

North East Borough Zoning Certificate Application

Instructions

In order to avoid delays in processing your application, please complete all items as prescribed in the following instructions. Certain projects may require additional permits. This application is for zoning only. Building permits and inspections must be obtained from the North East Area Code Enforcement Agency located at the North East Township building. Floodplain and Stormwater Management Permits, if required, are processed on separate applications. Please allow up to ten business days for permit processing. Applications requiring Floodplain Development or Stormwater Management permits will require additional documentation and time for processing.

Application Instructions by line:

1. Applicants Name: Enter the name of the person, company, or agency preparing and processing the application.
2. Date: Enter the date on which the application is submitted to the North East Borough Office.
3. Applicants Address: This is the address of the person, company, or agency completing the application. Unless otherwise specified, this is the address to which the completed certificate will be mailed.
4. Applicants Phone: (Daytime) Provide a phone number for contacting the applicant between the hours of 8:00 AM and 4:30 PM Monday through Friday. (Alternate) Please provide an alternate number if available.
5. Address of Work Location: If the work location differs from the applicant's address, enter the work location address here.
6. Property Owner or Designated Representative Signature: The application must be signed by the property owner of record as stated on the Erie County Tax Assessment Office website. Property owners may authorize, in writing, a tenant or other agent to act on their behalf in obtaining the permit.
7. This property is zoned: Mark the appropriate zone. The zoning map is available on the borough website: www.northeastborough.com.
8. Application is made for the following: Mark the appropriate item. If other, please specify in the space provided.
9. Does the permitted use of the property remain the same? If the project will change the use of the property or structure, then mark "Yes" and explain in the space provided. If no change will result, mark "No" and proceed to Item number 10.
10. Description of work to be done: Enter a detailed description of the proposed project. Include all dimensions, locations, or special conditions for the project. Failure to include important information may delay the issuance of a certificate. Attach additional sheets if necessary.

11. Does the property lie in any floodplain as listed on the FEMA map? If known, mark the appropriate response. If any portion of the property lies in a floodplain, please mark yes regardless of the floodplain impact of the specific project. All zoning permits are reviewed to determine the need for an additional Floodplain Permit.
12. Will the work create more than 1000 sq. ft. of new impervious cover? Impervious cover is any ground covering that will prevent water from being absorbed into the ground. Impervious cover includes: asphalt, concrete, roofs, carports, etc.
13. Does the proposed work meet lot and yard requirements as set forth in sections 27-406, 27-503, and 27-505 of the North East Borough Zoning Ordinance? The minimum lot and yard requirements for most applications are listed in table 27-406. A copy of the aforementioned portions of the ordinance may be obtained at the borough office.

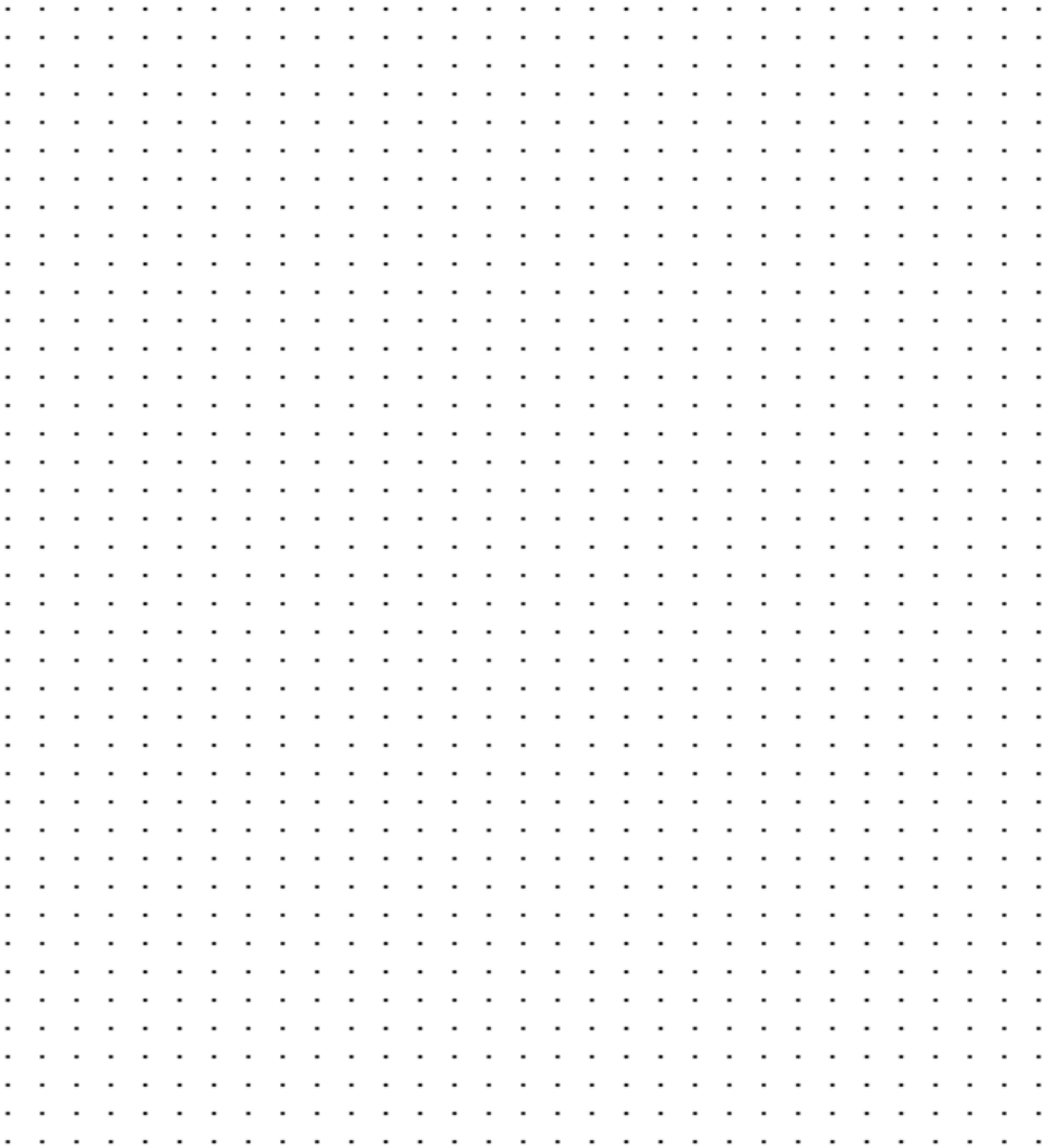
Plans: All applications must include a sketch or plans of the proposed work indicating all dimensions, setbacks, orientations and other information necessary for a complete review of the project. Please provide as much detail as possible. Failure to provide adequate information may delay the timely processing of your application.

