

# RECREATIONAL CABIN PERMIT EXEMPTION FORM

Date of Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Mailing Address of Owner: \_\_\_\_\_  
Address of Property: \_\_\_\_\_  
Municipality \_\_\_\_\_  
Description of Construction Project \_\_\_\_\_

I certify that the said structure qualifies as a recreational cabin as it meets the following criteria as listed in the PA – Chapter 45 – Uniform Construction Code:

1. Utilized principally for a recreational activity.
2. Not utilized as a domicile or residence for any individual for any time period.
3. Not utilized for commercial purposes.
4. Not greater than two stories in height, excluding basement
5. Not utilized by the owner or any other person as a place of employment.
6. Not a mailing address for bills and correspondence
7. Not listed as an individual's place of residence on a tax return, driver's license, car registration or voter registration.

I hereby certify that I will comply with the requirement to equip said cabin with at least one smoke detector, one fire extinguisher and one carbon monoxide detector in both the kitchen and sleeping quarters.

Upon transfer of ownership of the recreational cabin, a written notice must be provided in the sales agreement and the deed that this is a recreational cabin and can only be utilized as such and:

1. Is exempt from this act
2. May not be in conformance with the Uniform Construction Code; and
3. Is not subject to municipal regulation

Failure to comply with the above notice requirement shall render the sale voidable at the option of the purchaser (7210.104 (8) (b.1).

Violation of this exemption will result in citations being filed with the District Court on a daily basis for change of use of a building without the proper certificate of occupancy. Penalties for these actions are set forth under section 903 of the act (35 P.S. 7210.903) and may be not more than \$1,000 a day and costs.

COMMONWEALTH OF PENNSYLVANIA)  
COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, swear or affirm that the foregoing statements are true and accurate to the best of my knowledge, information, and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public \_\_\_\_\_

Office Use:

Exemption approved by: Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Municipal Official