

BUILDING PERMIT

DEPT FILE COPY

AMOUNT PAID

VALIDATION

DATE May 30 2002 PERMIT NO. 7561

APPLICANT Lisa Buckley ADDRESS 142 Hickory Lane 12030 Marcel Lake
(NO.) (STREET) (CONTR'S LICENSE)

PERMIT TO build (1) STORY installation of a 6ft NUMBER OF DWELLING UNITS 1
(TYPE OF IMPROVEMENT) NO. (PROPOSED USE)

AT (LOCATION) 148.04-08-32 ZONING DISTRICT R
(NO.) (STREET)

BETWEEN Hickory Lane AND _____
(CROSS STREET) (CROSS STREET)

SUBDIVISION ML 160-B LOT _____ BLOCK _____ LOT SIZE _____

BUILDING IS TO BE _____ FT. WIDE BY _____ FT. LONG BY _____ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE _____ USE GROUP _____ BASEMENT WALLS OR FOUNDATION _____ (TYPE)

REMARKS: FINAL INSPECTION TO BE WRITING. GOOD FOR ONE YEAR ONLY.

AREA OR VOLUME _____ ESTIMATED COST \$ _____ PERMIT FEE \$ 50.00
(CUBIC/SQUARE FEET)

OWNER Bldg. Erik Estok BUILDING DEPT. BY Richard S Wainwright
 ADDRESS PO Box 214, Milford, PA 18337

(Affidavit on reverse side of application to be completed by authorized agent of owner)

INSPECTION RECORD

DATE	NOTE PROGRESS - CORRECTIONS AND REMARKS	INSPECTOR
6-5-2	Header OK OK TO the Finish sheet rock	RST
6-9-3	Completed Quite some Time No need to send a c/o	RST

FORM NO. BOCA - BP 1994

**Certified foundation location
required before start of
framing or setting of modular.**
DELAWARE TOWNSHIP BUILDING APPLICATION FORM

DATE: 5/29/02 TAX MAP # 148.04-08-32
 CHECK# 1059 FEE: \$ 50- APPLICATION # 7561
 OWNERS'S NAME Lisa Buckley BUILDER'S NAME Erik Estok
 MAILING ADDR: 142 Hickory Lane MAILING ADDR: P.O. Box 214
12030 Marcel Lake Milford Pa 19337
 PHONE: 828-6775 PHONE: 570-296-4789
 SUBDIVISION: Marcel Lake LOT: 160 BLOCK: _____ SECTION B
 STREET: Hickory Lane

<u>BUILDING TYPE</u>	<u>FOUNDATION</u>	<u>CONSTRUCTION</u>
RESIDENTIAL _____	CRAWL _____	WOOD _____
# BEDROOMS _____	FULL _____	MASONRY _____
# BATHROOMS _____	PIERS _____	POLE _____
ADDITION _____	SLAB ON GRADE WITH _____	MODULAR _____
DECK(S) _____	FROST WALL _____	OTHER _____
GARAGE _____	OTHER _____	
COMMERCIAL _____	8", 10", OR 12" BLOCK _____	
STORY _____		
OTHER _____		

SIZE OF BUILDING: _____ FT WIDE: _____ FT LONG: _____ FT IGH: _____
 TOTAL SQUARE FOOTAGE: _____ ESTIMATED COSTS: _____

SIGNATURE OF OWNER/AGENT: Lisa Buckley

IF APPLICABLE: ZONING PERMIT# _____ SEWAGE PERMIT# _____
 WELL PERMIT# _____ ROAD ENCROACHMENT PERMIT# _____

(ALL CONTRACTORS MUST FILL OUT WORKERS COMPENSENATION INFORMATION.)

NOTE: SIX (6) MONTHS TO START CONSTRUCTION; ONE (1) YEAR FOR EXTERIOR; TWO (2) YEARS FOR INTERIOR. THERE IS A THIRTY (30) DAY APPEAL PERIOD FOLLOWING THE ISSUANCE OF THIS PERMIT. DURING THIS PERIOD, ANY AGGRIEVED PERSON MAY FILE AN APPEAL TO CONTEST THIS ISSUANCE OF THE PERMIT. ANY PERMIT HOLDER WHO BUILDS DURING THE THIRTY (30) DAY APPEAL PERIOD DOES SO AT THEIR OWN RISK.

DELAWARE TOWNSHIP SEWAGE ORDINANCE PROHIBITS THE USE OF A SEPTIC SYSTEM PRIOR TO THE ISSUANCE OF THE CERTIFICATE OF OCCUPANCY FOR THE STRUCTURE THAT THE SEPTIC SYSTEM IS TO SERVE. FURTHER, THE PROPERTY OWNER AND THE BUILDER OF THE STRUCTURE MAY BE HELD RESPONSIBLE FOR SAID USE, AND THE FINES MAY BE ASSESSED ACCORDINAGLY. AVOID PROBLEMS: DO NOT USE THE SEPTIC SYSTEM UNTIL THE CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED FOR THE BUILDING.

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law.

Yes

X No

If the answer is "yes", complete Sections B and C, below, as appropriate.

B. Insurance Information:

Name of Applicant: Erik Estok

Federal or State Employer Identification No: _____

Applicant is a qualified self-insurer for workers compensation. Certification Attached

Name of Workers Compensation insurer: _____

Workers Compensation Insurance Policy No.# _____ Certification Attached

Policy Expiration Date: _____

C. Exemption:

Complete Section C if the applicant is a contractor claiming exemption from providing Workers Compensation Insurance.

The undersigned swears or affirms that she is not required to provide Workers Compensation Insurance under the provisions of Pennsylvania Workers Compensation Law for one of the following reasons, as indicated:

Contractor with 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 Township.

____ Religious exemption under the Workers Compensation Law.

Subscribed and sworn to before me this 20 Day of March 2002

Ileana Hernandez
Signature and Seal of Notary Public
Commission expires: _____

Erik Estok
Signature of Applicant
Address 10 Box 214
Milford
County Pike Municipality _____

Notarial Seal
Ileana Hernandez, Notary Public
Delaware Twp., Pike County
My Commission Expires Mar. 7, 2006
Member, Pennsylvania Association Of Notaries

owner - Lisa Buckley
12030 Laurel Lake
142 Hickory Lane
828-6775

Contractor Erik Estel
P.O. Box 214
Mithrid Pa 18337
570-296-4789

Description of work: We propose to cut through exterior wall and install a double 2x10 Header with two Jack studs on either end to allow for the installation of a 6 ft. patio door.

