APPLICATION AND PERMIT FOR ZONING AND OCCUPANCY

Address:_____ Permit No.: _____

Tax Assessment No.: _____ Date of Application: _____

Plan of Lots: _____ Lot No.: _____ Road No.: _____

APPLICATION IS MADE TO: Erect: _____, Alter: _____, Use: _____, Extend: _____, Demolish: _____, Occupancy: _____

Proposed Use of and/Structure:_____ Zoning District: _____

TYPE OF USE: ____ Principal ____ Addition to Principal ____ Accessory
____ Other ____ Special Exception ____ Conditional Use

LOT SIZE: Length ___Ft., Width ___Ft., ___ Sq. Ft., (Bldg. Size _____ Sq. Ft., Total Height _____)

SETBACKS FROM ROAD R/W OR PROPERTY LINES: Front: _____, Rear: _____, Side: _____, Side: _____
(Attach Sketch of Property Showing Existing & Proposed Structures, Roads, Streams, Etc.)

SEWAGE: Public System: _____ Private System: _____ Permit No.: _____

WATER: Public System: _____ Well: _____

NEW DRIVEWAY: _____ Entrance Onto Twp./State No.: _____

Westmoreland Conservation District Approval for Erosion Control: _____

Disturbed Acreage for Project: _____ Impervious Area: _____

Estimated Construction Cost: _____ Fee: _____ Paid: _____

Contractor: _____, Address _____, Phone _____
(Attach Workers Compensation Insurance Certificate)

Property Owner: _____, Address: _____, Phone _____

I hereby affirm that the above information is true and correct and the Permit shall be complied with in accordance with all applicable Township Ordinances and any and all other applicable State and Federal requirements. I also agree to contact Township for final inspection prior to occupancy or use of structure or land. I also understand that persons aggrieved by the issuance of this permit have the right to appeal as per the Pennsylvania Municipalities Planning Code, Act of 1968, P.L. 805 No. 247 as reenacted and amended, Section 914, 1, A. The Township reserves the right to suspend or revoke this permit for unauthorized changes, incorrect/incomplete application information, or issuance in error. It is applicant's sole responsibility to contact the Rostraver Township (724.929.8877).

Signature of Property Owner: _____ Date: _____

REVIEW OF APPLICATION AND ISSUANCE OF ZONING PERMIT

Date: _____ ( ) The application is hereby approved and a permit is issued.

Date: _____ ( ) The application is hereby rejected for the following reasons.

Date: _____ Zoning Officer: _____

NOTICE: THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO DISCLOSURE.

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to zoning permit application)

A. APPLICANT IS

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.
_____ Yes _____ No

If the answer is "yes" complete Sections B & C below as appropriate.

B. INSURANCE INFORMATION

Name of Applicant: _____

Federal or State Employer Identification No.: _____

Applicant is a qualified self-insurer for workers' compensation

_____ Certificate attached

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No.: _____

_____ Certificate attached

Policy Expiration Date: _____

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 indicated:

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building/zoning permit unless contractor provides proof of insurance to the township.

_____ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me

this _____ day of _____

_____
Signature of Notary Public

Signature of Applicant: _____

Address: _____

_____

County of _____

Municipality of _____