

## PROCEDURE FOR OBTAINING A ZONING PERMIT

1. Fully complete the application for your permit making sure to date and sign it and return it along with the required application fee. The applicant for a permit may be the owner or owner's agent. (Please note that although the application fee is non-refundable, it will be applied toward the total cost of your permit(s), with the balance due at pick-up.)
2. After the application has been approved, the applicant will be contacted when the permit is ready to be picked up and informed of the balance due. At pick up you will be asked to sign all copies of the permit, pay the balance of the permit fee and you will be given a check list with the inspection requirements for your project.
3. Permits are valid for one (1) year from date of issuance.
4. If you have any questions concerning your application, please contact Kraft Code Services at 610.775.7185. If no one is available when you call, please state the municipality your call pertains to and leave a detailed message.
5. **PLEASE NOTE:** No construction may begin without paying for and receiving your approved permit. Performing work without a permit will result in the doubling of all permit fees.

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The following information should be included with your permit application:

- ☐ **Application fee.** (*Applications received without the required application fee will be considered incomplete and will not be processed.*)
- ☐ Completed Zoning permit application
- ☐ **Plot plan** showing boundary of property and location of all improvements including:
  - ✓ All existing buildings/structures
  - ✓ Location of the new improvement showing the distance from all property lines and distance between any new structure/building and existing structures/buildings
  - ✓ Streets (public/private)
  - ✓ Well, septic system; tank; drainfield
  - ✓ Location of any easement or right-of-way
- ☐ Proof of contractor workers' compensation insurance or notarized exemption form

## ZONING PERMIT APPLICATION

Municipality in which work will be performed: \_\_\_\_\_

### PROPERTY INFORMATION

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### IMPROVEMENT INFORMATION:

Cost of improvement: \_\_\_\_\_ Use of property: ☐ Residential ☐ Commercial ☐ Industrial

Type of use/structure:

☐ Single family detached dwelling ☐ Single family semi-detached dwelling ☐ Addition

☐ Detached garage ☐ Carport ☐ Shed

☐ Home Occupation/No Impact Home-Based Business (attach letter detailing proposed business)

☐ Other: \_\_\_\_\_

The proposed building or structure is to be used as a \_\_\_\_\_

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Will electric service be installed? ☐ Yes ☐ No (If yes, electrical permit required)

Will water supply/drain pipe be installed? ☐ Yes ☐ No (If yes, plumbing permit required)

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# CERTIFICATION FOR WETLANDS / BURIED SOLID WASTE

## WETLANDS

I hereby certify that I am fully aware of, and acknowledge that construction on or use of any property may be significantly restricted or totally prohibited by Federal Law. Lands that are identified as "wetlands" by the United States Army Corps of Engineers cannot be used unless and until a permit is issued by the Corps. Before commencing subdivision, construction or any other improvement of any land, the owner or his/her agent should contact either the Corps of Engineers or a qualified professional to determine whether or not said land could be considered either in whole or in part a "wetland." The Corps has the authority to require the removal of any improvement placed within a "wetland" by the owner of such land regardless of the cost of the removal or other effect upon the landowner.

No agent or employee of the municipality in which this work will be performed has made any effort to determine whether or not all or a portion of said land constitutes a "wetland." The granting of a building permit, occupancy permit, onsite sewage disposal permit, or subdivision approval by the municipality DOES NOT in any way imply that the land does NOT constitute a "wetland," or that a permit has been issued by the Corps to place an improvement upon the land, or that it is not necessary to determine if any portion of the land constitutes a "wetland." Any person who proceeds with subdivision, construction, or the placing of any improvement upon land without prior Corps review and/or approval does so AT HIS OWN RISK WITHOUT ANY RESPONSIBILITY ON THE PART OF THIS MUNICIPALITY, ITS AGENTS OR EMPLOYEES!

## BURIED SOLID WASTE

I hereby certify that I have not buried any solid waste on the property of this application. I acknowledge that the Commonwealth of Pennsylvania Solid Waste Management Act specifically prohibits the disposal of solid waste except at legally permitted landfills.

I understand that violation of this act may result in prosecution by appropriate agencies of the Commonwealth.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of applicant (please print):** \_\_\_\_\_

**PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM**

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

**1. Are you the homeowner/property owner** performing the work (as requested in this application) yourself?

- ☐ No - go to question #2
- ☐ Yes - read this exemption statement, sign to indicate your understanding and submit this form with your application  
"Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Are you the homeowner/property owner** who has hired a contractor to perform the work (as requested in this application)?

- ☐ No - go to question #3
- ☐ Yes - please have your contractor complete Sections A & B

**3. Are you the contractor** hired by the homeowner/property owner to perform the work as requested in this application)?

- ☐ Yes - complete Section A & B
- ☐ No - please explain: \_\_\_\_\_

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**A. Name of Company** \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Address of company \_\_\_\_\_

Federal or State Employee Identification # \_\_\_\_\_

Please select one of the following options:

- ☐ Applicant is a qualified self-insurer for workers' compensation  
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- ☐ Applicant carries workers' compensation coverage with an insurance company  
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- ☐ Applicant is exempt from providing workers' compensation insurance because:
- ☐ The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)
- ☐ All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.

**Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.**

Will you be using any subcontractor(s) on this project? ☐ No ☐ Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

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**B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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**NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE**

County \_\_\_\_\_ Municipality of \_\_\_\_\_

My commission expires: \_\_\_\_\_ Subscribed and sworn to before me this-  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

SEAL \_\_\_\_\_