



PLAN EXAMINATION AND BUILDING PERMIT

APPLICATION

ALL INFORMATION MUST BE PROVIDED FOR THIS APPLICATION TO BE PROCESSED!

Name: _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

Fax: _____

Owners Name: _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

Fax: _____

Contractor's/Builder's Name _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

Fax: _____

Applicant is homeowner? YES NO If no, Notarized Permission MUST accompany this Application.

Workers' Compensation Certificate provided with Application? YES NO If no, Application not complete for review.

Applicant is exempt and notarized form is complete and included with Application. See Page 6.

Location of property between streets _____ and _____.

Approximate starting date: _____ Approximate ending date: _____

Homeowner or Contactor/Builder shall be responsible to remove and dispose of materials and refuse from project.

TYPE OF IMPROVEMENT:

PROPOSED USE:

CATEGORY:

CHARACTERISTICS:

_____ New Construction

_____ Single Family

_____ Residential

_____ Brick, Stone, Block

_____ Addition

_____ Commercial

_____ Commercial

_____ Vinyl Siding

_____ Alteration

_____ Mobile/Modular Home

_____ Industrial

_____ Wood Frame

_____ Relocation

_____ Garage

_____ Institutional

_____ Metal Frame

_____ Repair

_____ Shed

_____ School

_____ Concrete, Cement

_____ Wall

_____ Porch/Deck

_____ Church

_____ Other

_____ Sign

_____ Barn

_____ Public Utility

SEWAGE DISPOSAL:

_____ Other

_____ Pool, In-ground/Above

_____ Other

_____ Public

NUMBER OF ROOMS:

TYPE OF HEATING:

MISCELLANEOUS:

_____ Private

_____ Bedrooms

_____ Gas

_____ # of Windows

WATER SUPPLY:

_____ Full Baths

_____ Electric

_____ Fireplaces

_____ Public

_____ Half Baths

_____ Oil

_____ Central AC

_____ Private

NUMBER OF PARKING SPACES:

_____ Propane

_____ Elevator

ROADWAY:

_____ Enclosed

_____ Forced Air

_____ Other

_____ Public, State or Local

_____ Driveway

_____ Baseboard

_____ Private, Lane or Drive

_____ Other

<u>SIZE OF LOT:</u>	<u>SETBACK OF STRUCTURE:</u>	<u>DIMENSION OF NEW STRUCTURE:</u>
_____ Total Square Feet	_____ Front	_____ feet x _____ feet Foot Print
_____ Total Acreage	_____ Left Side	_____ Number of Stories
_____ FEET Front	_____ Right Side	_____ Height of Structure
_____ FEET Left Side	_____ Rear	_____ Sq. Ft. of Living Space, not Including Garage
_____ FEET Right Side		_____ Sq. Ft. of Garage
_____ FEET Rear		_____ Sq. Ft. of Basement, Finished or unfinished
		_____ Total Square Footage

OTHER STRUCTURES ON PROPERTY:

_____ House
 _____ Mobile Home
 _____ Garage
 _____ Barn
 _____ Shed
 _____ Pool, In-ground/Above

CONSTRUCTION COSTS:

\$ _____ Basic
 \$ _____ Electrical
 \$ _____ Plumbing
 \$ _____ Heating
 \$ _____ Air Conditioning
 \$ _____ TOTAL

FOR NEW CONSTRUCTION, A FEE MAY BE REQUIRED FOR A WATER TAP AND MUST BE PAID BEFORE A PERMIT WILL BE ISSUED

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND THAT ALL WORK WILL BE DONE AS DESCRIBED, AND IN ACCORDANCE WITH PLANS AND SPECIFICATIONS SUBMITTED AND THAT IT WILL COMPLY WITH ALL PROVISIONS OF APPLICABLE ORDINANCES OF ZELIENOPLE BOROUGH. ADDITIONALLY, I CONFIRM THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD, AND I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS THE AUTHORIZED AGENT.

