

STATEMENTS AND VERIFICATION BY APPLICANT

• I/We do hereby agree to observe and adhere to any and all provisions of Conewago Township's Ordinance's, 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 violations shall cause any Permit to become Null and Void, and revocable by Conewago Township via its Zoning Officer or other designated agent.

• I/We do hereby certify that as applicants, owners, contractors, agents or others that I/we completed and read the foregoing Application and Notice 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 our knowledge and belief. This statement and verification are made subject to the penalties of 18 PA CSA Section 4904 relating to un-sworn falsifications to authorities, which provides that if

I/we knowingly make false statements or averments, I/we may be subject to criminal penalties. I/We hereby authorize representatives of the township to make the required inspections upon the property to verify that the construction requested under this application complies with the Conewago Township Zoning Ordinance or other applicable codes.

If applicant is Contractor or Agent of Owner, he/she/they hereby certify that he/she/they have the authority to act on behalf of the owner.

Owner(s) Name

Date

Contractor or Agent Name

Date

Zoning Officer - Approval

Date

CONDITIONS OF ISSUANCE:

REQUEST FOR WAIVER OF DEPOSIT (ORDINANCE 2003-N)

Applicant or Agent _____ (print) requests waiver of the befouling fee deposit required under §56-5 of Ordinance 2003 for building permit # _____. It is understood that this waiver may be rescinded by the township at anytime.

Signature of Applicant/Agent _____

PERMIT OFFICER APPROVAL: _____ DATE: _____

FOR TOWNSHIP USE ONLY

ZONING/CODE REVIEW

Zoning District: _____

Map/Parcel: _____

Address: _____

No. Stories: _____

Floodplain: Yes No

Building Use Classification: _____

Project: _____

Zoning Hearing: _____

Land Development Plan: _____

Conditions of Issuance: _____

Zoning Approval: Yes No

ZONING OFFICER: _____ Date: _____

PERMIT APPLICATION FEES

Building/Zoning Permit: _____

Demolition Permit: _____

Curb and Sidewalk Permit: _____

Building Plan Review: _____

Road Occupancy Permit: _____

Grading Plan Review: _____

Sign Permit: _____

Sewer Lateral Inspection: _____

Sewer Tapping Fee: _____

Use and Occupancy Permit: _____

PA State Levy Fee: **\$4.00**

Initial Application Fee: _____

Total Application Fee Paid: _____

Check No.: _____ Rec'd by: _____

Date Rec'd: _____

INSPECTION FEES

- \$ _____ Building Plan Review
- \$ _____ Commercial/Industrial
- \$ _____ Electrical
- \$ _____ Energy
- \$ _____ Mechanical
- \$ _____ Plumbing
- \$ _____ (other) _____
- \$ _____ Total Inspection Fee

INSPECTION TYPES

- Footers
 - Foundation
 - Underslab/Slab
 - Sewer
 - Framing
 - Insulation
 - Final on all principals
- Rough-ins at Framing
- Mechanical
 - Electrical
 - Plumbing

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation law?

_____ yes, complete Sections B & D below as appropriate

_____ no, complete Sections C & D below as appropriate

B. Insurance information:

Name of Contractor: _____

Federal or State Employer Identification No.: _____

Applicant is a qualified self-insurer for workers' compensation. _____ yes _____ no _____ Certificate attached

Name of Workers' Compensation Insurer: _____ Certificate attached _____

C. Exemption (Complete Section C if the applicant is a contractor claiming 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. [Note: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit and/or zoning permit unless contractor provides proof of insurance to Conewago Township.]

_____ Religious exemption under the Workers' Compensation Law.

Affidavit of Exemption

The undersigned 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:

_____ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to building permit and/or zoning permit, contractor must provide proof of workers' compensation insurance to Conewago Township. Homeowner assumes liability for contractor compliance with this requirement.

_____ Contractor has no employees. [Note: Contractor prohibited by law from employing any individual to perform work pursuant to this building permit and/or zoning permit unless contractor provides proof of insurance to Conewago Township.]

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letters for all employees).

D. Signatures:

Signature

County of

Township of

Subscribed, sworn to and acknowledged before me by the above.

_____ this _____ day of _____, _____

(seal)

Notary Public