

RECREATIONAL CABIN EXEMPTION GUIDANCE DOCUMENT AND LIST OF REQUIREMENTS

RECREATIONAL CABIN

- Land Use Permit signed and approved by the municipality.
- PMCA 2 page Building Permit Application
- Plot Drawing – (Show location and distances of proposed structure in proximity to all other improvements, utility lines, easements, right of ways and property lines)
- Recreation Cabin Affidavit (required)
- Verification that the Structure is NOT going to be within a Flood Plain or Flood Way (Plot Drawing must show any nearby water courses).
- **If in Flood Plain** – Any project located in a flood plain may not obtain an Agricultural Exemption. Please submit the Building Permit Application and the Floodplain Checklist to complete an application for the construction of your project.
- Fee of \$60 to cover Application / Administration / Review Letter and Mailing

This property may be used for recreational activities only. The property may not be used now or any time in the future as a domicile or residence by you or any other person even if the property is sold. Pennsylvania State Law (35PS 7210.104(b1)(1)) requires a notation be placed on the deed at time of sale. It is also required that you make this notation on all sales agreements. The Recreational Cabin may not be used for any commercial purposes. It may never exceed two stories in height, excluding the basement, if any. It cannot be used as a place of employment. It may not be used as a mailing address for bills or correspondence. It cannot be used as a place or residence on a tax return, driver's license, vehicle registration, or voter registration.

You must install At Least One Smoke Detector, One Fire Extinguisher and one Carbon Monoxide Detector in both the kitchen and sleeping quarters.

PMCA Office Locations: Office Hours: Mon to Fri 8 am to 4 pm

Chambersburg Office: 380 Wayne Ave. Chambersburg, PA 17201 Phone: 717 496-4996

Bedford Office: 125 S. Richard Street, Suite 102, Bedford, PA 15522 Phone: 814 310-2326

Somerset Office: 318 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112

UCC RECREATIONAL CABIN AFFIDAVIT

This form may be utilized to satisfy one of the conditions for excluding a recreational cabin from the construction requirements of the UCC, as provided for in Act 92 of 2004. It should be filled out completely and submitted to the municipality in which the cabin will be constructed. Submission of this form does not satisfy all the requirements of the Act related to this UCC exclusion. If you don't have the Tax Parcel ID Number, call the county property assessment office.

Type or print legibly all requested information.

Cabin Construction Site	Street Number & Name _____ City _____ Zip Code _____ Tax Parcel ID Number _____ County _____ Township, Borough or City Name _____
Cabin Owner Information	Owner Name _____ Street Number & Name _____ City _____ State _____ Zip Code _____ Telephone No. () _____
Owner Attestation	By signing this statement in the presence of a notary public, I attest to the fact that the cabin to be constructed at the site listed above: <ol style="list-style-type: none"> 1. Will be utilized for recreational activities only. 2. Will not be utilized as a domicile or residence by myself or any other person for any period of time. 3. Will not be used for any commercial purposes. 4. Will not exceed two stories in height (excluding the basement, if any). 5. Will not be used as a place of employment. 6. Will not be a mailing address for bills or correspondence. 7. Will not be listed as any individual's place of residence on a tax return, driver's license, vehicle registration or voter registration. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Owner Signature</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date Signed</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Notary Name</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date Commission Expires</div> </div>

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*



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 Somerset Office: 318 Georgian Place, Somerset, PA 15501 Phone: 814 444-6112
 Email: pmca@pacodealliance.com Website: <http://pacodealliance.com/>

APPLICATION FOR BUILDING PERMIT / USE CERTIFICATE
 Applicable Codes: 2009 IBC/IRC, 2012 IBC Chapter 11, 2009 ICC A11 7.1

Please print legibly – failure to do so may result in a denial, delay or rejection of this application.

Permit Application Date _____ Permit Application No. _____

1. PROPERTY / SITE INFORMATION

Owner: _____ Tax Map / Parcel No.: _____

Site Address: _____
Complete Address Street City Zip

Municipality: _____ County: _____ Land Use Permit No. _____

Use: Single-Family Dwelling / Duplex Multi Family New Manufactured Home Relocated Manufactured Home
 Commercial Other _____ Floodplain present: Yes No

Improvement Type: New Addition Alteration Repair/Replacement Relocation Other _____

2. BUILDING OWNER'S INFORMATION

First Name _____ Mi. _____ Last Name _____ Phone No: _____

Street Address _____ City _____ State _____ Zip _____

3. BUILDING PERMIT APPLICATION

Provide below description of Work: *(Also provide details on plot plan: Show all improvements on lot & approx. distances to lot lines)*

Total Lot Area: _____ Acres/Sq. Ft. ESTIMATED COST OF CONSTRUCTION: \$ _____

ICC Use Group: _____ ICC Construction Type: _____

ESTIMATED START DATE: ____/____/____ ESTIMATED COMPLETION DATE: ____/____/____

4. CERTIFICATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903.

APPLICANT SIGNATURE: _____ DATE: ____/____/____

PRINT NAME *(legibly)*: _____

Address: _____ Phone No.: _____

5. CONTRACTOR INFORMATION

Please list additional general contractor information on additional sheet(s) if needed.

Additional sheet(s) attached

Name of Contractor: _____ Phone No: _____

Contractor Street Address _____ City _____ State _____ Zip _____

Person in Charge of Work: _____ Phone No.: _____

Email: _____ Cell No.: _____

Workman's Compensation Insurance: Provided On Record Exempt PA Home Improvement Contr. Reg. # _____

6. PROJECT DETAILS

Trades: Building Electrical Work Plumbing Work Mechanical Work (HVAC) Fire Suppression/Fire Alarm System

Heat Source (if applicable): _____ Fuel Type: _____

Foundation Type: Crawlspace Foundation Slab at Grade Piers Other: _____

7. SUBCONTRACTOR INFORMATION

Please list subcontractors for major trades. Use additional sheet(s) if needed.

Additional sheet(s) attached

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

Contractor _____ Address _____ Phone No _____ Pa HIC # _____

For official use only

9. OFFICE INFORMATION

APPLICATION FEE: \$ _____

ISSUANCE DATE _____/_____/_____

PERMIT FEE: \$ _____

EXPIRATION DATE _____/_____/_____

INSPECTION FEES \$ _____

EXTENSION DATE _____/_____/_____

TOTAL FEES \$ _____

APPLICATION IS: GRANTED DENIED INCOMPLETE: _____

SIGNATURE OF PERMIT OFFICER: _____ DATE _____/_____/_____

APPLICANT OR AUTHORIZED AGENT IS RESPONSIBLE FOR CONTACTING BUILDING INSPECTOR FOR REQUIRED INSPECTIONS.