

**SOUTH BEAVER TOWNSHIP
BUILDING/ZONING PERMIT
APPLICATION**

Application No. _____ **Application Date:** _____

ZONING ORDINANCE APPLICATION DATA

Name of Applicant: _____

Address of Applicant: _____

Telephone No. () _____ Fax No. () _____

Location of Property proposed to be a built upon, or upon which existing building is to be altered and/or changed in use:

Tax Parcel No. _____

Total Size/Acreage of Tract: _____

Percentage of Lot coverage: _____

NOTE: Plot/Parcel Plan of land must be attached, which Plan must delineate location compliance to set-back requirements of proposed building/structure to front, side and rear yard requirements of Zoning Ordinance.
Please state or describe generally the nature of proposed building, structure, alteration or addition and/or change in use:

Please check the appropriate designation of primary building(s) or structure(s):

<u>Residential</u>	<u>Non-Residential</u>	<u>Combination Residential and Non-Residential Use</u>
___ One Family Dwelling ___ Two Family Dwelling ___ More than Two Family Dwelling ___ Accessory Building/Structure to existing Residential Use	Describe intended non-residential use: _____ _____ <input type="checkbox"/> Check if non-residential use will "low-Impact Home-Based Business" in conjunction with residential use. Change in Use: ___ Yes ___ No If "Yes", describe prior use: _____ ___ Accessory Building/Structure to exiting Non-Residential Use	___ Yes ___ No Complete Residential and Non-Residential data left hereof.

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Zoning District in which located: _____

Type of Zoning use proposed: _____

Permitted Use per Section _____ of South Beaver Township Zoning Ordinance

Special Exception Use per Section _____ of South Beaver Township Zoning Ordinance

Conditional Use per Section _____ of South Beaver Township Zoning Ordinance

Other Use existing per provisions of said Zoning Ordinance: (Please detail, for example, as Registered Non-Conforming Use)

Variance needed to be requested, if any: (Please detail and cite Section and/or provisions of Zoning Ordinance or Subdivision and Land Development Ordinance involved. If none, please specify "None".)

Applicant is (ready) (not ready) to proceed for processing this Application for Special Exception Use and/or Conditional Use, and/or for Request for Variance. Note: Cross out inapplicable words. If Applicant "ready", required fee deposits to be deposited with the Township at time of submission of this Application, together with appropriate Application for Special Exception, and/or Conditional Use and/or Variance

Name/Address of Property Owners if different from Applicant:

Telephone No. () _____

Character of Construction Materials: _____

Size of building/structure involved: No. of Stories _____ **Height:** _____

Having dimensions of: _____ **and proposed floor area of** _____ **square feet.**

Approximate Cost: \$ _____

Plans Submitted herewith prepared by: _____

If multiple use, specify on floor plan the area of each intended use.

Name of Engineer/Architect or Surveyor: _____

Address: _____

Telephone No. () _____ Fax No. () _____

General Contractor: _____

Address of Contractor: _____

Telephone No. () _____

Contractor's Federal/State Employer Identification No.: _____

Contractor's Pennsylvania Workers' Compensation Policy No.: _____

Workers' Comp Policy Certificate must be attached, to evidence existence of currently in effect policy.

Company/Agent: _____

Telephone No.: _____

NOTE: If Contractor claims exemption from PA Workers' Compensation Law [Complete/Include

Affidavit on Page 5]

Exemption Certificate No. _____ () No employees and/or

() Religion Exemption

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NOTICE: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of worker's compensation to South Beaver Township. Contractor also prohibited by law as to building or remodeling under subject Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to subcontractor's employees. Failure of Contractor and Applicant for this Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania, and as to said insurance, naming South Beaver Township as a named insured, requires stoppage of all construction/work under Building/Zoning Permit issued and Building/Zoning Permit may be revoked.

PROPOSED BUILDING, STRUCTURE, ALTERNATION OR ADDITION SUBJECT TO REVIEW AND INSPECTION PURSUANT TO THE UNIFORM CONSTRUCTION CODE AND ORDINANCE No. 68 OF SOUTH BEAVER TOWNSHIP?

YES _____ NO _____

If "YES", Complete UNIFORM CONSTRUCTION CODE Application and attach same hereto.

