

**ZONING APPLICATION REQUIREMENTS
POTTER TOWNSHIP**

LOCATION OF PROPERTY
STREET OR ROAD NAME _____

_____ APPLICATION FEE \$100.00 NON-REFUNDABLE
PAYABLE TO "POTTER TOWNSHIP"

_____ COPY OF SEWER/WATER PERMIT

_____ COPY OF DRIVEWAY PERMIT (STATE OR TOWNSHIP)

_____ COPY OF WELL/BOREHOLE PERMIT

_____ PROPERTY CODE/TAX NUMBER

_____ COMPLETED SKETCH PLAN WITH DIMENSIONS

_____ LAND DEVELOPMENT PLAN (IF REQUIRED)

_____ COPY OF BUILDING PLANS

NOTE: The building permit portion of your permit will be assessed on the following scale:

AG/RESIDENTIAL \$.05 SQ. FT.

COMMERCIAL/INDUSTRIAL \$.10 SQ. FT.

This checklist is provided for your use to aid in completing your application.

RETURN TO: Potter Township Zoning
124 Short Road
Spring Mills, PA 16875

Phone Number: 814-364-2456

Office Hours: Tuesday 8 am to 12 pm
Thursday 1 pm to 5 pm

POTTER TOWNSHIP ZONING PERMIT APPLICATION

Date: _____

Parcel No. (REQUIRED) _____

APPLICANT INFORMATION: Please fill in the appropriate section. Write "(same as applicant)" in the name blank if the owner and/or contractor information is identical to the applicant information.

APPLICANT

OWNER

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone Number: _____

Phone Number: _____

CONTRACTOR

Name: _____

Name: _____

Address: _____

Approve: _____ Disapprove: _____

City, State, Zip: _____

Signature: _____

Phone Number: _____

Date Signed: _____

AUTHORIZATION OF PARK OWNER OR MANAGER (if applicable)	
Name: _____	
Approve: _____	Disapprove: _____
Signature: _____	
Date Signed: _____	

CORPORATIONS: Attach a separate listing of the name, address, and phone numbers of the chief executive officers of the parent company, controlling entity, and/or the subsidiary company.

PURPOSE: Check the purpose of this zoning review request:

_____ Erection of Building

_____ Addition to Existing Building

_____ Remodeling or Alterations

_____ Change in Use of Building/Land

_____ Extension of Non-Conforming Use

_____ Floodplain Development

_____ Other (define) _____

DESCRIPTION: Applicants should provide an explanation of the project on the back of this application. (Sign & include any required information from Sec. 1102-B below).

Sec. 1102-B Potter Township Zoning Ordinance - All applications shall be accompanied by plans drawn to scale, showing the actual shape and dimensions of the lot, the exact size, and location of any buildings existing on the lot, the lines within the proposed building or structure shall be erected or altered, the existing and intended use of each building or part of a building, the number of families or dwelling units the building is designed to accommodate, and such other information as may be necessary to determine compliance with the Zoning Ordinance and all other pertinent regulations.

DESCRIPTION:

1. A brief explanation of the nature and type of construction (e.g. remodeling, adding 2 bedrooms, and a bath; construction of a garage, new single family dwelling, etc.) with approximate dimensions:

2. A description of the use (all or each part) and the manner in which the structure will be used (e.g. residential dwelling; 2 unit apartment dwelling; retail sales of vegetables, fruit, & farm produce; manufacture of mechanical equipment; commercial; rental; business office: etc):

3. Square Footage of Basemer _____

4. Square Footage of 1st Floor: _____

5. Square Footage of 2nd Floor: _____

6. Square Footage of Decks & Porches: _____

7. Sq. Ft - Garages/Acc. Bldg: _____

8. Total Square Footages: _____

9. Width of Proposed Driveway: _____

10. Slope of Proposed Driveway: _____

11. Estimated Cost of Const. \$ _____

12. Beginning Date of Const. (mm/dd/yy): _____

13. Estimated Completion Date (mm/dd/yy): _____

14. Solid Waste Contractor (Garbage Collector): _____

15. Building Contractor- Temp. Sign Permit (\$5.00 Fee/12 months) Yes _____ No _____ N/A _____

Signature

Workers' Compensation Insurance Coverage
(attach to building permit application)

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 and C below as appropriate

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.

Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____
 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 Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

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 the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____ 20____

(Signature of Notary Public)

My commission expires: _____

(Seal)

Signature of applicant : _____

Address: _____

County of _____

Municipality of _____

