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 _____

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

INSURED
ABC Contracting LLC
123 Happy Lane
Pittsburgh, PA 1522

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			SAMPLE CERTIFICATE			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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		UB58-725	7/1/2021	7/1/2022	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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