

DRIVEWAY PERMIT APPLICATION

North Sewickley Township, Beaver County, PA

Date _____ Phone _____ Permit # _____

Name _____ Parcel # 70- _____

Location _____

Please provide the following when applying for a permit:

- ❖ Application and Fee \$50 () Cash () Check # _____
- ❖ A sketch showing the location of the proposed driveway in relation to bordering property lines
- ❖ For state roads, proper permitting is required through PennDOT. Proof of permitting is required by North Sewickley Township prior to issuance of this permit

Upon driveway completion, the Township must be notified so that an inspection may be performed and approval given to insure that all Township requirements have been met.

*It is the responsibility of the applicant to know the exact location of property lines when submitting this application. Dispute of driveway placement could result in litigation between property owners. North Sewickley Township is not liable for any incurred costs for property line disputes.

ANY PERSON VIOLATING THESE REGULATIONS OR STANDARDS SHALL BE SUBJECT TO PENALTIES IMPOSED BY THE MUNICIPALITY.

For final inspection, contact the Township at (724) 843-5826.

This permit is issued under and subject to all the conditions, restrictions, and regulations prescribed by the Township of North Sewickley. I agree to observe and conform to all Township Ordinances governing the construction of a driveway onto a Township road. The property owner is required to call PA One Call (811) or 1-800-242-1776.

Owner Signature _____

Zoning Officer Signature _____

Road Foreman's Signature _____

FOR TOWNSHIP USE

Final Inspection

Date _____

Final Inspection Date _____

Approved _____

Rejected _____

Road Foreman's Signature _____

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Name of Company: _____

Contact Name: _____

Address: _____

Email: _____

Please check one of the options below pertaining to your application:

Option A.

- _____ 1. Property owner is hiring a Contractor, stating that "Contractor" is within the meaning of the Pennsylvania Workers' Compensation Law - **WORKERS' COMPENSATION INSURANCE MUST BE ATTACHED AND PROVIDED TO THE MUNICIPALITY**

Option B.

AFFIDAVIT OF EXEMPTION

If one of the reasons below is the owner's situation, this paper NEEDS TO BE NOTARIZED. 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: (please check one)

_____ Property owner performing own work. If property owner does hire 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 **(COPIES OF RELIGIOUS EXEMPTION LETTERS FOR ALL EMPLOYEES MUST BE ATTACHED AND PROVIDED TO THE MUNICIPALITY).**

Subscribed, sworn to and acknowledged

Signature of Applicant

Address

County Of:

Municipality of:

Subscribed, sworn to and acknowledged
before me on this _____
day of _____, 20 _____

Signature of Notary Public

My Commission Expires: _____

(SEAL)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Baily Insurance Agency, Inc. PO BOX 1070 Waynesburg PA 15370	CONTACT NAME: Dawn Singleton PHONE (A/C, No, Ext): 724-627-6121 E-MAIL ADDRESS: receptionist@bailyagency.com	FAX (A/C, No): 724-627-7005
	INSURER(S) AFFORDING COVERAGE	
License#: 65153 NORTSEW-01	INSURER A: Insurance Company	NAIC # 55423
	INSURER B: Insurance Company	NAIC # 55433

INSURED
 ABC Contracting LLC
 123 Happy Lane
 Pittsburgh, PA 1522

ALL HIGHLIGHTED AREAS REQUIRED FOR APPROVAL OF YOUR PERMIT.*

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-J56892	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB58-725	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

SAMPLE CERTIFICATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE Building Permit

Contractors License Number #:

CERTIFICATE HOLDER

North Sewickley Township
 893 Mercer Road
 Beaver Falls PA 15010

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dawn Singleton

© 1988-2015 ACORD CORPORATION. All rights reserved.