

APPLICATION AND PERMIT FOR ZONING AND OCCUPANCY

Address: _____ Permit No.: _____

Tax Assessment No.: _____ Date of Application: _____

Plan of Lots: _____ Lot No.: _____ Road No.: _____

APPLICATION IS MADE TO: Erect: _____, Alter: _____, Use: _____, Extend: _____, Demolish: _____, Occupancy: _____

Proposed Use of and/Structure _____ Zoning District: _____

TYPE OF USE: _____ Principal _____ Addition to Principal _____ Accessory
_____ Other _____ Special Exception _____ Conditional Use

LOT SIZE: Length _____ Ft., Width _____ Ft., _____ Sq. Ft., (Bldg. Size _____ Sq. Ft., Total Height _____)

SETBACKS FROM ROAD R/W OR PROPERTY LINES: Front: _____, Rear: _____, Side: _____, Side: _____
(Attach Sketch of Property Showing Existing & Proposed Structures, Roads, Streams, Etc.)

SEWAGE: Public System: _____ Private System: _____ Permit No.: _____

WATER: Public System: _____ Well: _____ Cistern: _____

NEAREST STREAM: _____ Within Floodplain of Stream: _____

NEW DRIVEWAY: _____ Entrance Onto Twp./State No.: _____

Department of Labor & Industry Permit Required: _____ Permit No.: _____

Westmoreland Conservation District Approval for Erosion Control: _____

Disturbed Acreage for Project: _____ Impervious Area: _____

Work Starts: _____ Work Completed: _____

Estimated Construction Cost: _____ Fee: _____ Paid: _____

Contractor _____, Address _____, Phone _____
(Attach Workers Compensation Insurance Certificate)

Property Owner _____, Address _____, Phone _____

I hereby affirm that the above information is true and correct and the Permit shall be complied with in accordance with all applicable Township Ordinances and any and all other applicable State and Federal requirements. I also agree to contact Township for final inspection prior to occupancy or use of structure or land. I also understand that persons aggrieved by the issuance of this permit have the right to appeal as per the Pennsylvania Municipalities Planning Code, Act of 1968, P.L. 805 No. 247 as reenacted and amended, Section 914, 1, A. The Township reserves the right to suspend or revoke this permit for unauthorized changes, incorrect/incomplete application information, or issuance in error. It is applicant's sole responsibility to contact the Department of Labor and Industry and/or a certified third party agency to conduct plan review and obtain their additional permit prior to commencement of construction and to obtain the required inspections as per Act 45 of 1999. This permit does not include that approval.

Signature of Property Owner: _____ Date: _____

REVIEW OF APPLICATION AND ISSUANCE OF ZONING PERMIT

Date: _____ () The application is hereby approved and a permit is issued.
Date: _____ () The application is hereby rejected for the following reasons.

CERTIFICATE OF OCCUPANCY

In accordance with the appropriate Township Ordinance, this permit has been reviewed and inspected and this Certificate is issued for occupancy. It is the permittee's sole responsibility to obtain an occupancy permit from the Department of Labor and Industry and/or a certified third party agency prior to occupancy as per Act 45 of 1999.

Date: _____ Zoning Officer: _____

NOTICE: THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO DISCLOSURE.

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

(attach to zoning permit application)

A. APPLICANT IS

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

_____ Yes _____ No

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

B. INSURANCE INFORMATION

Name of Applicant: _____

Federal or State Employer Identification No.: _____

Applicant is a qualified self-insurer for workers' compensation
_____ Certificate attached

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No.: _____
_____ Certificate 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 he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons indicated:

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building/zoning permit unless contractor provides proof of insurance to the township.

_____ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary Public

Signature of Applicant: _____

Address: _____

County of _____

Municipality of _____



Central Tax Bureau of Pennsylvania, Inc.
 212 State Street
 Belle Vernon, PA 15012
 (800) 232-2272/(724) 929-9818

SUBCONTRACTOR LIST

COMPANY NAME AND NUMBER: _____ GENERAL CONTRACTOR: _____

COMPANY ADDRESS: _____ ADDRESS: _____

PHONE #: _____

The following is a list of trades people who performed work at the above listed store. Include the following:

SUPERINTENDENT: _____

COMPANY NAME:
 ADDRESS:
 PHONE #:
 CONTACT PERSON:
 STATE/FED. I.D.#:

CARPENTRY: _____

PAINTING: _____

WINDOWS: _____

FOUNDATION: _____

LANDSCAPING: _____

DRYWALL: _____

CARPET: _____

SIGNAGE: _____

WOOD FLOORING: _____

CUPBOARDS: _____

TILE: _____

CEMENT: _____

PLUMBING: _____

BRICK: _____

ELECTRICAL: _____

OTHER: _____

APPLICANTS FOR ZONING PERMITS

GENERAL CHECKLIST

1. Check zoning of property.
 - a. permitted use
 - b. special exception needed?
2. Check dimensions and area of property.
 - a. Can required setbacks and area requirements be met or is a variance needed?
3. Check need for a subdivision.
 - a. Is more than one residential/commercial structure on the property?
4. Check need for sewage testing.
 - a. Sewage approval must be obtained from the Township and/or DEP prior to building permit approval.
5. Check whether proposed structure is within a Flood Plain.
 - a. Zoning permit within a flood plain is subject to additional requirements and/or restrictions.
6. Check need for other local, state, and federal permits.
 - a. Department of Environmental Protection (sewage, etc.)
 - b. PennDOT (driveway, highway occupancy, etc.)
 - c. Department of Labor & Industry.
 - d. Westmoreland Conservation District (erosion control, stormwater, NPDES, etc.)
 - e. Miscellaneous (FCC, FAA, SCA, FEMA, etc.)
7. Check parking requirements for commercial permits.
8. Check slope of property.
 - a. Slope greater than 24% uses 10 times normal area req.
9. Check need for a Township Driveway Permit.
10. Check need for a separate Township sign permit.
 - a. Along certain state highways both a Township and State Permit is required to erect a business sign.
11. Check need for a Township stormwater permit.
12. Check need for a building permit to be issued by the Department of Labor & Industry and/or a certified third party agency in compliance with Act 48 of 1999.

Fill in all blanks on your zoning permit application and provide a detailed plot plan as requested to expedite the review of your application.

See Zoning/Sewage Officer for specific details and review Township Ordinance #421 of February 23, 2000 if necessary.