

Connoquenessing Borough Zoning Permit Application

Zoning Permit Application Fee: \$50.00. Payment must be made with this application. Check should be made payable to the Connoquenessing Borough.

Check Number: _____

Account: 361.33 / 413.31

Permit Applicants Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Address of Applicant: _____

Is property owned by applicant? _____ YES _____ NO

Building/Construction Information

Property Address of Construction Site: _____

Parcel Number: _____

Specific Use: _____ Residential _____ Agriculture _____ Commercial

Pennsylvania One Call Number: _____ Phone Number: 1-800-242-1776

Current Existing Buildings (sq. ft.): _____ Proposed Bldg. Area (sq. ft.): _____

Total Bldg. Area (sq. ft.): _____ Total property Size (sq. ft.): _____

Number of Stories: _____ Height of deck/balcony above grade (ft.): _____

Distance from front structure to street right-of-way (ft.): _____

Distance from structure to rear property line (ft.): _____

Side yards structure to property line (ft.): Left _____ Right _____

Connoquenessing Borough Building Setbacks

Residential Zone District	Village Center Zone District	Commercial Zone District	Light Manufacturing Zone District	PRD Zone District
Building Setback Front Yard Depth: 40ft Side Yard Depth: 10ft Rear Yard Depth: 40ft	Building Setback Front Yard Depth: 20ft Side Street Depth: 20ft Side Yard Depth: 5ft Rear Yard Depth: 20ft	Building Setback Front Yard Depth: 50ft Side Yard Depth: 20ft Rear Yard Depth: 20ft	Building Setback Front Yard Depth: 40ft Side Yard Depth: 20ft Rear Yard Depth: 40ft	Building Setback Per Lot Setback Agreement
Accessory Buildings Front Yard Depth: 40ft Side Yard Depth: 10ft Rear Yard Depth: 10ft	Accessory Buildings Front Yard Depth: 20ft Side Street Depth: 20ft Side Yard Depth: 5ft Rear Yard Depth: 5ft	Accessory Buildings Front Yard Depth: 50ft Side Yard Depth: 10ft Rear Yard Depth: 10ft	Accessory Buildings Front Yard Depth: 40ft Side Yard Depth: 10ft Rear Yard Depth: 10ft	Accessory Buildings Per Zoning Ordinance

Flood Plain

Is the site located within an identified flood hazard area? ____ YES ____ NO

Will any portion of the flood hazard are be developed? ____ YES ____ NO

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

Description of construction:

Estimated Value of Construction Cost: _____ Estimated Start Date: _____

Estimated Completion Date: _____

Applicant or property owner must notify the Borough building code office to schedule a date and time for final inspection Phone: 724-789-9097 or Email: connoqboro@zoominternet.net

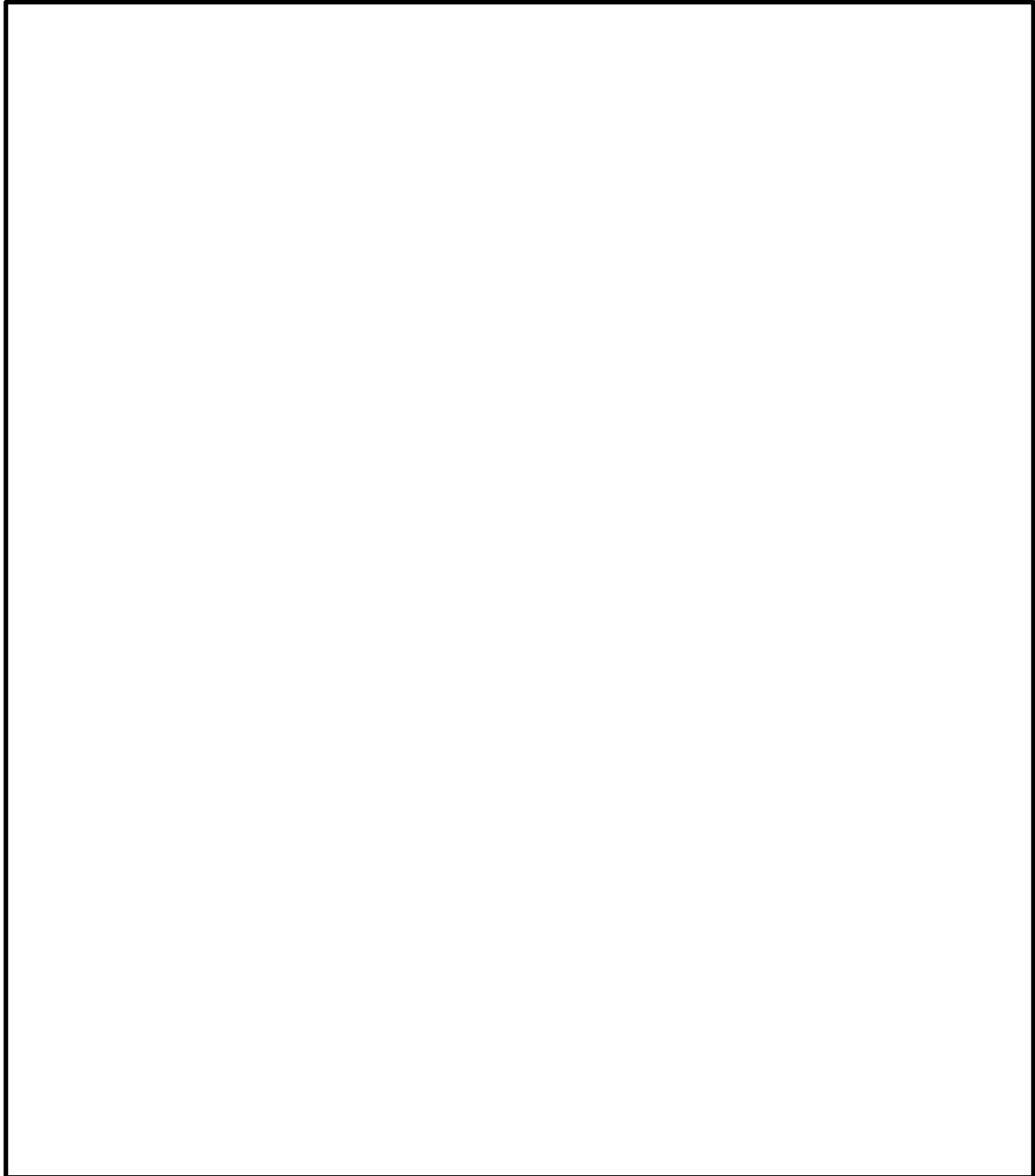
I hereby certify that to the best of my knowledge, the above facts are true and I understand that in the event of falsification, I can be subject to fines.

