

INDEPENDENCE TOWNSHIP  
PERMIT APPLICATION PACKET

~ CONSTRUCTION ~



~ BUILDING ~

~ ZONING ~

~ DEMOLITION ~

Township of Independence

Municipal Office 724-378-3739 Hours 8-4, M-F



Independence Township  
*Beaver County, Pennsylvania*

# CONSTRUCTION PERMIT INSTRUCTIONS

## ALL CONSTRUCTION MUST BE IN COMPLIANCE WITH THE COMMONWEALTH OF PENNSYLVANIA UNIFORM CONSTRUCTION CODE. ACT NO. 45 OF 1999

1. Zoning Permit Application(s) are to be completed, signed and dated.
2. A site plan (survey) shall be submitted with the application. If no survey is available, this can be a hand drawn plan with all setback requirements noted on the plan.
3. The Municipality **MUST** sign off on the Zoning, Historical District and Flood Hazard form.
4. Provide proof of Workers Compensation Insurance or complete the addendum application stating that the work will be done solely by owner or by contractor without any employees.
5. Sign OSHA Safety Standards Signoff form.
6. Return Items 1 through 5 to the Municipality.

NOTE: This list is not all inclusive and the Municipality reserves the right to add, delete, and change this requirement list at any time. Additional information may be required by the Municipality in order to approve and issue a permit. You will be notified of all applicable fees and per section 401.2. Once the permit fees are paid you will be given the permit placards that are to be placed in the window at the construction site.

## INDEPENDENCE TOWNSHIP SET-BACK INFORMATION FOR SITE-PLAN USE

FRONT: 50' from edge of road right-of-way  
REAR: 50' from property line  
SIDES: 15' from property line  
DRIVEWAYS: 5' from property line

(Lots on record prior to 1992 have 10' SIDE AND REAR setbacks)

# ZONING PERMIT APPLICATION

DATE APPLICATION RECEIVED: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

## ZONING PERMIT

One Family Dwelling       Two Family Dwelling       Commercial Use \_\_\_\_\_

New Construction       Alteration       Repair       Demolition

DESCRIPTION OF CONSTRUCTION: \_\_\_\_\_

TOTAL SQ. FT. OF CONSTRUCTION: \_\_\_\_\_ EST. COST OF CONSTRUCTION: \_\_\_\_\_

**ANY "DETACHED" BUILDING UNDER 1,000 SQ. FT., AGRICULTURAL BUILDINGS, FENCING UNDER 6 FT., DECKS UNDER 10"**

BUILDER NAME: \_\_\_\_\_ (INSERT "SELF" IF YOU ARE THE BUILDER)

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISION OF THE MUNICIPALITY'S CODES SHALL BE COMPLIED WITH.

*I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGE THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.*

**X**

\_\_\_\_\_  
APPLICANT/AGENT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

### \*\*\*\*FOR DEPARTMENT USE ONLY\*\*\*\*

ZONING PERMIT APPLICATION       APPROVED       DENIED

ZONING PERMIT FEE      \$ \_\_\_\_\_

PLAN REVIEW FEE      \$ \_\_\_\_\_

MUNICIPAL FEE      \$ \_\_\_\_\_

TRAINING FEE      \$ \_\_\_\_\_

TOTAL PERMIT FEE      \$ \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT NO.: \_\_\_\_\_

REASON(S) FOR DENIAL: \_\_\_\_\_

# ZONING, HISTORIC DISTRICT AND FLOOD HAZARD SIGNOFF

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

- ZONING AND/OR HISTORICAL DISTRICT COMPLIANCE CERTIFICATES WILL BE ACCEPTED IN LIU OF THIS FORM.
- APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420).

## =====**FOR MUNICIPAL USE ONLY**=====

ZONING SIGNOFF                       APPROVED                       DOES NOT APPLY

ADDITIONAL COMMENTS: \_\_\_\_\_

HISTORICAL DISTRICT SIGNOFF  APPROVED                       DOES NOT APPLY

ADDITIONAL COMMENTS: \_\_\_\_\_

FLOOD HAZARD AREA                       YES                       NO  
IF YES COMPLIANCE WITH § 403.62A(D)(1)(2)(3) IS REQUIRED

ADDITIONAL COMMENTS: \_\_\_\_\_

BY: SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

# WORKER'S COMPENSATION ADDENDUM

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

## PART I

The Applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance OR Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

## PART 11

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- All of the Contractor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other:

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to un-sworn falsifications to authorities.*

Signature: **X** \_\_\_\_\_ Title: \_\_\_\_\_

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

# OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR,  
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
(OSHA) STANDARDS AND UNDERSTAND THAT I MUST  
COMPLY WITH THESE STANDARDS FOR THE DURATION OF  
MY CONSTRUCTION PROJECT.**

**X**

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

\_\_\_\_\_  
DATE