



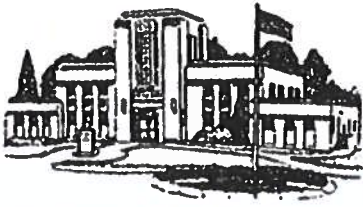
Borough of Crafton
NEW BUSINESS REQUIREMENT CHECKLIST
For Businesses and/or Landlords

FOLLOW THESE TIPS IF YOU PLAN TO OPEN A BUSINESS/CONDUCT BUSINESS IN CRAFTON:

- Make sure your intended business is permitted in the zoning district in which it is located.
- All businesses, landlords, or individuals intending to conduct business within the Borough of Crafton **MUST** be registered as a business with the Administrative Office, 2nd Floor of the Borough Building. The registration fee is \$10.00 and must be renewed yearly. Forms will be sent out by Jordan Tax Service, Inc. *
- Businesses:** Complete the **Zoning Use and/or Zoning Occupancy Permit** application and return with the proper fees. An Occupancy inspection **MUST** be completed to insure compliance with the building, zoning and fire safety codes. This permit must be completed prior to the opening of any business or occupying any space. *
- Property Owners/Landlords:** Required, by ORDINANCE of the Borough of Crafton, to 1) obtain a **Rental Operation License** and submit the **Landlord Occupancy Report** for EVERY change in tenant occupancy. Additionally, Owners/Landlords **MUST REPORT ALL OCCUPANTS** living/occupying all commercial/residential properties, as well as all, the occupant's employment information, **ANNUALLY** on or before June 1st of EACH year. *
- File emergency/contact information with the Police Secretary at 412.921.2016.
- Remodeling? Check with the Building Inspector to see if a building permit is required. Electrical and plumbing inspections may also be required.
- ALL SIGNS require a permit. Submit a Sign Application together with drawings to scale, showing the size of the sign, type of lighting and location of the sign.
- All commercial businesses and residential properties with 9 or more units, **MUST** provide for their own garbage and recycling removal by private contract.
- Business Owners/Landlords are responsible for maintaining sidewalks and **MUST** keep them free of debris and ice/snow.

*Forms Attached

Crafton Borough Building Inspector:
BUILDING INSPECTION UNDERWRITERS
412.766.2565
Crafton Borough Code Enforcement Office
412.921.0752 x 26
Crafton Borough Administrative Office:
412.921.0752 x 10
Crafton Police Department – Non-Emergency
412.921.2016



BOROUGH OF CRAFTON
NEW BUSINESS REGISTRATION FORM

*any business conducted or located within the borough.

Date: ____/____/____

Business Name: _____

Property Address: _____ Parcel ID: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ - _____ - _____ Phone 2: _____ - _____ - _____

Email Address: _____

Type of Business: Retail Services Other: _____

Tax ID: _____ Date Business Established: ____/____/____

Business Owner Name: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ - _____ - _____ Phone 2: _____ - _____ - _____

Email Address: _____

Emergency Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ - _____ - _____ Phone 2: _____ - _____ - _____

CRAFTON BUSINESS TAXES

_____ Business Privilege Tax: Based on prior year gross receipts, billed yearly, and Due on May 15th.

_____ Mercantile Tax: Based on quarterly gross receipts, billed quarterly.

_____ Local Service Tax: \$52.00 due from each person employed earning more than \$12,000 a year, or \$10.00 for those earning less including the owner.

_____ Earned Income Tax: To be withheld for ALL employees and remitted to Jordan Tax Service, Inc.

(check all that apply)

BUSINESS LICENSE FEE: \$10.00

CHECK # _____

OR CASH

RECEIVED BY: _____

TITLE: _____

DATE: ____/____/____



BOROUGH OF CRAFTON

Application for Rental Operating License and/or Landlord Occupancy Report YEAR: _____

RENTAL OPERATING LICENSE - *Required for change of tenant.*

LANDLORD OCCUPANCY REPORT* - *Required annually.*

Property Address: _____ Parcel ID: _____

Property Owner Name: _____

Property Owner Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ - _____ - _____ Phone 2: _____ - _____ - _____

Email Address: _____

Use Type: Commercial Residential Other: _____

Emergency Contact/Management Company:

Contact Name: _____

Phone 1: _____ - _____ - _____ Phone 2: _____ - _____ - _____

Email Address: _____

OCCUPANCY INFORMATION: Number of Rental Units _____ Earned Income Tax PSD Code: 730402

OCCUPANT NAMES (Do not include unemployed minors)	UNIT NUMBER Include full address if street numbers are different.	PHONE NUMBER	MOVE IN DATE MM/YYYY	EMPLOYER NAME & City/State/Zip
EXAMPLE: John Smith	#4 or Floor 1 or 123 Main Street	412-921-1234	01/2020	Employer Central, Inc Pittsburgh, PA 15205