Note: If Uniform Construction Code applicable, even though a Building/Zoning Permit has been issued by the South Beaver Township Zoning Officer, no construction can commence until the Applicant receives/obtains a Uniform Construction Code Penni! pursuant to the requirements of Ordinance No. 68 of South Beaver Township

**TO THE APPLICANT
READ, UNDERSTAND AND COMPLY WITH THE FOLLOWING NOTICES**

NOTICE: All construction, remodeling or other work done on subject premises must be done in compliance with the "Uniform Construction Code" of the Commonwealth of Pennsylvania [34 Pa. Code, Chapters 401 through 405 J whether or not you are required to obtain a Uniform Construction Code Permit pursuant to the requirements of Ordinance No. 68 of South Beaver Township. In the event you are constructing a commercial or industrial building, or changing use of a building to a commercial or industrial use, you probably must have your building plans/use approved by the appropriate agencies of the Commonwealth of Pennsylvania, including but not necessarily limited to the Pennsylvania Department of Labor.

NOTICE: In addition to a Building/Zoning permit and possibly a Uniform Construction Code permit, if the subject property does or will require access to a public road or street, and/or will require improvement/change of existing driveway access to a public road or street: If such public road or street is under the jurisdiction of the Commonwealth of Pennsylvania, you must obtain a Highway Occupancy Permit pursuant to Act No. 428 of 1945, as amended, known as the "State Highway Law"; Application for such Highway Occupancy Permit as to a Commonwealth road or street must be made to, with and processed by the Pennsylvania Department of Transportation. If such road or street is under the jurisdiction of South Beaver Township or other local government, you must apply for and obtain a Driveway Permit from the Township or other applicable local government.

NOTICE: In addition to a Building/Zoning permit and Construction Code permit, you may need to make other applications and obtain other permits for the development/use you propose, including but not limited to, depending on location of your premises, for an on-lot sewage permit and/or connection to a public sewer connection permit, and/or an Land Development Permit, prior to being able to commence construction. Further, following construction and prior to your placing into use the proposed structure/building, you will need to procure an Zoning Occupancy Permit and a Construction Code Occupancy Permit

STATEMENT AND VERIFICATION BY APPLICANT

I do hereby agree to observe and adhere to any and all provisions of the South Beaver Township Zoning Ordinance, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by the Township of South Beaver Township via its Zoning Officer.

I or we the undersigned Applicant(s), completed and read the foregoing Application. The statements and data set forth therein is true and correct to the best of my (our) knowledge, information and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I or we knowingly make false statements or averments, I or we may be subject to criminal penalties.

Dated: _____, 20____

Applicant

Co-Applicant

Received of _____, the sum of \$ _____, fee for the above numbered Building/Zoning Permit Application. Dated: _____, 20____.

Authorized Signature

Building/Zoning Permit (Issued ___) (Denied ___) on the _____ day of _____, 20____. [Note if denied, Letter setting forth reasons will accompany Denial Notice.]

Zoning Officer

AFFIDAVIT BY CONTRACTOR

COMMONWEALTH OF PENNSYLVANIA
(SS: COUNTY OF BEAVER)

The undersigned, being a Contractor for the purpose of construction, remodeling and/or alteration of buildings, does hereby declare and affirm that the undersigned is exempt from providing and/or maintaining workers' compensation insurance or coverage under and pursuant to the laws of the Commonwealth of Pennsylvania, as the undersigned:

- () does not have any employees and will not engage the services of any employees relative to the construction, remodeling and/or alteration of building to be done per this permit, and/or
- () religion, as per Section 304.2 of the Pennsylvania Workers' Compensation Act, as amended, (77 P.S. 484); Application for, and Exemption Certificate issued by PA Department of Labor attached.

The undersigned Contractor further hereby declares and affirms that no subcontractor or subcontractors, or person, that fail to qualify and maintain workers' compensation insurance or coverage for employees shall be subcontracted to perform construction, remodeling and/or alteration of a building to be done per this permit.

The undersigned, in affirmance of this declaration, and related consideration and benefit inuring relative to the issuance of the subject building permit, intending to be legally bound hereby, hereby agrees, declares and covenants to hold harmless the Township of South Beaver, its employees or agents, from any claim or liability whatsoever relative to the undersigned's failure, or the failure of any subcontractor engaged by the undersigned as a Contractor, to obey and comply with "Pennsylvania Workers' Compensation Act" (77 P.S. §§ 1 et seq.).

Date: _____, 20____. _____

Contractor

BEFORE me the undersigned, a Notary Public, this _____ day of _____, 20____, personally appeared _____, known to me or satisfactorily proven to me, to be the person whose name is subscribed to the foregoing Affidavit, and who being duly deposed and sworn, did affirm that all statements therein are true and correct, and did acknowledge execution thereof for the purposes therein contained, stated and assured, and that same can be relied upon and recorded as such.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

My Commission Expires:

Notary Public