OWNER OR AUTHORIZED AGENT: _____ DATE: _____

OFFICE USE ONLY

_____ ZONE _____ DISTRICT ID# _____ MAP ID# _____ PARCEL ID#

_____ APPLICATION RECEIVED _____ PERMIT ISSUED

_____ TAP IN FEE PAID _____ NUMBER

_____ APPLICATION TO MDIA _____ FEE

_____ APPLICATION APPROVED

REASONS FOR DENIAL:

NOTES:

INFORMATION REQUIRED FOR PLAN EXAMINATION AND BUILDING PERMIT APPLICATION

1. No building or structure shall be erected, placed, added to, or structurally altered until a Plan Examination and Building Permit Application has been completed by the Applicant, received by the Code Enforcement/Zoning Officer and a Building Permit has been issued by the Building Inspector.
2. The Zoning Officer shall receive the completed application, and upon successful completeness review, the Plans and Building Permit Application will be forward to the Building Inspector.
3. Certificate of Worker's Compensation Insurance Coverage or affidavit of exemption must be included with the Plan Examination and Building Permit Application before processing of the application package can begin. *See Pages 4-6.*
4. The following is required to be submitted with the application: three (3) copies of a survey or plot plan (drawn to scale) showing the actual dimensions of the lot, parcel, or tract of land to be built upon; the exact size and location of the building or structure being built, erected, or moved including setbacks; and any accessory buildings or structures located on such property.
5. Specific information is included with this package outlining what submittal requirements shall be a prerequisite based on the type of construction proposed. For those downloading this package, these additional forms are available in the Code Enforcement and Zoning Office.
6. Supplemental submissions to approved Building Permits shall be required to complete a Plan Examination and Building Permit Application for these reviews.
7. Other such information may be deemed necessary by the Zoning Officer and Building Inspector to determine and provide for the enforcement of the Zoning Ordinance and Building Codes of the Borough of Zelienople.

ZELIENOPLE BOROUGH DIRECTORY

Code Enforcement/Zoning Officer	724 452-3002
Shelly Kaltenbaugh	cezozelieboro@zoominternet.net
Building Inspector/MDIA	
Keith Reiser	1-800-732-6342 keithreiser@mdia.us
Dan Wilkerson	1-800-608-6342 danwilkerson@mdia.us
Public Works Department (Street/Water/Electric)	
Chad Garland	724 452-6610 ext. 242 pwzelieboro@zoominternet.net
Western Butler County Authority	724 452-5501
Zelienople Borough Office	724 452-6610
Zelienople Borough Fax Number	724 452-6613

ZELIENOPLE BOROUGH
Workers' Compensation Insurance Coverage Certification

APPLICANT INFORMATION: Landowner
 Contractor
 Other

If other, please indicate relationship to landowner on whose behalf the building permit is sought and occupation of Applicant _____

CONTRACTOR INFORMATION:

Name of Contractor: _____

Form of Business: _____
(sole proprietorship, corporation, partnership, etc.)

Address: _____
(street name and number)

_____ (city, county, state and zip)

Federal or State Employer Identification Number: _____

**CONTRACTORS MUST SUPPLY PROOF OF WORKERS' COMPENSATION COVERAGE,
CERTIFICATE OF INSURANCE BEFORE A PERMIT WILL BE ISSUED.**

IF NOT SUBMITTED WITH APPLICATION, WORKERS' COMPENSATION CERTIFICATE OF INSURANCE MAY BE FORWARDED TO THE CODE ENFORCEMENT/ZONING OFFICER via EMAIL AT cezozelieboro@zoominternet.net OR FAXED TO 724 452-6613.

The undersigned Non-Exempt Contractor hereby certifies to be 1. insured with workers' compensation coverage which meets the requirements of the Workers' Compensation Act and Occupational Disease Act; 2. the insurer has been notified that the municipality issuing the Building Permit is to be named a policy certificate holder; 3. any subcontractor used on this project will be required to carry their own workers' compensation coverage; and 4. the contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.

CONTRACTOR

Contractor's Exemptions from Workers' Compensation Coverage (if applicable):

The undersigned (if a contractor) certifies 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:

- Contractor is sole proprietorship with no employees:
- Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 1047 of the Workers' Compensation Act; or
- All of the contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.
- Others. Please explain: _____

Certification: (Must be completed by all applicants)

The undersigned contractor/applicant for Building Permit hereby certifies that no persons shall be employed to perform work on the project for which the Building Permit is issued without complying with the requirements of the Workers' Compensation Law concerning coverage, and acknowledges that violation of the Workers' Compensation Act or the terms of this permit will subject the undersigned to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this Building Permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. S4094 relating to unsworn falsification to authorities.

_____	_____
Date	Signature

	Name (please print)

	Title

	Name of Company

THIS FORM REQUIRES A NOTARY SEAL

AFFIDAVIT OF EXEMPTION

The undersigned affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's 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 this requirement.

___ 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 letters 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