

# BOROUGH OF ROARING SPRING

616 Spang Street, ROARING SPRING, PA 16673

(814) 224-4814

## APPLICATION FOR ZONING PERMIT

DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

WORK SITE ADDRESS: \_\_\_\_\_

PARCEL/MAP ID #: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_

CONSTRUCTION COST \$ \_\_\_\_\_

PROOF OF COST PROVIDED BY \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_

ESTIMATED START DATE \_\_\_\_\_

ESTIMATED COMPLETION DATE \_\_\_\_\_

CONTRACTOR NAME \_\_\_\_\_

FEDERAL STATE I. D. NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

### SUB-CONTRACTOR INFORMATION:

NAME \_\_\_\_\_

FEDERAL/STATE I.D. NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

◁ Workers' Compensation Insurance Coverage Information ▷

REQUIREMENT OF THE COMMONWEALTH OF PENNSYLVANIA (77 P.S. § 462.2):

Contractor's Workers Compensation Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Contractor's  Federal or  State Employee Identification #: \_\_\_\_\_

Attach copy of Certificate naming the Borough or Roaring Spring as a Worker's Compensation Policy Certificate Holder.

OR

Complete and attach an "Affidavit of Exemption" certifying that Workers Compensation Insurance is not required.

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I certify that I am the owner of the land/facility, that all information included in this application is correct, and that I own to conform to all applicable laws of this jurisdiction.

OR

I certify that the proposed work is authorized by the owner of the land/facility, that I have been authorized by the owner to make this application as his/her agent, that all information included in this application is correct, and that I agree to conform to all applicable laws of this jurisdiction.

\*\*This is also required for Sub-Contractors.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

ZONING PERMIT

WORKMAN'S COMPENSATION AFFIDAVIT

I, \_\_\_\_\_ do solemnly swear that I will not employ/hire any other persons for the project located at \_\_\_\_\_, which I am seeking a zoning permit.

After receipt of the zoning permit if I employ any other persons I must notify the Borough Office and provide proof of Worker's Compensation coverage within three working days.

I understand that failure to comply will result in 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 Workman's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. (P.L.).

\_\_\_\_\_  
Homeowner/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Officer

TYPE OF IMPROVEMENT

Residential

Commercial

1 <input type="checkbox"/> New Construction	4 <input type="checkbox"/> Repair, replacement
2 <input type="checkbox"/> Addition	5 <input type="checkbox"/> Change of Use
3 <input type="checkbox"/> Structural	6 <input type="checkbox"/> Other

DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL PERMITS REQUIRED

SIDEWALK YES \_\_\_\_\_ NO \_\_\_\_\_  
CURBING YES \_\_\_\_\_ NO \_\_\_\_\_  
DRIVEWAY YES \_\_\_\_\_ NO \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SITE LOCATION

Site Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

SITE LOCATED OUTSIDE OF AN IDENTIFIED FLOOD PLAIN AREA

SITE LOCATED WITHIN AN IDENTIFIED FLOOD PLAIN AREA

LOWEST FLOOR ELEVATION: \_\_\_\_\_  
(INCLUDING BASEMENT)

100 YEAR FLOOD ELEVATION: \_\_\_\_\_

For official Use Only

TO BE FILLED IN BY ZONING OFFICER/MANAGER:

The following shall be the minimum requirements for the proposed project(s) as set forth in the Municipal Zoning Ordinance.

1. Plot Plan Submitted?  YES  NO  NOT REQUIRED

2. Proposed Structure Setback: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Second Structure Setback: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Does proposed project conform with Building Setback requirements?:  Yes  No  Not Applicable

Remarks: \_\_\_\_\_

\_\_\_\_\_

3. Minimum Loading Space: \_\_\_\_\_ Loading Space Provided: \_\_\_\_\_

4. Maximum Sign Area: \_\_\_\_\_ Proposed Lot Coverage: \_\_\_\_\_

5. Maximum Lot Coverage: \_\_\_\_\_ Proposed Lot Coverage: \_\_\_\_\_

6. Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CERTIFICATION

1. The proposal  DOES  DOES NOT comply with the Municipal Zoning Ordinance

2. The proposal  DOES  DOES NOT require any new water and sewer connection, tapping fees or connection fees and complies with the Municipal Authority's Rules & Regulations.

3. A Uniform Construction Code Building Permit is required:  YES  NO

Remarks: \_\_\_\_\_

\_\_\_\_\_

4. A Variance is required:  YES  NO

5. A Special Exception / Conditional Hearing is required:  YES  NO

6. A Permit for the above described project / use was:  GRANTED  DENIED  EXEMPT

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

7. This Permit expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

8. If applicable, the following special exceptions conditions were placed by the Zoning Hearing Board: \_\_\_\_\_

\_\_\_\_\_

Signature of Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

✓ Checklist for the Plot Plan to be provided with the  
Zoning/Land Use Application

Prior to issuance of a Zoning/Land Use Permit a Plot Plan showing the following details is required. *(It is important that all information is legible):*

**Contact Information**

- Property Owner's Name(s)
- Address
- Phone Number(s)
- Email Address *(for contact purposes only)*

