A picture containing drawing

Description automatically generated

124 Short Road

Spring Mills, PA 16875

LOCATION OF PROPERTY

STREET OR ROAD NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION FEE $140.00 PLUS $0.05 PER SQ.FT. RESIDENTIAL AND/OR $0.10 PER SQ.FT. COMMERCIAL 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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property Code # (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION OF PARK OWNER OR MANAGER (if applicable):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approve:  Disapprove:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTRACTOR

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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  Skid Shed

Remodeling or Alteration  Change in Use of Building/Land

Extension of Non-Confirming Use  Floodplain Development

Other (define): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION: Applications 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 which 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.

**-------------------------------------------------------------------Official Use Only--------------------------------------------------------------------**

Zoning District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date $140.00 App. Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zoning Permit Number Z-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:



1. 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.):



1. Square Footage of Basement: \_\_\_\_\_\_\_\_\_\_ 4. Square Footage of 1st Floor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Square Footage of 2nd Floor: \_\_\_\_\_\_\_\_\_\_\_ 6. Square Footage of Decks & Porches: \_\_\_\_\_\_\_\_

7. Sq. Ft.- Garage/Acc. Bldg.: \_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Total Square Footage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Width of Proposed Driveway: \_\_\_\_\_\_\_\_\_\_ 10. Slope of Proposed Driveway: \_\_\_\_\_\_\_\_\_\_\_\_\_

11. Estimated Cost of Construction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Beginning Date of Construction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Estimate Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Solid Waste Contractor (Garbage Collector): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



**-------------------------------------------------------------------Official Use Only--------------------------------------------------------------------**

Sew. Permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Road Encr. Permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E& S Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storm Water: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Land Dev. Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SubDiv. Plan L & I: \_\_\_\_\_\_\_\_\_\_\_\_

Permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worker’s Compensation Insurance Overage**

1. **The applicant is…**

A contractor within the meaning of the Pennsylvania Workers’ Compensation Law.

Yes  No

1. **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 Insurance Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Certificate attached*

Policy Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

*(Seal)*  Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTENTION POTTER TOWNSHIP ORDINANCE #2-2006** requires you to have your project reviewed and approved by one of the Sewage Officers listed below before you may be issued a Zoning or Building Permit. In addition, if your project requires a new driveway, you must get approval of the Public Work Superintendent.

Sketch your project on box below. **Include all sewage, septic systems, and driveway locations.**

Stan Wallace- **S.E.O./Septic Systems**

Phone Number: (814) 571-7231 **APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:** \_\_\_\_\_\_\_

Nancy Mitcheltree- **Sanitary Systems**

Phone Number: (814) 364-2710 **APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:** \_\_\_\_\_\_\_

David Boliek- **Public Works Superintendent**

Phone Number: (814) 364-9314 **APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:** \_\_\_\_\_\_\_



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ZONING PLAN EXAMINER’S NOTES** | | | | | | |
| ***Zone:*** | | ***Lot Square Footage:*** | | | ***Coverage %*** | ***Permit No.*** |
| Setbacks | Required | | Provided | Number of off-street parking spaces | | |
| Front |  | |  | 1. Enclosed…… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Outdoors…… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Right Side |  | |  |
| Rear |  | |  |
| Left Side |  | |  | Owner/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Tax Parcel #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **VALIDATION** | | | | | | |

Building Date

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

Permit Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_