4/16/09
2/10/10

ZONING/CONSTRUCTION PERMIT APPLICATION
NORTH SEWICKLEY TOWNSHIP, BEAVER COUNTY, PENNSYLVANIA

APPLICATION NO._____ DATE RECEIVED: _____

1. APPLICANT _____

2. APPLICANT IS OWNER _____ CONTRACTOR OR AGENT_____OTHER_____

3. NAME/ADDRESS OF OWNER: _____ NAME/ADDRESS OR CONTRACTOR OR OTHER: _____

4. TELEPHONE NO._____ TELEPHONE NO._____

5. LOCATION/STREET ADDRESS_____TAX PARCEL NO. 70-_____

6. SUBDIVISION NAME_____ LOT NO._____

7. COST OF CONSTRUCTION_____TOTAL SIZE/ACREAGE OF TRACT_____

8. ZONING DISTRICT IN WHICH LOCATED: _____

Type of Zoning use proposed: _____

_____

9. DESCRIPTION:

Please state or describe generally the nature of proposed building, structure, alteration or addition and/or change in use:

_____

_____

Please check the appropriate designation of building or structure:

Residential _____

____ One Family Dwelling

____ Two Family Dwelling

____ More than Two Family Dwelling

____ Accessory Building/Structure to existing Residential Use

Non-Residential _____

Describe intended non-residential use:

_____

_____

____ Accessory Building/Structure to existing Non-Residential Use

APPLICATION FOR ZONING/CONSTRUCTION PERMIT
NORTH SEWICKLEY TOWNSHIP
BEAVER COUNTY, PENNSYLVANIA

10. ZONING:

Setbacks: Front_____ Left Side_____ Right Side_____ Rear_____

Number of stories_____ Height of Structure_____ Having dimensions of_____

And proposed floor area of _____ square feet Decks only: _____ inches above grade of deck floor]

11. ACCESS: _____ To public road_____ to private road _____ to private right of way _____

If private road/right of way, Owner_____ Parcel No._____

12. PLOT PLAN ATTACHED: DATED_____ PREPARED BY_____

13. DRAWING ATTACHED: _____ WORKERS' COMPENSATION INSURANCE CERTIFICATE ATTACHED ☐ YES ☐ NO

14. WATER SOURCE: Public _____ Well____ SEWAGE: Public____ On lot System ____

15. THIS PROJECT INCLUDES: Electrical _____ Plumbing _____ Mechanical _____

READ, UNDERSTAND AND COMPLY WITH THE FOLLOWING NOTICES

NOTICE: In addition to a zoning/construction permit, if the subject property does or will require access to a public road or street, and/or will require improvement/change of existing driveway access to a public road or street. If such public road or street is under the jurisdiction of the Commonwealth of Pennsylvania, you must obtain a Highway Occupancy Permit pursuant to Act no. 428 of 1945, as amended, known as the "State Highway Law". Application for such Highway Occupancy Permit as to a Commonwealth road or street must be made to, with and processed by the Pennsylvania Department of Transportation. If such road or street is under the jurisdiction of North Sewickley Township, you must apply for and obtain a Driveway Permit from the Township.

NOTICE: In addition to a zoning/construction permit, you may need to make other applications and obtain other permits for the development you propose, including but not limited to, depending on location of your premises, for an on-lot sewage permit and/or connection to a public sewer connection permit, water connection permit, and or Land Development approval, prior to being able to commence construction. Further, following construction and prior to placing into use the proposed structure/building, you will need to procure an Occupancy Permit.

NOTICE: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of worker's compensation to North Sewickley Township. Contractor also prohibited by law as to building or remodeling under subject Permit from engaging the services of a subcontractor unless subcontractor maintains workers' compensation insurance coverage as to subcontractor's employees. Failure of Contractor and Applicant for this Permit to maintain worker's compensation insurance according to law of Commonwealth of Pennsylvania, and as to said insurance, naming North Sewickley Township as a named insured, coverage requires stoppage of all construction/work under Zoning/Construction Permit issued and a Zoning/Construction Permit may be revoked.

NOTICE: Property owner is responsible for determining if property is subject to private covenants or private plan restrictions and compliance with the restrictions. Private covenants may be more restrictive than zoning/township regulations. Issuance of a building or zoning/construction permit does not constitute compliance with private covenants or restrictions. Permits issued in violation of any private covenants or restrictions are the sole responsibility of the property owner or their authorized representatives.

STATEMENTS AND VERIFICATION BY APPLICANT

I do hereby agree to observe and adhere to any and all provisions of the North Sewickley Township Zoning/UCC Code, and do further agree and understand that my failure to do so shall constitute a violation as to any Permit issued per this Application, which violation shall cause any Permit to become Null and Void, and revocable by North Sewickley Township via its Zoning Officer or other designated agent.

