

# SUBMITTAL REQUIREMENTS FOR COMMERCIAL ROOF PROJECTS

When submitting your application for Commercial projects please include the following:

1. Completed Building Permit Application.
2. If you don't know your tax parcel number for your property to put on your application, please contact the Tax Office at 724-465-3812.
3. Detailed Scope of work, the manufacturers fastening/installation instructions and the manufacturer's warranty information.
4. If there are any structural repairs or changes submit two (2) complete sets of sealed drawings.
5. Your contractor's workman's compensation and liability insurance. If you are not using a contractor or your contractor doesn't have workman's compensation insurance, please complete the Workman's Comp form and have it notarized.
6. \$50.00 application fee (non-refundable) – please make check payable to ***Indiana County***.

# INDIANA COUNTY

Office of Planning and Development  
801 Water Street  
Indiana, PA 15701  
(724) 465-3870 Fax (724) 465-3151

FOR OFFICE USE ONLY

Permit # \_\_\_\_\_

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

## Building Permit Application ~Commercial Roof~

**\*\*\* All Drawings Must be Sealed by an Architect or an Engineer \*\*\***

### Company at Site Address Information

Company Name at Site Address \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ State PA Zip \_\_\_\_\_

Municipality \_\_\_\_\_ Township / Borough \_\_\_\_\_



**YOU MUST PROVIDE A TAX PARCEL  
NUMBER FOR THE PROPERTY AT THE  
SITE ADDRESS LISTED ABOVE**

**Tax Parcel #** \_\_\_\_\_

Company at Site Mailing Address (if different than site address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person (for above Company) \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Person's E-mail Address: \_\_\_\_\_

**Estimated cost of the project:** \$ \_\_\_\_\_

### Contractor's Information

Contractor: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## To be completed by the Design Professional

(Affix seal to the right of name and address)

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

Address: \_\_\_\_\_

\_\_\_\_\_

PA License # \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PENNSAFE BUILDING INSPECTION SERVICES LLC**  
**COMMERCIAL ROOF PROJECT HANDOUT AND INSPECTION REQUIREMENTS**

Every item below must be checked as completed (if applicable), or marked n/a (if not applicable), for your project. This form must be completed in its entirety then returned with the application.

- ☐ Permit Application
- ☐ Municipal Prior Approval Form

**\*\*The following items are required to be included with application submittal.\*\***

- ☐ Copy of contract.
- ☐ Detailed scope of work.
- ☐ Manufacturer's fastening/installation instructions to be submitted or provided at job site.
- ☐ Manufacturer's warranty information.
- ☐ **Pennsafe reserves the right as to when to require stamped plans for structural repairs/changes.**

**\*\*The following directory is a listing of the required inspections that must be adhered to. This form must be located at the jobsite and shall be provided to the inspector at the time of inspection.\*\***

**To schedule an inspection, call 814-375-1111. A 24-hour advance notice is required.**

**Required Inspections:**

**Inspector/Date:**

Roof Deck Underlayment

\_\_\_\_\_

Final Inspection

\_\_\_\_\_

Copy of Manufacturer's Warranty

\_\_\_\_\_

**\*\*THIS COMPLETED FORM MUST BE SUBMITTED WITH THE APPLICATION\*\***