BOROUGH OF ROARING SPRING

616 Spang Street, ROARING SPRING, PA 16673

(814) 224-4814

APPLICATION FOR ZONING PERMIT

DATE: _____ PERMIT NUMBER: _____

PROPERTY OWNER _____

ADDRESS _____

_____

TELEPHONE # DAY _____ NIGHT _____

WORK SITE ADDRESS: _____

PARCEL/MAP ID #: _____ ZONING DISTRICT: _____

LOT SIZE: _____

CONSTRUCTION COST $ _____

PROOF OF COST PROVIDED BY _____

PERMIT FEE: _____CASH_____CHECK_____

ESTIMATED START DATE_____

ESTIMATED COMPLETION DATE_____

CONTRACTOR NAME _____

FEDERAL STATE I. D. NUMBER_____

ADDRESS _____

PHONE _____

SUB-CONTRACTOR INFORMATION:

NAME_____

FEDERAL/STATE I.D. NUMBER_____

ADDRESS_____

PHONE_____

Workers' Compensation Insurance Coverage Information

REQUIREMENT OF THE COMMONWEALTH OF PENNSYLVANIA (77 P.S. § 462.2):

Contractor's Workers Compensation Insurance Company: _____

Policy Number: _____ Policy Expiration Date: _____

Contractor's ☐ Federal or ☐ State Employee Identification #: _____

Attach copy of Certificate naming the Borough or Roaring Spring as a Worker's Compensation Policy Certificate Holder.

OR

Complete and attach an "Affidavit of Exemption" certifying that Workers Compensation Insurance is not required.

☐ I certify that I am the owner of the land/facility, that all information included in this application is correct, and that I owner to conform to all applicable laws of this jurisdiction.

OR

☐ I certify that the proposed work is authorized by the owner of the land/facility, that I have been authorized by the owner to make this application as his/her agent, that all information included in this application is correct, and that I agree to conform to all applicable laws of this jurisdiction.

**This is also required for Sub-Contractors.

SIGNATURE OF APPLICANT _____ DATE: _____

ZONING PERMIT

WORKMAN'S COMPENSATION AFFIDAVIT

1, _____ do solemnly swear that I will not employ/hire any other persons for the project located at _____ _____, which I am seeking a zoning permit.

After receipt of the zoning permit if I employ any other persons I must notify the Borough Office and provide proof of Worker's Compensation coverage within three working days.

I understand that failure to comply will result in stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302 (e) (4) of the act of June 2, 1915 (P.L 736) known as the Pennsylvania Workman's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. (P.L.).

_____ _____

Homeowner/Resident Signature Date

_____

Zoning Officer

TYPE OF IMPROVEMENT

☐ Residential ☐ Commercial

1	☐ New Construction	4	☐ Repair, replacement
2	☐ Addition	5	☐ Change of Use
3	☐ Structural	6	☐ Other

DESCRIPTION: _____

_____

_____

_____

ADDITIONAL PERMITS REQUIRED

SIDEWALK YES _____ NO _____

CURBING YES _____ NO_____

DRIVEWAY YES _____ NO _____

REMARKS:_____

_____

_____

SITE LOCATION

Site Address: _____

Parcel Number: _____Zoning District: _____

☐ SITE LOCATED OUTSIDE OF AN IDENTIFIED FLOOD PLAIN AREA

☐ SITE LOCATED WITHIN AN IDENTIFIED FLOOD PLAIN AREA

LOWEST FLOOR ELEVATION: _____
(INCLUDING BASEMENT)

100 YEAR FLOOD ELEVATION: _____

For official Use Only

TO BE FILLED IN BY ZONING OFFICER/MANAGER:

The following shall be the minimum requirements for the proposed project(s) as set forth in the Municipal Zoning Ordinance.

1. Plot Plan Submitted? ☐YES ☐NO ☐ NOT REQUIRED

2. Proposed Structure Setback: Front: _____ Rear: _____ Side: _____

   Second Structure Setback: Front: _____ Rear: _____ Side: _____

   Does proposed project conform with Building Setback requirements?: ☐ Yes ☐ No ☐ Not Applicable
   Remarks: _____

3. Minimum Loading Space: _____ Loading Space Provided: _____
4. Maximum Sign Area: _____ Proposed Lot Coverage: _____
5. Maximum Lot Coverage: _____ Proposed Lot Coverage: _____
6. Remarks: _____

CERTIFICATION

1. The proposal ☐DOES ☐DOES NOT comply with the Municipal Zoning Ordinance
2. The proposal ☐DOES ☐DOES NOT require any new water and sewer connection, tapping fees or connection fees and complies with the Municipal Authority's Rules & Regulations.
3. A Uniform Construction Code Building Permit is required: ☐ YES ☐NO
   Remarks: _____
4. A Variance is required: ☐YES ☐ NO
5. A Special Exception / Conditional Hearing is required: ☐YES ☐NO
6. A Permit for the above described project / use was: ☐GRANTED ☐DENIED ☐ EXEMPT
   On this _____ day of _____, 20____
7. This Permit expires on the _____ day of _____, 20 ____
8. If applicable, the following special exceptions conditions were placed by the Zoning Hearing Board: _____

Signature of Zoning Officer: _____ Date: _____

✓ Checklist for the Plot Plan to be provided with the Zoning/Land Use Application

Prior to issuance of a Zoning/Land Use Permit a Plot Plan showing the following details is required. *(It is important that all information is legible)*:

