



# 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 is 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.

Is this a Supplemental Submission?  YES  NO If yes, cite Building Permit Application Number \_\_\_\_\_

**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

**DEMOLITION**

**TYPE OF HEATING:**

**MISCELLANEOUS:**

\_\_\_\_ Private

**NUMBER OF ROOMS:**

\_\_\_\_ Gas

\_\_\_\_ # of Windows

**WATER SUPPLY:**

\_\_\_\_ Bedrooms

\_\_\_\_ Electric

\_\_\_\_ Fireplaces

\_\_\_\_ Public

\_\_\_\_ Full Baths

\_\_\_\_ Oil

\_\_\_\_ Central AC

\_\_\_\_ Private

\_\_\_\_ Half Baths

\_\_\_\_ Propane

\_\_\_\_ Elevator

**ROADWAY:**

**NUMBER OF PARKING SPACES:**

\_\_\_\_ Forced Air

\_\_\_\_ Other

\_\_\_\_ Public, State or Local

\_\_\_\_ Enclosed

\_\_\_\_ Baseboard

\_\_\_\_ Private, Lane or Drive

\_\_\_\_ Driveway

\_\_\_\_ Other

**SIZE OF LOT:**

**SETBACK OF STRUCTURE:**

**DIMENSION OF NEW STRUCTURE:**

\_\_\_\_ 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:**

**CONSTRUCTION COSTS:**

\_\_\_\_ House

\$ \_\_\_\_\_ Basic

\_\_\_\_ Mobile Home

\$ \_\_\_\_\_ Electrical

\_\_\_\_ Garage

\$ \_\_\_\_\_ Plumbing

\_\_\_\_ Barn

\$ \_\_\_\_\_ Heating

\_\_\_\_ Shed

\$ \_\_\_\_\_ Air Conditioning

\_\_\_\_ Pool, In-ground/Above

\$ \_\_\_\_\_ 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.

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**ZELIENOPLE BOROUGH DIRECTORY**

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Code Enforcement/Zoning Officer	724 452-3002
Shelly Kaltenbaugh	cezozelieboro@zoominternet.net

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Building Inspector/MDIA	
Keith Reiser	1-800-732-6342
	keithreiser@mdia.us

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Public Works Department (Street/Water/Electric)	
Chad Garland	724 452-6610 ext. 242
	pwzelieboro@zoominternet.net

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Western Butler County Authority	724 452-5501
Zelienople Borough Office	724 452-6610
Zelienople Borough Fax Number	724 452-6613

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**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](mailto: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