APPLICATION FOR ZONING PERMIT

OWNER NAME _____   TAX MAP PARCEL # _____

PROPERTY ADDRESS _____

PHONE _____   EMAIL _____

PROPERTY TYPE   Residential - $50 Fee   Commercial - $150 Fee

REQUEST _____
_____
_____

PROPERTY ASSESSMENT

*Check the appropriate boxes as they pertains to your property. Please note that **a site plan is required** to accompany all submissions.*

The property for which I seek a permit is subject to a conservation easement or deed restriction. **If this box is checked, a copy of the conservation or deed restriction must be attached.**

The property for which I seek a permit is located in either the Carversville Historical District or the Phillips Mill Historical District and is subject to HARB review and approval. **If this box is checked, a copy of the "Certificate of Appropriateness" related to this project must be attached.**

The property for which I seek a permit is managed by a homeowner's association. **If this box is checked, a copy of the Home-owner's Association approval for this project must be attached.**

The property for which I seek a permit is an active commercial or organic farm.

The property for which I seek a permit is **NOT** subject to any of the above.

AUTHORIZATION

I hereby agree that the Zoning Officer has a thirty (30) business day review period for this part of the application. I agree this project will not commence until a zoning permit has been issued.

APPLICANT SIGNATURE _____   DATE _____

OWNER SIGNATURE _____   DATE _____
(If Different From Applicant)

OFFICE USE ONLY

ZONING OFFICER COMMENTS _____

_____

_____

ZONING OFFICER SIGNATURE _____   DATE _____

Solebury
a natural choice

BUILDING SUBCODE - TECHNICAL SECTION

A. IDENTIFICATION - APPLICANT

Complete all applicable information. When changing contractors, please notify the township office.

Work Site Location _____

Owner Name _____

Address _____

Phone _____ Email _____

Contractor Name _____

Address _____

Phone _____ Email _____

Worker's Compensation   *Please choose one:*

Certificate of Liability Insurance
Must Include WC Policy Expiration Date

Worker's Compensation Exemption Form
Must include signature and seal of a certified Notary Public

Description of Work _____

_____

_____

B. BUILDING CHARACTERISTICS

Number of Stories _____ New Bldg Area / All Floors _____ Sq. Ft.

Height Structure _____ Ft. Volume of New Structure _____ Cu. Ft.

Area – Largest Floor _____ Sq. Ft Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work $ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the contractor listed above and am authorized to make this application.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

APPROVED BY _____ DATE _____

WORKER'S COMPENSATION EXEMPTION FORM

This form must be completed by each contractor involved in the project who is claiming exemption from providing workers compensation insurance. **All exemption forms must be notarized.**

APPLICANT NAME _____

PA LICENSE # _____ POLICY EXPIRATION DATE _____

The undersigned swears or affirmers that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons:

> **Contractor with no employees -** Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

> **Religious exemption** under Worker's Compensation Law.

APPLICANT SIGNATURE _____ DATE _____

NOTORIZATION
The following section must be completed by a Notary Public.

Subscribed and sworn to me this _____ day

of _____ , _____ .

Signature _____

Commission Expiration Date _____

SEAL