

CONOY TOWNSHIP ZONING PERMIT APPLICATION

211 Falmouth Road, Bainbridge, Pa., 17502

Name and Address of Equitable Property Owner:

Phone Number:

Name and Address of Applicant (if different than owner):

Phone Number:

TAX PIN: _____

Location of subject property: _____

Existing Land Use: _____

Proposed Land Use: _____

Proposed Use or Structure (describe all additions or changes proposed at the property for this permit):

Size: Width ____ Length ____ Height ____ No. Stories ____ Sq. Footage ____

Total Lot Area ____ Total area of disturbance including sand mound, driveway, etc ____

Use of Structure: Residential ____ Commercial ____ Agricultural ____ Other ____

Type of Construction: Frame ____ Masonry ____ Steel ____ Pool ____ Other ____

Cost of Construction:

Date of completion/permit expiration:

Is a Uniform Construction Code Building Permit required?: Yes ____ No ____

Has the property been surveyed in the last 5 years? ____ Are the corners visible? ____

Contractor: _____

Address: _____

OWNER

DATE

ZONING OFFICER

DATE

Nothing contained in this Application shall be construed to relieve or limit the obligations of Applicant to comply with all provisions of the Zoning Ordinance or to waive violations of the Zoning Ordinance UCC regulations, Development Plans or any other Township ordinances or to stop the Township from enforcing Township ordinances, including but not limited to the Zoning Ordinance.

The owner/agent hereby authorizes the designated Conoy Township official to investigate, inspect, and examine the Property set forth herein, including land and structures, to determine compliance with the Conoy Township Zoning Ordinance and to determine the accuracy of the statements contained herein.

The owner/agent agrees that he/she will comply with the terms and conditions set forth in the Zoning Ordinance of Conoy Township. **A Use and Occupancy permit is required upon completion of work prior to use of the permitted structure.**

CUSTOMER

ZONING PERMIT NO.	_____
BUILDING PERMIT NO.	_____
SEWAGE PERMIT NO.	_____
DRIVEWAY PERMIT NO.	_____
COST OF PERMIT	_____
OFFICIAL USE ONLY	

Has all land development and stormwater been implemented?

YES NO N/A

Has all escrow for improvements been posted to Township?

YES NO N/A

Zoning District: _____

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A. The Applicant or Authorized Agent is

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

YES NO

If the answer is "yes" complete Section B, if "no" complete section C below.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for Worker's Compensation. Certificate Attached

Name of Worker's Compensation Insurer _____

Worker's Compensation Insurance Policy

No. _____ Certificate Attached

Policy Expiration Date: _____

C. Exemption

I, _____, do attest that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit, if I employ any other persons, I will notify this office and provide proof of workers' compensation coverage within three working 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.J. 736), known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993, Act 44.