

**Application for Plan Examination and Building Permit**  
Borough of Zelienople

*\*All information requested must be provided in order for this application to be processed \**

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ (required for electronic submittal)

Owner's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Builder's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ (required for electronic submittal)

Applicant is homeowner?    yes \_\_\_\_\_    no \_\_\_\_\_  
Workers' Compensation Certificate is provided with application?    yes \_\_\_\_\_    no \_\_\_\_\_  
Applicant is "exempt" ( no employees ) and form is completed with application ?    yes \_\_\_\_\_    no \_\_\_\_\_

Location of property between streets \_\_\_\_\_ and \_\_\_\_\_  
Approximate starting date \_\_\_\_\_    Approximate ending date \_\_\_\_\_  
Homeowner \_\_\_\_\_ or Contractor \_\_\_\_\_ will remove and dispose of all materials or refuse from project.

Type of Improvement:  
 new construction  
 addition  
 alteration  
 relocation  
 repair  
 fence  
 wall  
 other \_\_\_\_\_

Proposed Use :  
 single family  
 commercial business  
 mobile / modular home  
 shed  
 porch / deck  
 garage  
 barn  
 pool, in-ground / above

Category :  
 residential  
 commercial  
 industrial  
 institutional  
 school  
 church  
 public utility  
 other : \_\_\_\_\_

Characteristics :  
 brick, stone, block  
 vinyl siding  
 wood frame  
 metal frame  
 concrete, cement  
 other \_\_\_\_\_

Number of Rooms  
 bedrooms  
 full baths  
 half baths

Construction Costs  
 Basic        \$ \_\_\_\_\_  
 Electrical    \$ \_\_\_\_\_  
 Plumbing     \$ \_\_\_\_\_  
 Heating       \$ \_\_\_\_\_  
 Air Cond.    \$ \_\_\_\_\_  
 TOTAL        \$ \_\_\_\_\_

Sewage Disposal  
 public  
 private

Water Supply  
 public  
 private

Roadway  
 public, state or local  
 private, lane or drive

**\*FOR NEW CONSTRUCTION, A FEE MAY BE REQUIRED FOR A WATER TAP AND MUST BE PAID BEFORE A PERMIT WILL BE ISSUED\***

Type of Heating

- gas
- oil
- electric
- propane
- forced air
- baseboard
- other

Miscellaneous

- # of windows
- fireplaces
- central A/C
- elevator
- other

Number of Parking Spaces

- enclosed
- unenclosed

Setbacks of New Structure

- front
- left side
- right side
- rear

Dimensions of New Structure

- X  (footprint)
- number of stories
- height of Structure
- sq. ft. of living space (NOT garage)
- sq. ft. of garage (attached or unattached)
- sq. ft. of basement (finished or not)
- Total Square Footage

Size of Lot or Parcel

- front
- left side
- right side
- rear
- total square footage
- total acreage

Other Structures on Property

- house
- mobile home
- garage
- barn
- shed
- pool (in-ground or above)

I hereby certify that the statements contained herein are true and correct to the best of my knowledge.

Applicant (sign) \_\_\_\_\_

Date \_\_\_\_\_

(Office use only)

Zone \_\_\_\_\_ District ID# \_\_\_\_\_ Map ID# \_\_\_\_\_ Parcel ID# \_\_\_\_\_ Subdivision: Y or N

Application Received: \_\_\_\_\_  
 Reviewed: \_\_\_\_\_  
 Approved: \_\_\_\_\_

Permit Issued: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Fee: \_\_\_\_\_

Code/Zoning Officer: \_\_\_\_\_

Building Insp.: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

**INFORMATION REQUIRED FOR PLAN EXAMINATION AND BUILDING PERMIT APPLICATION**

- 1) No building or structure shall be erected, placed, added to, or structurally altered until a Plan Examination & Building Permit Application has been completed by the applicant and received by the Code Enforcement/Zoning Officer and a building permit has been issued by the Building Inspector.
- 2) The Zoning Officer shall receive the completed application and upon approval will then forward to the Building Inspector. The following information is requested before a building permit will be issued: worker's compensation insurance coverage or affidavit of exemption and construction drawings.
- 3) The following is required to be submitted with the application: three (3) copies of a layout or plot plan (drawn to scale) showing the actual dimensions of the lot, parcel, or tract of land to be built upon; the exact size and location of the building or structure being built, erected, or moved including setbacks; and any accessory buildings or structures located on such property.
- 4) Other such information may be deemed necessary by the Zoning Officer and Building Inspector to determine and provide for the enforcement of the Zoning Ordinance and building codes of the Borough of Zelenople.

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**Zelenople Borough Directory**

Code Enforcement/Zoning Officer	724-452-3002
Building Inspector/M.D.I.A.	1-866-884-6343
Electrical Inspector/M.D.I.A.	1-800-608-6342
Street Department	724-452-7393
Electric Department	724-452-7260
Water Department	724-452-8570
W.B.C.A. (sewer)	724-452-5501
Borough Office	724-452-6610
Borough Fax	*724-452-6613

**ZELIENOPLE BOROUGH**

Workers' Compensation Insurance Coverage Certification

Applicant Information:

- Landowner
- Contractor
- Other

**If other, please indicate relationship to landowner on whose behalf the building permit is sought and occupation of applicant:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR INFORMATION:

Name of Contractor: \_\_\_\_\_

Form of Business: \_\_\_\_\_  
(sole proprietorship, corporation, partnership, etc.)

Address: \_\_\_\_\_  
(street name and number)

\_\_\_\_\_  
(city, county, state and zip)

Federal or State Employer Identification Number: \_\_\_\_\_

**CONTRACTORS MUST SUPPLY PROOF OF WORKERS' COMPENSATION COVERAGE (Certificate of Insurance) BEFORE A PERMIT WILL BE ISSUED.**

\*Submit with permit application or fax to Zoning Official at 724-452-6613\*

The undersigned (if a non-exempt contractor) hereby certifies to be insured with workers' compensation coverage which meets the requirements of the Workers' Compensation Act and Occupational Disease Act (2) the insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder; (3) any subcontractor used on this project will be required to carry their own workers' compensation coverage; and (4) the contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.

**Contractor's Exemptions from Workers' Compensation Coverage (if applicable):**

The undersigned (if a contractor) certifies 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, as indicated:

- Contractor is sole proprietorship with no employees
- Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 1047 of the Workers' Compensation Act.
- All of the contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.
- Others. Please explain: \_\_\_\_\_

**Certification:** (Must be completed by all applicants)

The undersigned contractor/applicant for building permit hereby certifies that no persons shall be employed to perform work on the project for which the building permit is issued without complying with the requirements of the Workers' Compensation Law concerning coverage, and acknowledges that violation of the Workers' Compensation Act or the terms of this permit will subject the undersigned 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. S4094 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company

THIS FORM REQUIRES A NOTARY SEAL

## AFFIDAVIT OF EXEMPTION

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

\_\_\_ Property owner performing own work. If property owner does hire a contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_ Contractor has 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 municipality.

\_\_\_ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letters for all employees).

\_\_\_\_\_  
Signature of Applicant

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

Subscribed, sworn to and  
acknowledged before me  
by the above \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_  
20\_\_.

SEAL

\_\_\_\_\_