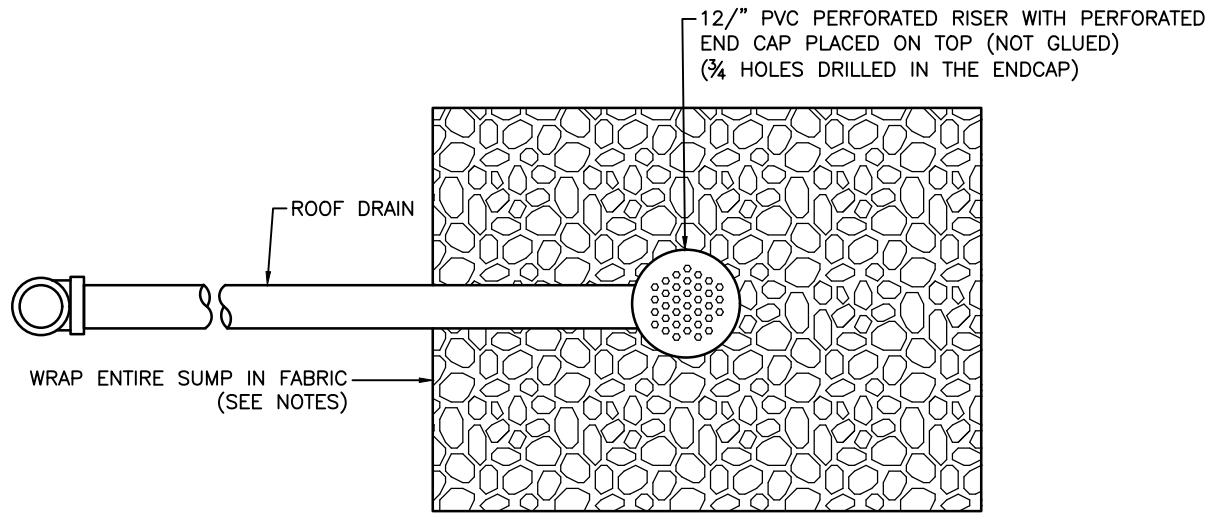
Note: Total Volume Managed (Table 3) must equal to or greater than Total Volume Required (Table 2). Alternate Stormwater Management Facility designs can be referenced in Appendix C of the Township's Stormwater Management Ordinance #329.

Check this box if, in lieu of providing the above, an alternative and/or professional design is attached for approval.

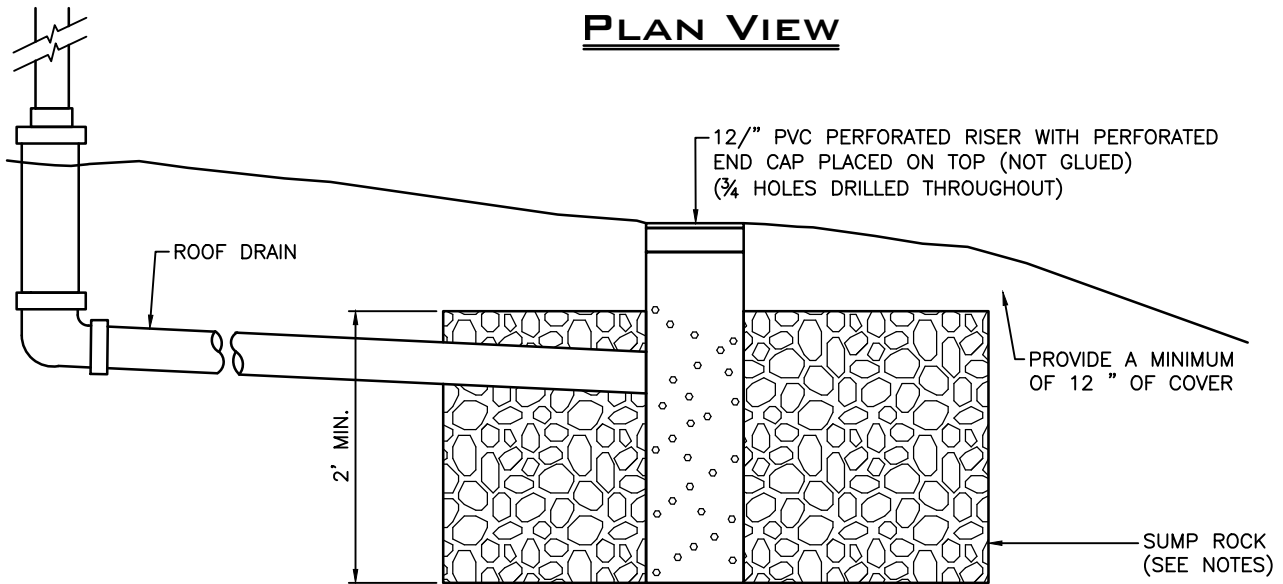
Acknowledgement – By executing below, the Owner acknowledges the following: they are the owner of the above-described property; the information provided is accurate; any revision to the approved Site Plan must be approved by the Municipality, and that a revised erosion and sediment control plan must be submitted to the Municipality or Conservation District for approval; and municipal representatives are granted access to the above-described property for review and inspection as may be required.

