

Section One – Zoning Application

Tax Parcel # 27- ____ - _____ - _____

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Zoning District: _____ Municipality: Texas Township, Wayne County, PA

Site Address: _____

Lot # ____ Subdivision/Land Development: _____ Phase: _____ Section: _____

Owner/Applicant:

Name: _____ Phone # _____ Fax _____

Mailing Address: _____ E-Mail: _____

Contractor:

Principal Contractor: _____ Phone# _____ Fax# _____

Mailing Address: _____ E-Mail _____

Pa Contractor Registration # _____

Workers' Compensation Carrier _____ From _____ To _____

Architect /Designer:

Name: _____ Phone# _____ Fax# _____

Mailing Address: _____ E-Mail: _____

TYPE OF WORK OR IMPROVEMENT (Check One) **Other**

- New Building Addition Alteration Repair Pool Shed Garage/Storage/Playhouse
- Ag Building Fence Retaining Walls Derricks Towers/Antenna Sign [] Demo

Describe the proposed work: _____

Provide on separate sheet a detailed plot plan showing the location of the following:

Property lines, distance from all property lines and ROW's, location of well, septic, any other building(s), driveway(s), decks or porches, etc.

SQUARE FOOTAGE OF PROPOSED STRUCTURE OR ADDITION: _____

COST OF CONSTRUCTION \$ _____ (If Blank or unrealistic, cost calculated on adopted table)

BUILDING /SITE CHARACTERISTICS

Water Service: (Check) Public Private

Sewer Service: (Check) Public Private (Septic Permit # _____)

Flood Plain: Yes ___ or No ___

NPDES Required: Yes ___ or No ___

Driveway Permit: # _____

[Note – If Zoning Permit Only, Skip to Section Three]

Section Two – Building Permit Application

Tax Parcel # 27- ____ - ____ - ____

Owner/Applicant: _____ Phone # _____ Fax _____

Mailing Address: _____ E-Mail: _____

Principal Contractor: _____ Phone# _____ Fax# _____

Contractor # _____

Workers' Compensation Carrier _____ From _____ to _____

_____ E-Mail _____

Architect: _____ Phone# _____ Fax# _____

Mailing Address: _____ E-Mail: _____

TYPE OF WORK OR IMPROVEMENT (Check One)

- New Building Addition Alteration Repair Demolition Relocation Pool Deck
- Other Change of Use Plumbing Mechanical Electrical Garage/Storage Sign

Describe the proposed work: _____

COST OF CONSTRUCTION \$ _____ (If Blank or unrealistic, cost calculated on adopted table)

DESCRIPTION OF BUILDING USE (Check One)

RESIDENTIAL

One-Family Dwelling (R-3)

Two-Family Dwelling (R-3)

NON-RESIDENTIAL

Specific Use: _____

Use Group: _____

Construction Type: _____

Change in Use: YES NO

If YES, Indicate Former: _____

Maximum Occupancy Load: _____

Maximum Live Load: _____

BUILDING/SITE CHARACTERISTICS

Number of Residential Dwelling Units: _____ Existing, _____ Proposed

Water Service: (Check) Public Private

Sewer Service: (Check) Public Private (Septic Permit # _____)

Does or will your building contain any of the following:

Fireplace(s): Number _____ Type of Fuel _____ Type Vent _____

Elevator/Escalators/Lifts/Moving walks: (Check) YES NO

Sprinkler System: YES NO Electrical: [] Yes [] No

Pressure Vessels: YES NO Refrigeration Systems: YES NO

Plumbing: [] YES [] No Heating System: [] YES [] No

Mechanical: Indicate Type of Heating/Ventilating/Air Conditioning (i.e., electric, gas, oil, etc.) _____

BUILDING DIMENSIONS

Existing Building Area: _____ sq. ft. Number Of Stories: _____
Proposed Building Area: _____ sq. ft. Height of Proposed Structure Above Grade: _____ ft.
Total Building Area: _____ sq. ft. Area of the Largest Floor: _____ sq. ft.

Section Three -- Certifications

FLOODPLAIN

Is the site located within an identified flood hazard area? (*Check One*) YES NO

Will any portion of the flood hazard area be developed? (*Check One*) YES NO N/A

Owner/Agent shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3* Lowest Floor Level: _____

HISTORIC BUILDING

Date original building constructed: _____

Is this building over 50 years old? YES NO

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the *owner* or lessee of the building or structure, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

I certify that the Building Code Official or the Building Code Official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Owner or Authorized Agent

Print Name of Owner or Authorized Agent

Address

Date

Is the above signature that of the owner? Yes No

Directions to Site:

This permit is valid for 180 days and construction shall commence within 180 days of permit issuance. Application for Certificate of Use and Occupancy must be filled out and returned prior to the final inspection approval.

Sketch Sheet [Attached additional sheets if necessary]

RESIDENTIAL PERMITS:

PROVIDE PLOT PLAN, E & S CONTROL, NPDES, BUILDING PLANS (MIN 1/4" SCALE). BUILDING PLANS SHALL INCLUDE ELEVATIONS, FLOOR PLANS, ELECTRICAL, PLUMBING, MECHANICAL, BASEMENT OR PIERS, CROSS SECTIONS AS NEEDED, AND MATERIALS USED ON THE PROJECT, WORKERS' COMPENSATION CERTIFICATE, ETC.

COMMERCIAL PERMITS:

PROVIDE SITE PLAN, E&S CONTROL, HIGHWAY, SIGN, STORMWATER MANAGEMENT, PA SEALED CONSTRUCTION PLANS, ELECTRICAL, PLUMBING, MECHANICAL, FLOOD HAZARD AREA, NPDES, WORKERS' COMPENSATION CERTIFICATE, ETC.

Workers' Compensation Affidavit

[Or Attach Contractor's Insurance Certificate showing Workers Comp.]

Tax Parcel # 27- ____ - _____ - _____

WORKERS' COMPENSATION AFFIDAVIT

I, _____, do solemnly swear that I will not employ/hire any other person for the project for which I am seeking a building or zoning permit.

After receipt of the building permit, if I employ any other person, I must notify the township office and provide proof of workers' 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 Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

Signature of Permit Applicant

Subscribed and sworn to before me this ____ day of _____, 20__.

Signature of notary Public

My Commission Expires

Landowners Self-Certification Form

NPDES Phase II Permit

I, _____, certify that I will not disturb greater than one acre during the life of my project. It is therefore understood that my project does not meet the requirements of a National Pollutant Discharge Elimination System (NPDES) Permit for the Discharge of Stormwater during Construction Activities.

If the scope and size of my project changes and the amount of earth disturbance is equal to or greater than one acre, I will contact the Wayne Conservation District for a determination of NPDES permit needs.

Signature: _____

Name: (Printed) _____

Address: _____

Date: _____

Tax Map Parcel # _____