



Zoning Permit Application Rostraver Township

Date: _____ Permit No: _____

Property Owner Name: _____ Phone #: _____

Address: _____

Proposed Use of Land or Structure: _____

Type of Use: Principal: _____ Addition to Principal: _____ Accessory: _____ Other: _____

Application is made to: Erect: _____ Alter: _____ Extend: _____ Use: _____ Demolish: _____ Occupancy: _____

Lot size: Length: _____ Width: _____ or Acres: _____ Proposed building Size: Sq. Ft.: _____ Ht: _____

Address of Property: _____

Disturbed Acreage of Property: _____ Impervious Area: _____ Cost of Construction: \$ _____

Contractor Name and Phone: _____

Contractor Address: _____

General Contractor State Registration No: _____ Contractors Insurance Certificate Attached: _____ Y/N

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 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. I understand Rostraver Township is an Opt in Community with K-2 Engineering, their third party agency, issuing all residential and commercial building and occupancy permits and performing the necessary inspections as required by the Uniform Construction Code.

Signature of Property Owner _____ Date _____

Provide plot plan showing existing property lines, buildings, new structure, roads and streams. Please indicate distance of structure from property lines, streams, and roads.

Official use only

Plan of Lots: _____ Tax Assessment ID No.: _____ Lot No.: _____

Road: _____

Zoning District: _____ Permitted Use: _____ Y / N Special Exception: _____ Y / N

Conditional Use: _____ Date of Commissioners Approval: _____

Setbacks from Road, R/W, or Property Lines: Front: _____ Rear: _____ Sides: _____

Sewage Public: _____ Y / N Tap Paid for: _____ Y / N Sewage Private: _____ Y / N Permit No.: _____

Water Public: _____ Y / N Well: _____ Y / N Within Flood Plain: _____ Y / N

Driveway HOP: Rostraver Required: _____ Y / N State HOP Required: _____ Y / N (Provide Application if Yes)

Township Storm Water Plan Required: _____ Y / N Date Provided to Township: _____

Westmoreland County Conservation District Approval for Erosion Control: _____ Storm Water: _____

Is Subdivision Required: _____ Y / N Subdivision Application Provided: _____ Y / N

Zoning Change Required: _____ Y / N

This application is approved and a permit Issued. _____ Y / N Date: _____

This application is denied. _____ Y / N

Reason: _____

Date: _____

Zoning Officer: _____

Fee: _____

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 _____