Owner: _____

Date: _____



PLAN VIEW



SECTION

NOTES:

1. PLACE SUMP IN UNDISTURBED SOILS. NO PLACEMENT IN FILL SOILS PERMITTED.
2. ALL SUMPS SHALL BE A MINIMUM OF 10' FROM HOUSE OR PROPERTY LINES.
3. SUMP TO BE FILLED WITH AASHTO #1 STONE WITH VOID CONTENT OF 35% OR MORE, OR APPROVED EQUIVALENT (SEE DETAIL)
4. PVC ROOF LEADER TO BE INSTALLED IN UNDISTURBED SOIL OR COMPACTED BACKFILL.
5. IMPERVIOUS AREA GREATER THAN 5000 SQUARE FEET REQUIRES THE SUBMISSION OF A STORMWATER MANAGEMENT REPORT PREPARED BY AN ENGINEER LICENSED IN THE STATE OF PENNSYLVANIA.
6. MAX DEPTH OF SUMP TO BE DETERMINED BASED ON GROUNDWATER LEVEL
7. FILTER FABRIC MUST BE NON-WOVEN GEOTEXTILE

MAINTENANCE:

1. DRY WELLS SHOULD BE INSPECTED AT LEAST FOUR (4) TIMES ANNUALLY AS WELL AS AFTER LARGE STORM EVENTS (>1" IN 24 HRS).
2. REMOVE SEDIMENT, LEAVES, DEBRIS, TRASH, AND ANY OTHER WASTE MATERIAL FROM A DRY WELL.
3. REGULARLY CLEAN OUT GUTTERS AND ENSURE PROPER CONNECTIONS TO DRY WELL.
4. INSTALL A FILTER SCREEN TO INTERCEPT THE ROOF RUNOFF AS NECESSARY WHEN LEAVES OR DEBRIS ARE COMMON.



Ohio Township
 1719 Roosevelt Road
 Pittsburgh, Pennsylvania
 15237
 412-364-6321

| | | |
|----------------------------------|----------|----------|
| Scale: | | |
| Drwn By: | Chkd By: | Appd By: |
| Filename: Dry Well Detail.dwg | | |
| Date: January 14, 2025 | | |

Ohio Township
 Dry Well Detail



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TRASH / RECYCLING / YARD WASTE CART SELECTION FORM

On October 1, 2011, Ohio Township and the Town of McCandless embarked upon an intergovernmental cooperative automated trash, recycling, and yard waste collection program. Under Pennsylvania’s Act 101 of 1989, the Allegheny County Solid Waste Plan and by community ordinance, residents of both Ohio Township and the Town of McCandless are required to utilize the residential collection service provided by their respective municipality.

The carts belong to the municipalities. They are available for your use as long as you remain at this address. Each cart carries a unique identification number that is linked to your account as well as to your home address.

Every household in Ohio Township is required to have at least one trash and one recycling cart. A yard waste cart is optional. Trash and recycling carts are available in three (3) sizes: 35, 65 and 95-gallon. Yard waste carts are available only in 95-gallon.

Please select one size trash cart, and one size recycling cart and optional yard waste cart by completing the following information and **return the form to Ohio Township prior to occupancy approval.** We recommend making a copy of this form. Upon occupancy of your home contact Waste Management at 1-800-866-4460 weekdays between 7:30 am and 5:00 pm or online at wpacustomerservice@wm.com to have your carts delivered.

APPLICATION DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

CART SELECTION:

TRASH CART: 35-GALLON 65-GALLON 95-GALLON

RECYCLING CART: 35-GALLING 65-GALLON 95-GALLON

OPTIONAL YARD WASTE CART:

DO NOT WRITE BELOW THIS LINE

DATE PAID: _____

OCCUPANCY DATE: _____

CHECK #: _____



Ohio Township Sanitary Authority
1719 Roosevelt Road
Pittsburgh, PA 15237
(412) 364-4549

APPLICATION FOR SANITARY SEWER CONNECTION

I, the undersigned, do hereby make application to connect a _____ story building to be used as a _____ (residential/commercial) structure into the sanitary sewer system on _____ (date).

The property address is _____ and the sewer line I wish to connect to is located on _____ which my property is served by.

I understand that the connection costs will be based on the Authority's Rules and Regulations and will increase for each EDU as set forth in the Rules and Regulations. In addition, I realize a Special Purpose Charge may be imposed in accordance with the Authority Tap-In Fee Resolution.

Name of Applicant(s): _____

Present Address: _____

Phone Number: _____ Email Address: _____

The applicant further agrees to provide 48 hours notification to NIRA Consulting Engineers, 950 Fifth Avenue, Coraopolis, PA 15108, phone (412) 262-3970 of the date of the proposed connection and will allow the consulting engineers to inspect and approve the plumbing connection into the Authority's lines before covered. The applicant agrees to uncover the line should they fail to secure proper inspection approval of the Authority's consulting engineer.

Signed _____

Date _____



Ohio Township Sanitary Authority
1719 Roosevelt Road
Pittsburgh, PA 15237
(412) 364-4549

AUTHORITY ACTION

- 1. Application approved this _____ day of _____, 20____, in payment of \$_____ received by the Ohio Township Sanitary Authority.
- 2. Application reviewed the _____ day of _____, 20 ____ and rejected because

_____.

Signed _____
Authority Representative

- 3. Property not served by the Ohio Township Municipal Authority and owner(s) will be required to secure Septic Tank Approval.

Signed _____

BUILDING INSPECTOR

Building Permit No. _____ issued by Ohio Township on _____ day of _____, 20 _____.

Signed _____
Building Inspector

INSPECTOR S APPROVAL

Inspection of lines made this _____ day of _____, 20 ____ and approval is hereby given to cover the lines.

Signed _____
Consulting Engineer