*** No Fee is required for filing the ANNUAL Landlord Occupancy Report.**

Paid by: Cash Check _____ \$ _____ Zoning District: _____

Comments: _____

Residential Rental Operating License Fee \$45 Ea. Unit / Commercial Rental Operating License Fee \$75 Ea. Unit

Crafton Borough

Zoning Use & Occupancy Fee Requirements

Residential Property Sale/Alterations (Change of Use)

Property Sales require BOTH the Zoning Use and the Zoning Occupancy

Zoning Use: \$35 Per Parcel

Zoning Occupancy*: \$45 Per Unit

**Code Compliance Inspection*

For Example:

1. Single Family: $\$35 + \$45 = \$80$
2. Two Family: $\$35 + \$45 + \$45 = \125
3. Three Family: $\$35 + \$45 + \$45 + \$45 = \$170$
4. Vacant Lot (Zoning Only) \$35

Residential Rental Inspection* = \$45 Per Unit

Required for all changes in tenant occupancy.

**Rental Operating License*

Commercial Property Sale/Alterations (Change of Use)

Property Sales require BOTH the Zoning Use and the Zoning Occupancy

Zoning Use: \$75 Per Parcel

Zoning Occupancy: \$75 Per Unit

**Code Compliance Inspection*

For Example:

1. Single Family: $\$75 + \$75 = \$150$
2. Two Family: $\$75 + \$75 + \$75 = \225
3. Three Family: $\$75 + \$75 + \$75 + \$75 = \$300$
4. Vacant Lot (Zoning Only) \$75

Business Registration & Occupancy Permit

New Businesses/ Landlords MUST file both the Registration Form and the Occupancy Permit

1. Business License/Registration Fee \$10 (annual)
2. Business Occupancy Permit \$75

Re-Inspection Fee and/or Missed Appointment Fee \$35

OCCUPANCY CHECKLIST

(Please note the list is not all inclusive. There may be other items that required repair, replacement or removal)

- The property street number address must be posted and visible from the street with four 4 inch numbers, contrasting to the background.
- All sidewalks and walking surfaces need to be free of hazardous and/or tripping hazards.
- All garbage cans must be leakproof with tight fitting lids.
- All exterior property and premises shall be maintained in a clean, safe and sanitary condition.
- The exterior walls must be free of holes, breaks, loose/rotting boards and peeling paint.
- Roofs must be structurally sound and watertight, with properly attached gutters and downspouts so water is discharged without affecting neighboring property.
- Chimneys, decks, stairs and porches must be structurally sound and in good repair.
- All dead bolts must have a thumb latch on entrance/exit doors.
- All bathrooms must be vented by a window or fan discharging directly to the outside.
- Interior drywall must be in good repair, properly taped and painted or covered with other approved materials.
- All interior surfaces, including ceilings, walls, floors, windows and doors, shall be maintained in good, clean and sanitary condition.
- Peeling, chipping, flaking or abraded paint shall be repaired, removed or covered.
- Cracked/loose plaster or drywall, decayed wood and other defective surface conditions shall be corrected.
- A Smoke detector on each floor, one in each bedroom and one outside bedroom areas.
- Carbon Monoxide detectors outside bedroom areas and in the vicinity of fossil fuel appliances.
- The opening from the garage to the residence shall be equipped with a 1-3/8" solid wood, 1-3/8" honeycomb steel or 20 minute fire-rated door.
- Ground Fault Circuit Interrupter outlets shall be installed at all exterior locations and all interior locations that are within six (6) feet of a water source.
- No exposed electric wires, uncovered outlet, or switch boxes.
- Foundation walls must be in good repair, free from open cracks and able to support the loads placed upon them.
- Every exterior and interior flight of stairs having more than four risers shall have a handrail on one side of the stair and every open portion of a stair, landing, balcony, porch, deck, ramp or other walking surface which is more than 30 inches above the floor or grade below shall have guardrails. Handrails shall not be less than 30 inches high or more than 42 inches high measured vertically above the nosing of the tread or above the finished floor of the landing or walking surfaces. Guardrails shall not be less than 30 inches high above the floor of the landing, balcony, porch, deck, or ramp or other walking surface with a 4 inch maximum opening.
- Every handrail and guardrail shall be firmly fastened and capable of supporting normally imposed loads and shall be maintained in good condition.
- Windows and door openings must be weather tight and windows must have screens.
- Furnaces must be in good repair, properly wired with a shut off and properly vented. Gas furnaces must be equipped with a gas shut-off valve. Must vent with a positive angle out.
- Water heaters must be properly vented and equipped with a pressure relief valve connected and extending to within six inches of the floor.
- Water heaters must be equipped with a water and gas/electric shut-offs.
- Buildings should be free from insect infestation.
- Rental properties require a fire extinguisher to be mounted in each kitchen area.

