Zoning Permit Application

Date: _____ Zoning District: _____

Location of Proposed Work or Improvement

Site Address: _____ Tax Parcel #: _____

Property Owner: _____

Phone Number: _____ Mobile: _____ E-Mail: _____

Property Owner Address: _____

Contractor: _____

Phone Number: _____ Mobile: _____ E-Mail: _____

Contractor Address: _____

Type of Work **Estimated Cost of Construction: $_____**

Corner Lot - Yes/No □ Fence □ Shed □ Garage □ Deck □ Sign □ Other: _____

Fence Height: Street/Front Yard: _____ft Common/Side Yard: _____ft Alley/Rear Yard: _____ft

Applicant is responsible for determining if there are any deeds, restrictions or easements associated with the property, and for ensuring there is no encroachment onto adjacent properties.

I am the property owner, contractor, or authorized agent responsible for compliance, and hereby acknowledge the following:

1. I have read this application and all related documentation and I represent that the information furnished is correct.
2. A drawing of property specifying the location, height and size of project.
3. I have attached a Certificate of Insurance/Worker's Compensation Insurance.
4. I agree to comply with all Monaca Borough Ordinances.
5. If any misrepresentation is made in this application, the Borough may revoke any permit issued based upon misinformation.
6. No construction is allowed until the approved permit has been issued.

Signature of Applicant: _____ Date: _____

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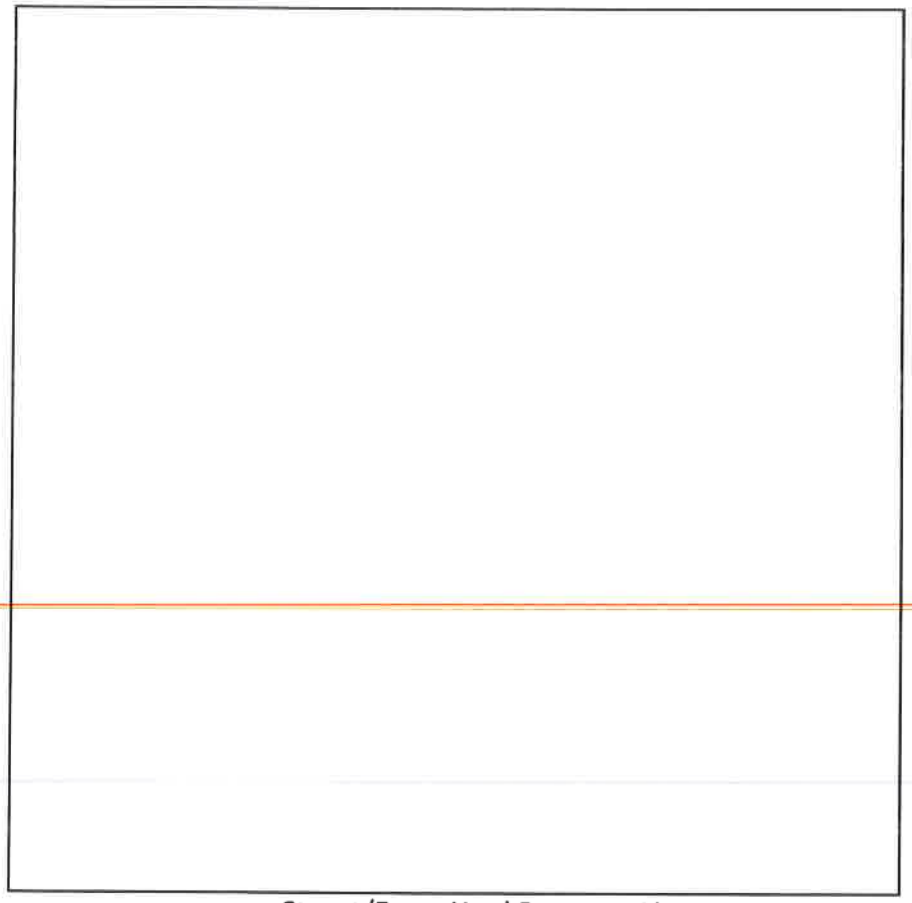
This diagram represents your property. Draw all existing building and new projects including sheds (under 1,000 sq. ft), fences, etc. Include setbacks from all property lines to new projects.

Alley/Rear Yard Property Line

Common/ Side Yard Property Line



Common/ Side Yard Property Line

Street/Front Yard Property Line

FOR MUNICIPAL OFFICE USE ONLY

Permit Number: _____ **Date:** _____

Total Fee: $_____ **Collected By:** _____

Approved ( ) Disapproved ( ) _____ **Date:** _____

Zoning Officer

WORKERS' COMPENSATION INFORMATION FORM

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned affirm 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, as indicated:

_____ Property owner performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with these requirements.

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

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance **(attach copies of religious exemption letter for all employees)**.

_____

Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and acknowledged before me by the above

_____ this _____ Day of _____ 20 _____

SEAL

_____

Notary Public