Insurance Affidavits: All applicants must provide a completed Insurance Affidavit to verify compliance with the Pennsylvania Workers' Compensation Law. If using a contractor for any portion of the project, that contractor must provide proof of Workers' Compensation coverage to the Borough Office. If no contractor will be employed for any part of the proposed project, the property owner or designated representative must complete the Homeowner's Workers' Compensation Affidavit.

Please contact the North East Borough office at 814-725-8611 for assistance or with any questions.

Attach additional pages as necessary. Please allow up to ten business days for permit processing.
 The zoning ordinance, application, and application instructions are available at www.northeastborough.com

1. Applicants Name:		2. Date:	
3. Applicants Address:			
4. Applicants Phone:	Daytime	Alternate	
5. Address of Work Location: (If different than Applicant's Address)			
6. Property Owner or Designated Representative Signature:			
7. This property is zoned:	R-A	R-B	C-1 M-1
8. Application is made for the following:			
Residential _____		Commercial _____	
Industrial _____			
	New Construction		Garage
	Addition		Sign
	Deck		Driveway
	Shed _____ <120 Sq ft _____ >120 sq ft		Parking Lot
	Fence		Wheelchair Ramp
	Swimming Pool (Above Ground)		Swimming Pool (In Ground)
	Other:	Please Specify	
9. Does the permitted use of the property remain the same?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please explain:			
10. Description of work to be done:			
11. Does the property lie in any floodplain as listed on the FEMA map?			Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Will the work create more than 1000 sq. ft. of new impervious cover?			Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Does the proposed work meet lot and yard requirements set forth in sections 27-406, 27-503, and 27-505 of the North East Borough Zoning Ordinance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Office Use			
Is the proposed project, structure, or use non-conforming?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the proposed work or use require a variance or special exception?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Application is: _____ Approved _____ Denied _____ Referred			Date:
Reason for Denial or Referral:			
Parcel Number:		Zoning Administrator Signature:	



Instructions: Please draw a picture description of what you plan to do. Include accurate measurements and label your objects. Also include directions North, South, East and West. Alternately, if your contractor has already given you a plot plan, please include that with your application.

COMPLETE APPROPRIATE SECTION



HOMEOWNERS WORKERS' COMPENSATION AFFIDAVIT

I, _____, firmly attest that I will not employ/hire any other person for the work to be done at _____ STREET ADDRESS

If, after receiving a zoning permit, I decide to employ any other persons, I MUST notify the Borough Office and provide proof of workers' compensation coverage within three business days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302 (e) (4) of the Act of June 2, 1915 (P.L. 736), known as *The Pennsylvania Workmans' Compensation Act*, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

APPLICANT'S SIGNATURE

Please complete homeowner's insurance information:

Insurance Co. _____ Insurance Policy No. _____



CONTRACTOR'S WORKERS' COMPENSATION AFFIDAVIT

Insurance Information

Contractor Name: _____

State Contractor's License No.: _____

Contractor is a qualified self-insurer for workers' compensation – ATTACH CERTIFICATE

Name of Workers' Comp. Insurer: _____

Workers' Comp. Policy No.: _____	Policy Expiration Date: _____
----------------------------------	-------------------------------

☞ Or Fax Certificate of Insurance to 814-725-4996 ☛



CONTRACTOR'S EXEMPTION WORKERS' COMPENSATION AFFIDAVIT

Exemption (Complete if the contractor claims 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; State Contractor's License No. _____. 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 – Attach Exemption Certificate from Department of Labor.

Subscribed, and sworn to, before me this

_____ day of _____, 20__ (SEAL)

REPRESENTATIVE SIGNATURE

(Signature of Notary Public)

PHONE NUMBER