Property Owners Signature: _____

Date: _____

Draw Plot Plan Here or Attach Drawing

Plot plan is a diagram of the lot with the foot prints of all buildings and structures in relation to property lines with measurements. Drawing should include any utility and other infrastructure, to the extent possible, and additional information.



Workers' Compensation Insurance & Insurance Coverage Information

I. The applicant for a permit, in compliance with Act 44 of 1993, hereby submits (Check one):

- _____ Certificate of Insurance (please attach) does not require notary service
- _____ Certificate of Self-Insurance (please attach) does not requires notary service
- _____ Applicant is an individual who owns the property.

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self Insurer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy No: _____ Coverage Period Ends: _____

Name of Contractor / Policy Holder _____

Address _____

City: _____ State: _____ Zip Code _____

Contractor/Policyholder's federal or state employer identification number (EIN) _____

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor / policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor / policyholder to a stop-work order and other fines and penalties as provided by law

III. If an exemption is being claimed, please complete the following: Sign, date page four (4), and check one of the options listed below (check one):

- _____ Applicant is an individual who owns the property
- _____ Contractor / Applicant is a sole proprietorship without employees
- _____ Contractor / Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain: _____

CONNOQUENESSING BOROUGH

228 Constitution Ave, PO Box 471
Connoquenessing PA 16027
Phone 724-789-9097
Fax 724-789-7900
email: connoqboro@zoominternet.net

www.connoquenessingboro.com

- The entire contractor / applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: _____

Name of Applicant: _____

Address: _____

City: _____ ST _____ Zip _____

Phone #: _____ Email _____

Applicant's Federal or State employer Identification Number (EIN) _____

Any subcontractors used on this project will be required to carry their own workers' compensation coverage. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor / applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Name of Company: _____

Name (Printed): _____ Title: _____

Signature _____

Note: Applicant's copy to be attached to permit and posted. Municipality copy to be filed with its permit copy.

Small Project Stormwater Management Application

Per Connoquenessing Borough's Stormwater Management Ordinance, an Applicant is required to submit this Small Project Application whenever Regulated Activities involving the creation of new impervious surfaces equal to, or greater than 2,500 square feet and less than 5,000 square feet. Impervious surfaces are areas that prevent the infiltration of water into the ground and shall include, but not be limited to, roofs, patios, garages, storage sheds and similar structures, and any new streets or sidewalks.

<i>To Calculate Impervious Surfaces Please Complete This Table</i>					
Surface Type	Length (feet)	X	Width (feet)	=	Proposed Impervious Area
Building (area per downspout)		X		=	
		X		=	
		X		=	
Driveway		X		=	
		X		=	
Parking Areas		X		=	
		X		=	
Patio/Walks		X		=	
		X		=	
		X		=	
Other		X		=	
		X		=	
Total Impervious Surface Area to be managed (sum of all areas)					

For all Regulated Activities that involve creation of new impervious surface areas EQUAL TO or GREATER than 5,000 square feet, the Applicant MUST submit a Stormwater Management Site Plan and Report as defined in Article VIII of the Ordinance and implement volume and rate controls.

If the Total Impervious Surface Area is LESS THAN 5,000 square feet, or the proposed development is a Single Family Residential Activity implementing the minimum measures in Section 302.E. read, acknowledge and sign below.

Based upon information you have provided, a Stormwater Management Site Plan and Report **IS NOT** required for this Regulated Activity. Connoquenessing Borough may request additional information and/or a SWM Site Plan for any reason.

Applicant or Property Owner certifies that Sections 302A., 302.B., and 302.C. have been adequately addressed and acknowledges that submission of inaccurate information may result in a stop work order or permit revocation. Acknowledgement of such is by signature below. I declare that I am the Owner or Owner's legal representative. I further acknowledge that the information provided is accurate and employees of Connoquenessing Borough are granted access to the above described property for review and inspection as they deem necessary.

Property Address _____ Parcel # _____

Property Owners Signature: _____ Date: _____