SIGNATURE OF PROPERTY BUYER:

Sign: _____ Date: _____

Print: _____ Phone: _____

BUILDING PERMIT

ELECTRICAL PERMIT

Municipality _____ County _____ Tax Parcel _____
 Construction Site Location _____ Date Received _____
 Owner _____ Tenant _____
 Address _____ Address _____
 State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____
 Front Yard _____ Ft. (Front of building to property line) Describe proposed work in detail _____
 Rear Yard _____ Ft. (Rear of building to property line) _____
 Side Yard _____ Ft. Side Yard _____ FT. _____
State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

BUILDING PERMIT
 Contractor _____
 (if owner, put same name above)
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fed Employee No. _____
 (Certificate of Insurance for Workers Compensation needed or signed exemption form)
 Estimate of total costs for all work _____
 Total square feet: _____ Use Group _____ Type Construction _____
 No. of Stories: _____ Height of Structure _____
 Description of work: _____

Type of work:
 Alterations/Additions of: _____ Square Ft. _____
 () Roofing - Total square feet _____
 () Fencing, supply height if it exceeds 6 foot _____
 () Sign - Total Square feet _____
 () Pool - Total Square feet _____
 () Decks - Total Square feet _____
 () Demolition - Total Square feet _____
 () Accessibility _____
 Other: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

 Signature: _____
 Owner () Contractor () Owner Representative ()

ELECTRICAL PERMIT
 Contractor _____
 (if owner, put same name above)
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fed Employee No. _____
 (Certificate of Insurance for Workers Compensation needed or signed exemption form)
 Estimate of total costs for all work _____

Technical Site

Data No.	Size	Items
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____	HP _____	Motor-Fractional
_____		Communication Devices
_____		Alarm Devices/Systems
_____		Emergency & Exit Lights
_____		Pool Bonding
_____		Service
_____		Sub-Panels
_____		Feeders
_____		Baseboard Heater
_____		Dryer Receptacle
_____	Range _____	Dishwasher _____
_____	Heater _____	Central A/C Units _____
_____		Signs _____
_____		Survey Fee _____

 Others: _____
 Signature: _____
 Owner () Contractor () Owner Representative ()

BUILDING CODE OFFICIAL USE ONLY
 Plans Approved _____ Plans Approved with Comments _____
 UCC Building Fee: _____
 Plan Review Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____

ELECTRICAL CODE OFFICIAL USE ONLY
 Plans Approved _____ Plans Approved with Comments _____
 UCC Electrical Fee: _____
 Plan Review Fee: _____
 Admin. Fee: _____
 State Fee: _____
 Total Cost: _____
 Code Official: _____ State Cert.# _____
 Date Issued: _____

MECHANICAL PERMIT _____ **PLUMBING PERMIT** _____

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone# _____ State _____ Zip _____ Phone# _____

Describe proposed work in detail: _____

State Classification: New Commercial _____ Other Commercial _____ New Residential _____ Other Residential _____

MECHANICAL PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Technical Site Data No.	Fixture/Equipment
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Hydronic Piping
_____	Appliances
_____	Solar
_____	Heat Pump
_____	Fire Dampers
_____	Exhaust Hood Sys.
_____	HVAC

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

PLUMBING PERMIT

Contractor _____
(if owner, put same name above)

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Fed Employee No. _____
(Certificate of Insurance for Workers Compensation needed or sign exemption form)

Estimate of total costs for all work _____

Technical Site Data No.	Items	Technical Site Data No.	Items
_____	Water Closet	_____	Interceptor/Separator
_____	Urinal/Bidet	_____	Backflow preventer
_____	Bath tub	_____	Grease trap
_____	Lavatory	_____	Sewer Connection
_____	Shower	_____	Sewer Pump
_____	Floor drain	_____	Stacks
_____	Sink	_____	Solar
_____	Dishwasher		
_____	Drinking fountain		
_____	Washing Machine		
_____	Hose Bibb		
_____	Water Heater		
_____	Fuel Oil Piping		
_____	Gas Piping		
_____	Steam Boiler		
_____	Hot Water Boiler		
_____	Water Service Connection		

Others: _____

Signature: _____
Owner () Contractor () Owner Representative ()

MECHANICAL CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Mechanical Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____

PLUMBING BUILDING CODE OFFICIAL USE ONLY

Plans Approved _____ Plans Approved with Comments _____

UCC Plumbing Fee: _____

Plan Review Fee: _____

Admin. Fee: _____

State Fee: _____

Total Cost: _____

Code Official: _____ State Cert.# _____

Date Issued: _____