

Application for zoning permit not requiring board action.

Application ID: _____

1. Applicant: _____ Phone No: _____

Address: _____ Zip: _____

Application is hereby made for a permit to erect or alter a structure which shall be located as shown 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 application that any error, misstatement or misrepresentation of material fact, either with or without intent on the part of this application, 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 this permit, without approval of the Zoning Officer, shall constitute grounds for the revocation of this permit.

Signature: _____ Date: _____

2. OWNERSHIP AND RESIDENCY

Deed Owner: _____

Owner Address: _____

Tax Parcel No.: _____ Number located on tax notice.

Name of present tenant/s: _____

If residence, Number of Families: _____ Does Owner approve of proposed work? _____

3. LOCATION

Site is located in a _____ district as shown on zoning map.

Site Address: _____

Present Use of structure / and Land: _____

4. PROPOSED USE

Type of work: _____

Estimated cost of new construction and alteration: _____

Use of adjoining lot or lots: _____

Contractor: _____ Address: _____

Phone No: _____

Upon completion / notification that the proposed work, that which was listed under the permit, has been completed and inspected, a **Certification of Zoning Compliance** shall be issued by the Zoning Officer

OFFICIAL USE

Date application received: _____ Fee: _____ Check No: _____ Appl. Type: _____

Flood Plane: _____ Permit No: _____ Zoning Cert: _____ Code: _____

[] Permit Issued: _____ [] Refused - Denial letter sent: _____ Cont. Time: _____

Signature: _____ Title: _____

Please Make Checks Payable to: **TUNKHANNOCK BOROUGH** in the amount of \$40.00

Tunkhannock Borough Workers' Compensation Insurance Coverage Information Form

A. Name of applicant/contractor: _____

The undersigned affirms that he/she will comply with the provisions of Pennsylvania Workers' Compensation Law: Yes _____ No _____

If the answer is "yes", please complete Sections B & D below as appropriate.

If the answer is "no", please complete Sections C & D below as appropriate.

B. Insurance Information

Federal or State Employer Identification Number: _____

Applicant is a qualified self-insurer for workers' compensation.
(Please Check) _____

Name of Workers' Compensation Insurer: _____

Applicant/Contractor shall add the Tunkhannock Borough as a workers' compensation policy certificate holder. This certificate shall be filed with the Tunkhannock Borough. Applicant/Contractor shall notify the Tunkhannock Borough of the expiration or cancellation of any such policy of insurance or policy certificate within three working days of such cancellation or expiration.

____ Check if Certificate attached. Policy # _____ Expiration Date: _____

C. Exemption (complete Section C if the applicant is a contractor claiming exemption from providing workers compensation insurance.)

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the PA Worker's Compensation Law for one of the following reasons as indicated:

____ The property owner is doing the work. If the property owner does hire a contractor to perform any work pursuant to the building permit, the contractor must provide proof of workers' compensation insurance to Tunkhannock Borough. The homeowner assumes liability for the contractor's compliance with this requirement.

____ The contractor has no employees. The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless the contractor provides proof of insurance to Tunkhannock Borough.

____ The contractor is claiming a religious exemption under the workers' compensation law. All employees are exempt from workers' compensation insurance (please attach copies of religious exemption letters for all employees.)

D. Signature: _____

Applicant
Address: _____

Subscribed, sworn to and acknowledged before me by the
above this _____ day of _____, _____

Zoning Officer

MUNICIPALITY PERMIT APPROVAL

THIS IS NOT A BUILDING PERMIT

YOU MUST CONTACT THE BUILDING PERMIT INSPECTION SERVICE COMPANY FOR YOUR MUNICIPALITY
TO OBTAIN YOUR BUILDING PERMIT.

MUNICIPALITY: _____

Faxed to Assessor's Office on: _____

Faxed to Bureau Veritas on: _____

DATE:		PRE-CONSTRUCTION PERMIT NUMBER:	
PHYSICAL ADDRESS ISSUED BY 911 ADDRESSING:			
APPLICANT NAME:			
OWNER:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE NUMBER:			
ESTIMATED COST: \$		PERMIT FEE: \$	
CONTRACTOR:	ADDRESS	PHONE	
ARCHITECT:	ADDRESS	PHONE	
ENGINEER:	ADDRESS	PHONE	
CLASS OF WORK: NEW ADDITION ALTERATIONS REPAIR DEMO			
PROPOSED IMPROVEMENTS:			
TYPE OF CONSTRUCTION: (circle one) RESIDENTIAL / COMMERCIAL	SIZE OF BLDG (TOTAL SqFt):		NO. OF STORIES:
CHANGE OF USE FROM:		CHANGE OF USE TO:	
DRIVEWAY PERMIT		ROAD BONDING	
NON-FLOOD PLAIN EXEMPTION		SEWAGE PERMIT	
ELEVATION CERTIFICATE		ZONING PERMIT	
NPDES PERMIT (CONSERVATION)		GAS PAD DRIVEWAY PERMIT	
DEMOLITION		MISCELLANEOUS	
IF NO PERMIT REQUIRED PLEASE INSERT N/A IN THE APPROPRIATE BOXES			

PROPERTY OWNER'S SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

Is Property in Floodplain? Floodway? Substantial Improvement Determination _____%

BFE _____ Sq Inch - _____ Sq Ft

MAP PANEL # _____ Market Value of Structure \$ _____

THE ABOVE MUNICIPALITY HEREBY GIVES APPROVAL TO THE PERSON(S) NAMED ABOVE.

SIGNATURE OF ISSUING AGENT _____

DATE ISSUED _____ DATE EXPIRES _____

NOTE: THE COUNTY PLANNING COMMISSION REQUIRES COORDINATION OF ALL COMMERCIAL/INDUSTRIAL BUILDINGS. IT IS THE APPLICANTS RESPONSIBILITY TO CLEAR COMMERCIAL/INDUSTRIAL CONSTRUCTION WITH THE WYOMING COUNTY PLANNING COMMISSION.

PARCEL ID # _____