

SPRING TOWNSHIP
1309 BLANCHARD STREET
BELLEFONTE, PA 16823
814-355-5067 FAX 814-355-2801
www.springtownship.org

ZONING PERMIT NO. _____

APPLICATION FOR ZONING PERMIT

NOTE: PERMIT MUST BE DISPLAYED IN A CONSPICUOUS PLACE.

Tax Parcel Number --	Street Address --
TYPE OF IMPROVEMENT	DESCRIBE WORK
1. ___ New Building	_____
2. ___ Addition	_____
3. ___ Alteration	_____
4. ___ Repair or Replacement	_____
5. ___ Demolition	_____
6. ___ Change of Use	_____
7. ___ Permit Extension	_____

DECLARED COST	DIMENSIONS	
\$ _____	Height in feet _____	TYPE OF SEWAGE DISPOSAL
	Number of stories _____	Public or private company _____
	Total square feet _____	Private (septic tank, etc.) _____
		TYPE OF WATER SUPPLY
		Public or private company _____
		Private (well) _____

IDENTIFICATION

Name	Mailing address	Telephone No.
<u>Owner</u>		
<u>Contractor</u>		
<u>Architect/Engineer</u>		

AFFIDAVIT

I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Pennsylvania and ordinances of Spring Township.

Signature of owner or authorized agent.

Date

WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

A. THE APPLICANT IS _____

A contractor within the meaning of the Pennsylvania Workers Compensation Law

Yes _____ No _____

If the answer is "YES". Complete sections B or C below as appropriate.

B. INSURANCE INFORMATION _____

Name of applicant _____

Federal or State identification number _____

Applicant is a Qualified Self-Insurer for Workers Compensation.

Certificate attached _____

Policy expiration date _____

C. EXEMPTION _____

COMPLETE SECTION C IF APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE.

The undersigned swears or affirms 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, as indicated:

1. Contractor with no employees. Contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.
2. Religious exemption under the Pennsylvania Workers Compensation Law.

Subscribed and sworn to before me this

_____ day of _____, 20

(signature of Notary Public)

My commission expires: _____

Signature of applicant _____

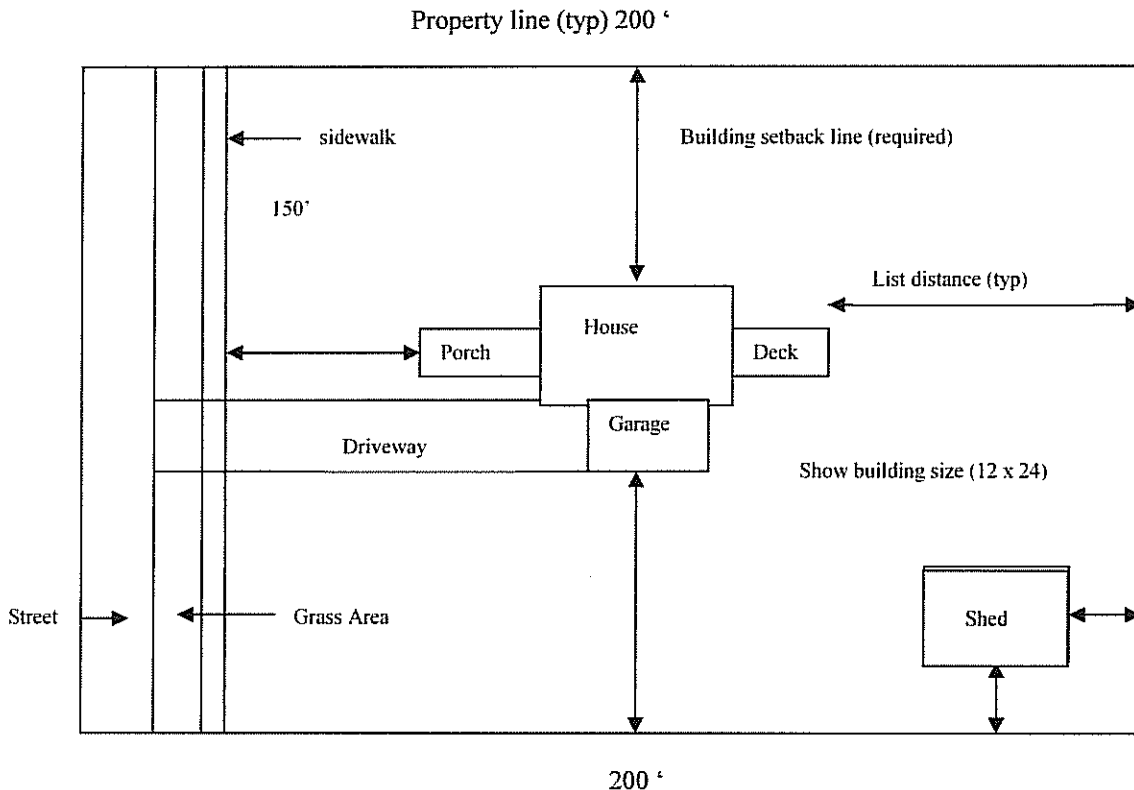
Address _____

County of _____

Township of _____

Application Requirements

1. Completed application form.
2. Sketch plot plan – see plot plan below for example
3. Road occupancy permit required if entrance is onto a township or state highway.
4. Pay all appropriate fees.



