



POTTER TOWNSHIP ZONING PERMIT APPLICATION

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.

SKID SHED

UP TO 150 SQ FEET \$30.00

151 SQ FEET – 500 SQ FEET \$60.00

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

RETURN TO: Penns Valley Code Enforcement Agency
225 East Main Street
P.O. Box 357
Millheim, PA 16854

Phone Number: 814-349-8177

Email: info@PVCode.org

Office Hours: Tuesday, Wednesday & Thursday
1:00 pm – 5:00 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: _____

CONTRACTOR

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

AUTHORIZATION OF PARK OWNER OR MANAGER (if applicable):	
Name: _____	
Approve: <input type="checkbox"/>	Disapprove: <input type="checkbox"/>
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
- 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:

- 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 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

X

Signature

-----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

A. The applicant is...

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

Yes No

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 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_____

X

(Signature of Notary Public)

Signature of applicant: _____

My commission expires: _____

Address: _____

County of _____

Municipality of _____

(Seal)

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: _____

Sue Mazza- **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..... _____	
Right Side			2. Outdoors..... _____	
Rear				
Left Side			Owner/Name: _____	
Tax Parcel #: _____			Address: _____	
			Phone Number: _____	

VALIDATION	
Building	Date
Permit Number: _____	Permit Issued: _____
Permit Fee \$ _____	Approved: _____