I/We hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and that the information and statements in this application and other representations contained in all accompanying plans are made a part of this application and are true and correct to the best of my/our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I/We knowingly make false statements of averments, I/We may be subject to criminal penalties. I/We hereby authorize representatives of the township to make required inspections upon the property to verify that the construction requested under this application complies with the North Sewickley Township Zoning Ordinance and other applicable codes.

If applicant is Contractor or Agent of Owner, he/she hereby certifies that he/she has the authority to act on behalf of the Owner.

OWNER(S) _____ DATE _____
CONTRACTOR OR AGENT _____ DATE _____

RECEIVED OF _____, THE SUM OF $_____, FEE FOR THE ABOVE NUMBERED BUILDING/ZONING PERMIT APPLICATION. DATED: _____, 20____.

_____
AUTHORIZED SIGNATURE

ZONING/CONSTRUCTION PERMIT (ISSUED) (DENIED) ON THE _____ DAY OF _____, 20_____

[NOTE IF DENIED, LETTER SETTING FORTH REASONS WILL ACCOMPANY DENIAL NOTICE.]

_____
ZONING OFFICER

UNIFORM CONSTRUCTION CODE PERMIT (ISSUED) (DENIED) ON THE _____ DAY OF _____, 20 ____

_____
BUILDING CODE OFFICIAL

5

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 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 (attach copies of religious exemption letter for all employees).

_____
Signature of Applicant

County of _____

Municipality of _____

Subscribed, sworn to and acknowledged before me by the above _____ this_____ Day of_____
20 _____.

SEAL

_____
Notary Public

ACORD

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

License#: 65153
NORTSEW-01

CONTACT NAME: Dawn Singleton
PHONE (A/C, No, Ext): 724-627-6121
FAX (A/C, No): 724-627-7005
E-MAIL ADDRESS: receptionist@bailyagency.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Insurance Company	55423
INSURER B :	Insurance Company	55433

[redacted]

ALL HIGHLIGHTED AREAS REQUIRED FOR APROVAL OF YOUR PERMIT.*

COVERAGES C

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	X COMMERCIAL GENERAL LIABILITY			680-J56892	7/1/2021	7/1/2022	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	[redacted]			[redacted]	[redacted]	[redacted]	[redacted]	

SAMPLE CERTIFICATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE Building Permit
[redacted]

CERTIFICATE HOLDER

[redacted]

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

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6

APPLICATION FOR ZONING OCCUPANCY PERMIT

NORTH SEWICKLEY TOWNSHIP
893 MERCER ROAD
BEAVER FALLS, PA 15010

Certificate No._____

Telephone No._____

OWNER:_____

ADDRESS:_____

LOT NO._____IN THE_____PLAN OF LOTS

TAX PARCEL NO._____

PROPOSED USE:_____

BUSINESS NAME:_____

APPROXIMATE DATE OF COMPLETION:_____

DO YOU NOW OR WILL YOU EVER GENERATE; STORE; TRANSPORT; OR DISPOSE OF ANY HAZARDOUS MATERIALS OR WASTE AS DEFINED BY THE U.S. ENVIRONMENTAL PROTECTION AT THIS LOCATION:

YES_____ NO_____

IF YES, PLEASE INDICATE MATERIAL(S) AND QUANTITY ON REVERSE.

I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL APPLICABLE PROVISIONS OF THE NORTH SEWICKLEY TOWNSHIP ORDINANCES HAVE BEEN COMPLIED WITH:

DATE FILED_____ _____

SIGNATURE OF OWNER/AGENT

DATE ISSUED_____ _____

ZONING AND CODES OFFICER

BUILDING PERMIT RELEASE FORM

North Sewickley Township Municipal Authority
893 Mercer Road
Beaver Falls, PA 15010

Property Owner: _____

Address: _____

_____

Parcel Number: _____

_____ _____
Property Owner Signature Date

BELOW IS TO BE COMPLETED BY THE NORTH SEWICKLEY TOWNSHIP MUNICPAL AUTHORITY

_____ The above-listed property is within the boundary of the North Sewickley Township public sewage area, the required tap-in fee has been paid, and the property owner may acquire a building permit from North Sewickley Township.

_____ The above-listed property is not within the boundary of the North Sewickley Township public sewage area; therefore, it is not required to pay the public sewage tap-in fee and may acquire a building permit from North Sewickley Township. If this property has an existing on-lot septic system that has been vacant or unused for 12 months, please contact Tony DiPippa, North Sewickley Township Sewage Enforcement Officer, at 724-601-8539, to verify that the system is in working order. Additionally, if new construction is proposed and the existing system is planned to be used, the system must be verified by the North Sewickley Township Sewage Enforcement Officer to be sure it meets the sewage treatment needs of the proposed construction.