Contact Information

- Property Owner's Name(s)
- Address
- Phone Number(s)
- Email Address *(for contact purposes only)*

Address and details of Property getting the proposed improvement

- Street Address if different from above
- Drawing of approx. property layout
  - can use hand drawing, photocopy of survey or property layout from the courthouse
- Acreage
  - refer to deed or survey drawing
- Approx. boundary dimensions
  - can be gotten from the deed, field measurement, or a survey drawing.
- Parcel Number
  - obtained from the deed or your typical property tax notice

Existing Buildings / Structures <u>with</u> Corresponding Dimensions

- Houses
- Sheds
- Barns
- Swimming Pools
- Deck / Patios
- Other buildings or structures on the property
- Location of on lot well and septic IF applicable

Existing Driveway and Sidewalk Areas <u>with</u> Corresponding Dimensions

- Please include all areas of concrete, pavement, gravel, etc

Proposed Improvement(s)

- Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- Proposed Driveway or Sidewalk Areas and Dimensions

SAMPLE PLOT PLAN

CONTACT INFO:
- PROPERTY OWNER(S)
- ADDRESS
- PHONE NUMBER(S)
- EMAIL ADDRESS

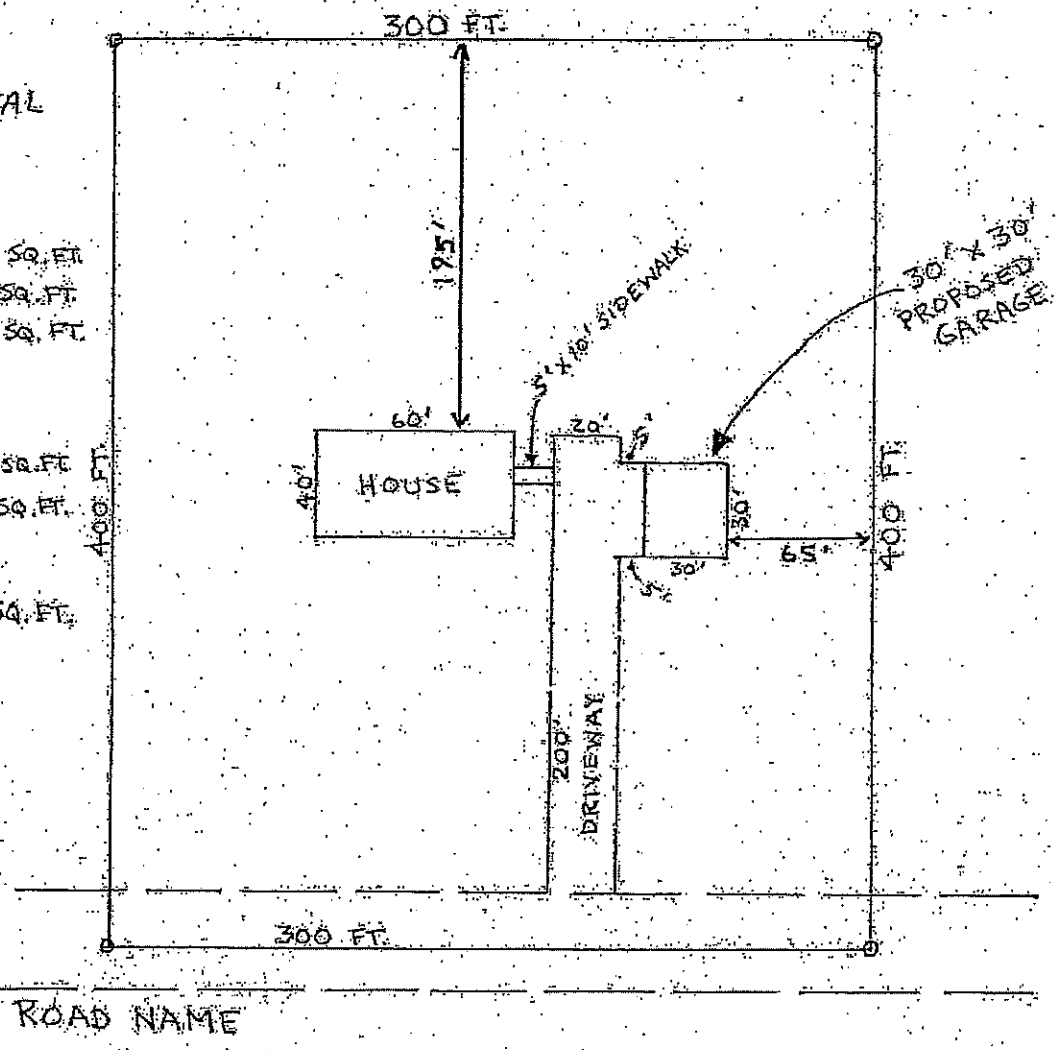
* PLEASE SEE ATTACHED SHEET FOR COMPLETE LIST OF REQUIRED INFORMATION

2.75 AC. TOTAL

EXISTING
- HOUSE = 2400 SQ. FT.
- SIDEWALK = 50 SQ. FT.
- DRIVEWAY = 4000 SQ. FT.

PROPOSED
- GARAGE = 900 SQ. FT.
- DRIVEWAY = 150 SQ. FT. (5' X 30' ADDED)

TOTAL = 7500 SQ. FT.



SHEET TO BE USED FOR THE PLOT PLAN