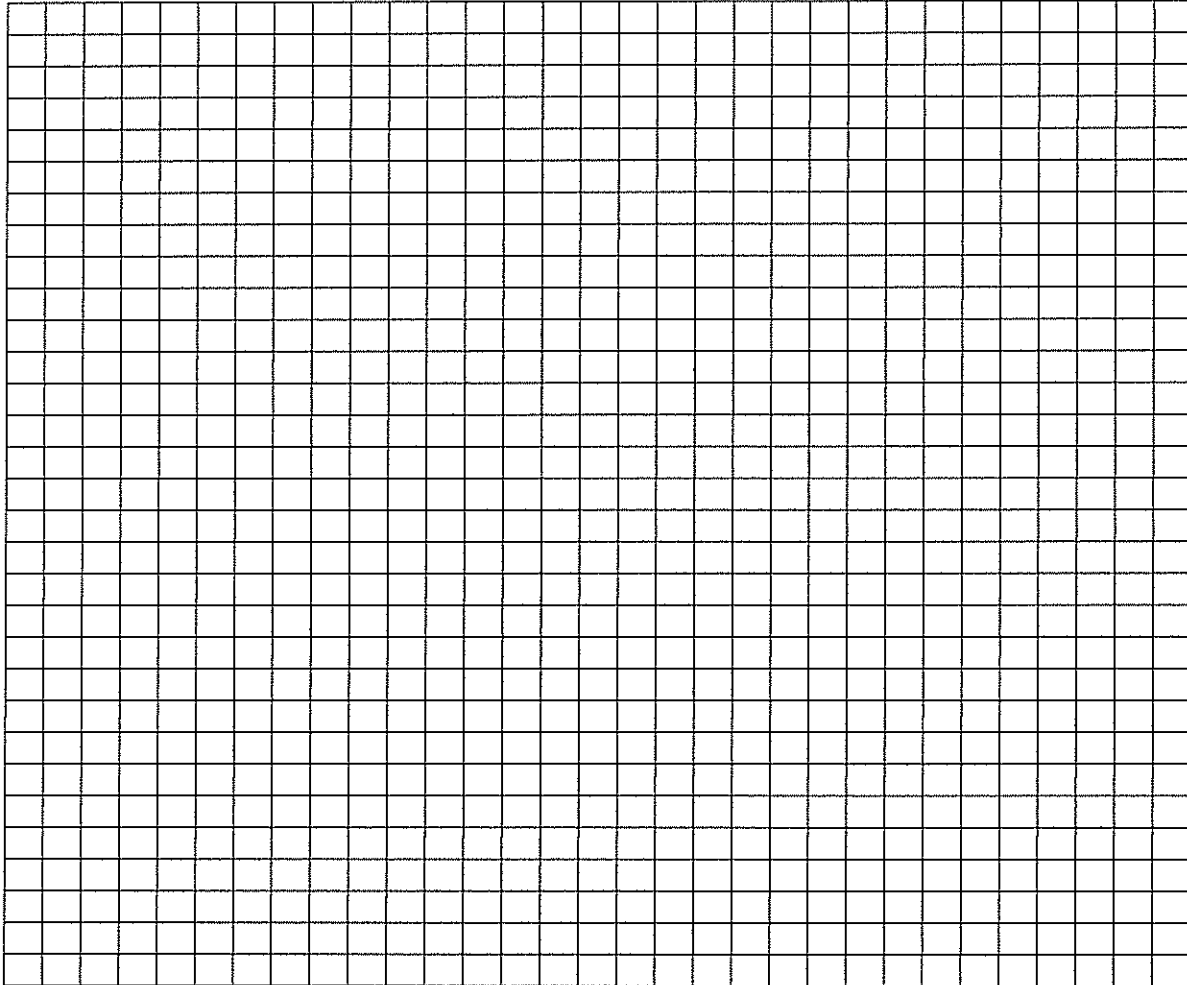
TYPICAL PLOT PLAN (example)

INSPECTIONS

1. Stakeout – this is to verify building location with plot plan.
2. Water and sewer connection – contact local authority.
3. Final inspection for Occupancy Permit – construction completed.
 - a. interior finished
 - b. exterior finished
 - c. backfill and rough grading completed, mud free driveway and house numbers posted.

NOTE: NO OCCUPANCY IS PERMITTED UNTIL A FINAL INSPECTION HAS BEEN COMPLETED AND APPROVED. PLEASE PLAN YOUR SETTLEMENT AND MOVE-IN DATES ACCORDINGLY.

SITE PLAN – SEE SKETCH PLAN, NEXT PAGE



ZONING EXAMINER'S NOTES

Zone	Lot Square Footage	Percent Coverage	Permit Number
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Setbacks

Required

Provided

Number of off street parking

Front

1. Enclosed _____

Rear

2. Outdoors _____

Left Side

Right Side

Date Permit Issued _____

Approved By _____