

# Zoning Permit Application

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

Zoning District: \_\_\_\_\_

## Location of Proposed Work or Improvement

Site Address: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

## Type of Work

Estimated Cost of Construction: \$ \_\_\_\_\_

Corner Lot - Yes/No  Fence  Shed  Garage  Deck  Sign  Other: \_\_\_\_\_

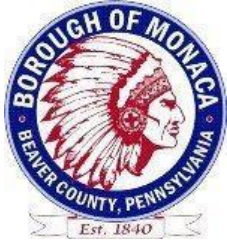
Fence Height: Street/Front Yard: \_\_\_\_\_ ft Common/Side Yard: \_\_\_\_\_ ft Alley/Rear Yard: \_\_\_\_\_ ft

Applicant is responsible for determining if there are any deeds, restrictions or easements associated with the property, and for ensuring there is no encroachment onto adjacent properties.

I am the property owner, contractor, or authorized agent responsible for compliance, and hereby acknowledge the following:

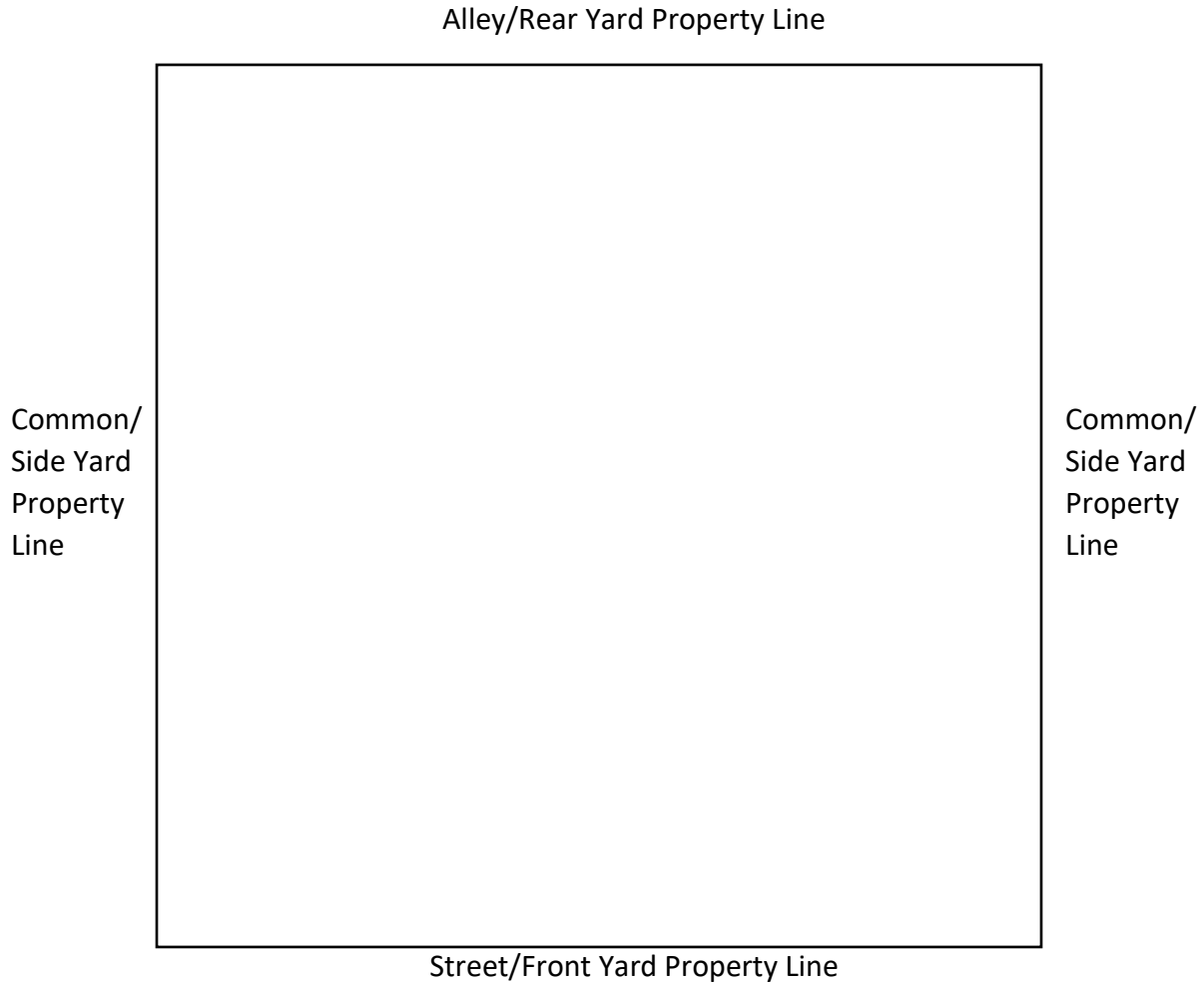
1. I have read this application and all related documentation and I represent that the information furnished is correct.
2. A drawing of property specifying the location, height and size of project.
3. I have attached a Certificate of Insurance/Worker's Compensation Insurance.
4. I agree to comply with all Monaca Borough Ordinances.
5. If any misrepresentation is made in this application, the Borough may revoke any permit issued based upon misinformation.
6. No construction is allowed until the approved permit has been issued.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# Zoning Permit Application

This diagram represents your property. Draw all existing building and new projects including sheds (under 1,000 sq. ft), fences, etc. Include setbacks from all property lines to new projects.



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### FOR MUNICIPAL OFFICE USE ONLY

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_ Collected By: \_\_\_\_\_

Approved ( ) Disapproved ( ) \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer

**WORKERS' COMPENSATION INFORMATION FORM**

**THIS FORM REQUIRES A NOTARY SEAL**

**AFFIDAVIT OF EXEMPTION**

The undersigned affirm 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:

\_\_\_\_\_ 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 these requirements.

\_\_\_\_\_ 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 letter for all employees**).

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

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

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

Subscribed, sworn to and acknowledged before me by the above

\_\_\_\_\_ this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

**SEAL**

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Notary Public