**Address and details of Property getting the proposed improvement**

- Street Address if different from above
- Drawing of approx. property layout
  - can use hand drawing, photocopy of survey or property layout from the courthouse
- Acreage
  - refer to deed or survey drawing
- Approx. boundary dimensions
  - can be gotten from the deed, field measurement, or a survey drawing.
- Parcel Number
  - obtained from the deed or your typical property tax notice

**Existing Buildings / Structures with Corresponding Dimensions**

- Houses
- Sheds
- Barns
- Swimming Pools
- Deck / Patios
- Other buildings or structures on the property
- Location of on lot well and septic IF applicable

**Existing Driveway and Sidewalk Areas with Corresponding Dimensions**

- Please include all areas of concrete, pavement, gravel, etc

**Proposed Improvement(s)**

- Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- Proposed Driveway or Sidewalk Areas and Dimensions

# SAMPLE PLOT PLAN

CONTACT INFO:

PROPERTY OWNER(S)  
 ADDRESS  
 PHONE NUMBER(S)  
 EMAIL ADDRESS

\* PLEASE SEE ATTACHED SHEET FOR  
 COMPLETE LIST OF REQUIRED INFORMATION

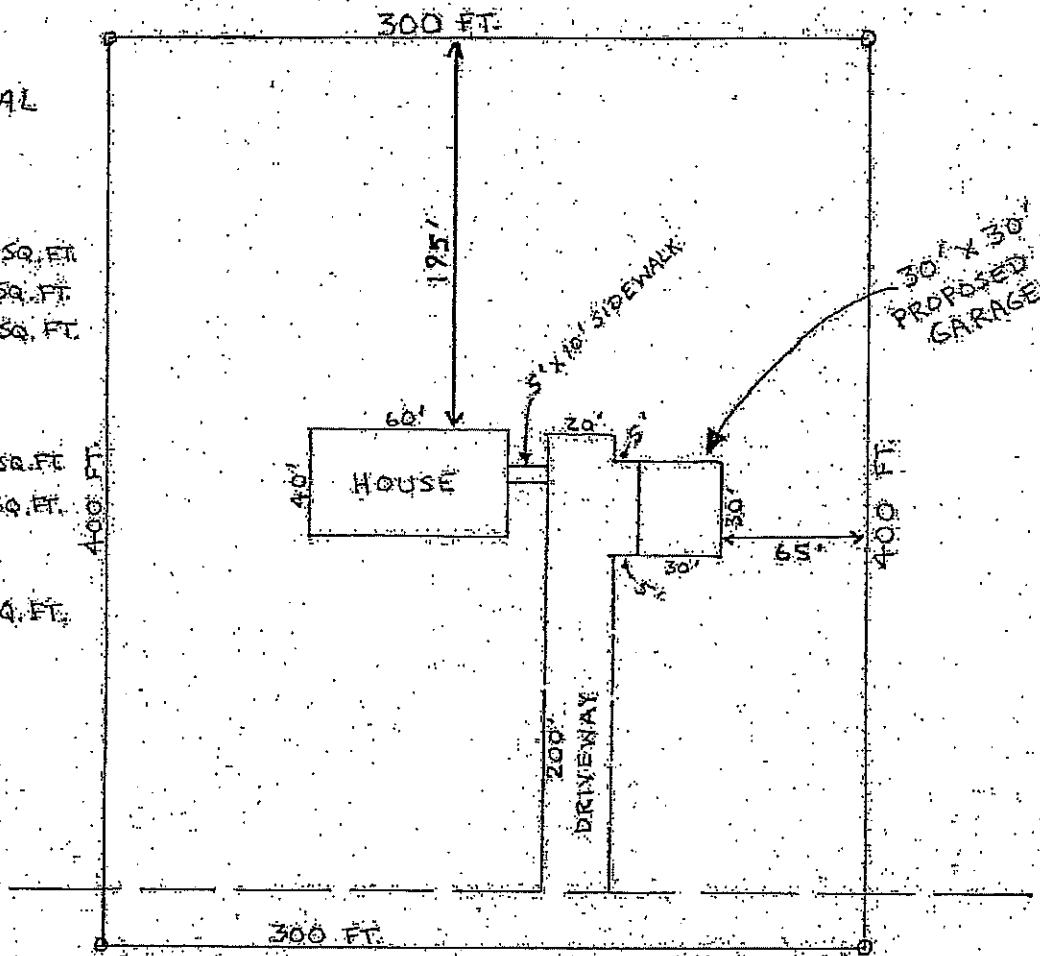
2.75 AC. TOTAL

EXISTING

HOUSE = 2400 SQ. FT.  
 SIDEWALK = 50 SQ. FT.  
 DRIVEWAY = 4000 SQ. FT.

PROPOSED

GARAGE = 900 SQ. FT.  
 DRIVEWAY = 150 SQ. FT.  
 (5' x 30' ADDED)  
 TOTAL = 7500 SQ. FT.



ROAD NAME

SHEET TO BE USED FOR THE PLOT PLAN