_____ The above-listed property is within the boundaries of the public sewage area, and the owner is not intending to use water or public sewers; however, if illegal use of water and sewers is found, the owner will be subject to penalties relating to illegal tap-in and usage as described in the North Sewickley Township Municipal Authority Rules & Regulations – Section 1-15.

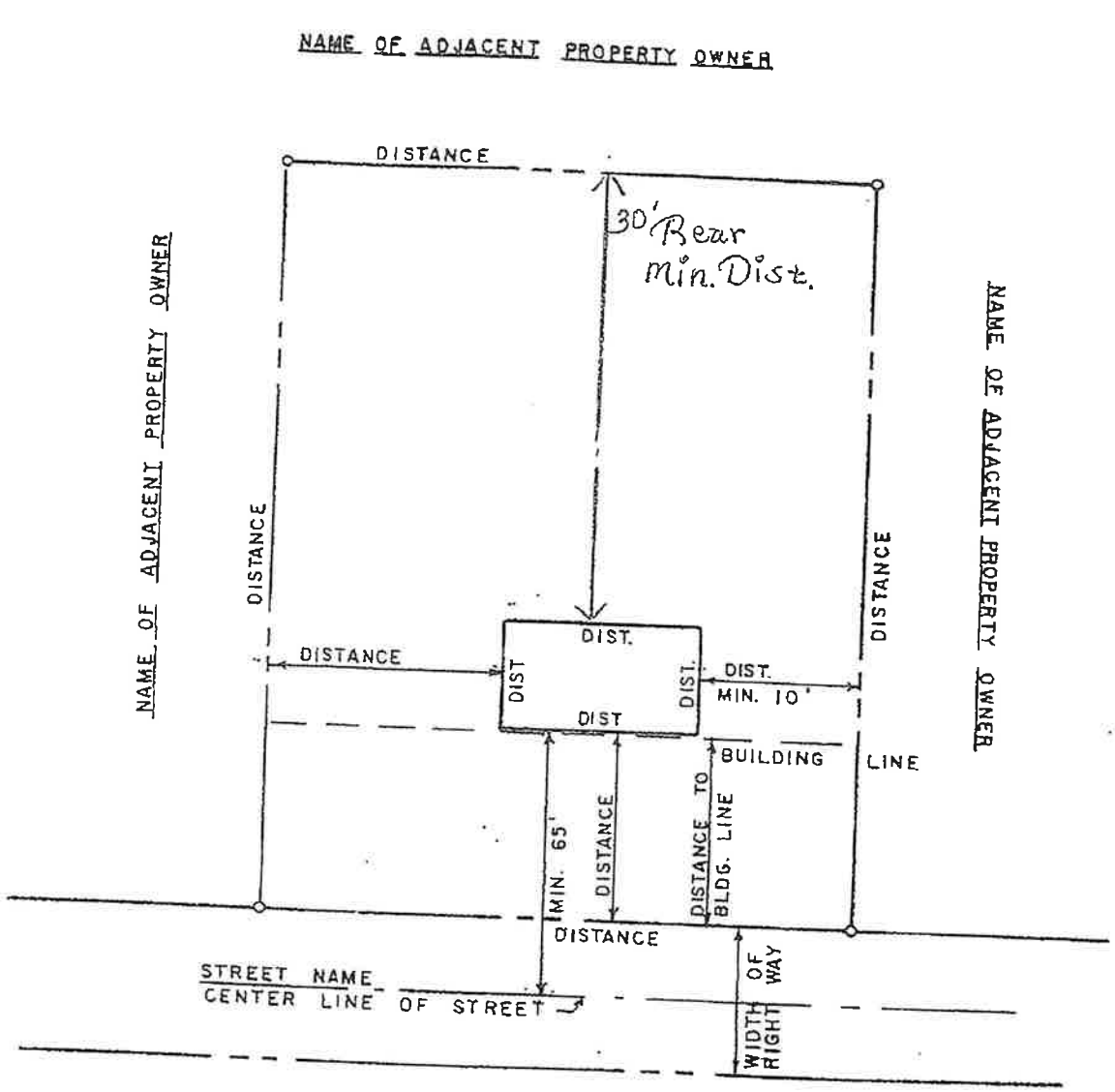
_____ The above-listed property has a lien filed for the tap fee, municipal lien number _____ is in place and the above-named person may obtain a building permit from North Sewickley Township.

_____ The above-listed property is vacant but within the boundaries of North Sewickley Township public sewage service area. Proper permitting and fees would be required upon new construction.

_____ _____
North Sewickley Township Municipal Authority Signature Date

Example

8



WATER SUPPLY
☐ WELL ☐ CITY

SEWAGE DISPOSAL
☐ SEPTIC ☐ PUBLIC

NAME OF APPLICANT... _____

DATE... _____

TYPICAL SKETCH for BUILDING PERMIT