



## Commercial Building Permit/Demolition application Procedures

**Note: Paper applications will NOT be accepted. Applicants MUST use the digital application interface.**

1. Visit our website [www.code-sys.com](http://www.code-sys.com)
2. Press the “New Project Submittal” button on the top right corner of the screen
3. Fill out the project information as prompted. It is best for the design professional or the primary project contact to do this so that any revisions may be easily submitted.
4. Upload the construction documents.
5. Upload the **Workers Compensation Addendum** and the **OSHA form**.
6. Each contractor must provide a **certificate of insurance**, with North Versailles Township as the certificate holder (the bottom left-hand box). The project address must be in the location box (directly above the certificate holder box). Upload a pdf of this to the project portal.
7. Plan reviewers evaluate your project for code compliance.
8. If revisions are needed, you will be contacted by the plan reviewers.
9. If the work is approved, you will be emailed an invoice.
10. Once the permit is paid, you will receive your completed approved permit package, including a **required inspection** list.
11. If you have any questions, please contact your building inspector, Joanna Beres, at 412-821-0337 x27.
12. Electrical Inspections will be provided by Eric Martin, 412-821-0337 x33.
13. Add our domain “@code-sys.com” to your safe sender list. Check your spam folder if you do not see email from us.

Resources: [The Pennsylvania Uniform Construction Code](#)

# WORKERS' COMPENSATION ADDENDUM

LOCATION OF PROPERTY: \_\_\_\_\_

LOT#: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

## PART I

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

Certificate of Insurance OR Certificate of Self-Insurance (please attach). Type the municipality in the certificate holder box, and above that put the project address in the location box.

Affidavit of Exemption (if you select this, fill out PART II below)

## PART II

Basis for exemption (check one):

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 Workers' Compensation Act.

Please explain: \_\_\_\_\_

\_\_\_\_\_

All of the contractor/applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: \_\_\_\_\_

\_\_\_\_\_

Other: Please explain: \_\_\_\_\_

\_\_\_\_\_

*My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to un-sworn falsifications to authorities.*

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

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

## OSHA SAFETY STANDARDS

PROPERTY ADDRESS: \_\_\_\_\_

LOT #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

I AM FULLY AWARE OF THE US DEPARTMENT OF LABOR, OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS AND UNDERSTAND THAT I MUST COMPLY WITH THESE STANDARDS FOR THE DURATION OF MY CONSTRUCTION PROJECT.

APPLICANT/OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_