

Municipality: _____ County: _____ Permit No.: _____
Version 01

ZONING PERMIT APPLICATION

A. LOCATION AND OWNERSHIP OF PROPOSED WORK OR IMPROVEMENT

Street and Number: _____ UPI #: _____
Deed Owner: _____ Deed Reference: _____
Owner's Address: _____ Phone #: _____
Zoning District (as shown on ZONING MAP): _____

Present Tenant: _____
Has owner consented to proposed work?: ☐ Yes ☐ No

B. PRESENT USE OF LAND

☐ RESIDENTIAL

☐ COMMERCIAL

Present use of structure: _____
Number of Families: _____
Present Building (Description): _____
Present Use of Land: _____
Is any portion of the property located in a FEMA Flood Plain? ☐ Yes ☐ No
Is the site located within a Historic District? ☐ Yes ☐ No

C. PROPOSED WORK OR IMPROVEMENT (Check One)

☐ New Construction ☐ Addition ☐ Interior Alteration ☐ Exterior Alteration
☐ Fence ☐ Accessory Structure ☐ Deck
☐ Sign (Sign application and drawing of sign must be submitted with this application.)
☐ Change in Use. Present Use: _____ Proposed Use: _____

Describe proposed work: _____

Is the proposed structure or use located in FEMA designated flood plain? ☐ Yes ☐ No

D. PROJECT DIMENSIONS

PLOT DIMENSIONS

Frontage _____ ft.
Depth _____ ft.
Area _____ sq. ft.
Irregular plot _____

BUILDING SETBACKS

Front _____ ft.
Side A _____ ft.
Side B _____ ft.
Rear _____ ft.

BUILDING DIMENSIONS

Width _____ ft.
Depth _____ ft.
Height _____ ft.
Stories _____

SIGNAGE:

Type: _____
Number: _____ Size: _____ sq. ft.

E. APPLICATION

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on diagram on reverse side of this sheet and/or to use the premises for the purposes described herewith. The information which follows, together with location diagram, is made part of this application by the undersigned. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application, or any change in the location, size or use of structure or land made subsequent to the issuance of this permit, without approval of the Zoning Office, shall constitute sufficient grounds for the revocation of this permit.

Name of Applicant: _____
Address of Applicant: _____
Owner, Lessee or authorized agent for owner of subject property: _____

Applicant's Signature: _____ Date: _____

Fee attached: ☐ Yes ☐ No Check No.: _____

Systems Design Engineering, Inc.
1032 James Drive
Leesport, PA 19533
Phone 610-916-8500; Fax 610-916-8501

F. PLOT PLAN SKETCH

NOTE: The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Property owner and applicant shall not construct or erect structures or encroach into the Municipality's right-of-ways.

G. REFERENCES (OFFICIAL USE ONLY)

Block Plan No.: _____ Certificate of Occupancy No.: _____ Issued: _____
Plan is attached.: ☐ Yes ☐ No Diagram is shown on reverse side of this sheet.: ☐ Yes ☐ No

H. APPLICATION AND DATES OF ACTION TAKEN (OFFICIAL USE ONLY)

Application approved: ☐ Yes ☐ No Date: _____ Zoning Official Signature: _____
If denied, Reason for Denial of Application: _____

NOTE: The applicant has the right to appeal the denial of this application to the Municipality's Zoning Board within 30 days from the date of denial pursuant to procedures set forth in the Pennsylvania Municipalities Planning Code, as amended.

Applied to Board of Adjustment: _____ Date: _____ Appeal: ☐ Yes ☐ No Hearing No.: _____
Special Use of Application: ☐ Yes ☐ No
Board's Decision: ☐ Granted ☐ Denied Date: _____

Order: _____

Worker's Compensation Insurance Coverage Information
(UCC Building Permit attachment)

Contractor: _____

Job Name: _____ Building Permit #: _____

A. The Applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law:

☐

YES

☐

NO

If the answer is "YES" see Section B, if "NO" complete Section C below

B. Insurance Information

You MUST submit a copy of your Certificate of Insurance showing Workers Compensation as a covered Policy. Can be faxed: 610-916-8501; or mailed to:
Systems Design Engineering, Inc.
1032 James Drive
Leesport, PA 19533

C. Exemption

I _____ (please print legibly) do solemnly attest that I will not employ/hire any other persons for the project for which I am seeking a UCC Building Permit.

After receipt of the building permit if I employ any other persons I will notify this office and provide proof of worker's compensation coverage within three working days.

I understand that failure to comply will result in a 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 Worker's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. Act 44.

Signature

Subscribed and sworn to before me this
_____ day of _____, _____

(Signature of Notary Public)