

Sewickley Borough

601 Thorn Street
Sewickley, PA 15143
Phone: 724-741-4015

Office Use Only

Date: _____
Rcd By: _____
Fee Rcd: _____
Check #: _____

ZONING PERMIT APPLICATION

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

SITE LOCATION: _____

TAX PARCEL ID: _____

ZONING DISTRICT: R-1 R-1A R-2 C-1 C-2 OMU I Inst. OS
IS THE PARCEL SITUATED IN THE HISTORIC DISTRICT: Yes No

CURRENT USE OF PROPERTY:

____ Residential ____ Single Family ____ Duplex ____ Multi-Family
____ Commercial / Industrial - Please specify _____
____ Other: _____

PROPOSED USE OF PROPERTY: _____

(Attach 4 copies of proposed site plan)

SETBACKS PROVIDED: Front (____)ft Rear (____)ft Left (____)ft Right (____)ft
MAXIMUM HEIGHT OF STRUCTURE PROPOSED : (____)ft

PLEASE CHECK ONE:

____ PERMITTED USE ____ CONDITIONAL USE
____ SPECIAL EXCEPTION ____ OTHER (describe): _____

ARE ANY VARIANCES REQUIRED/REQUESTED: ____ NO ____ YES (please attach approvals)

PLAN APPROVALS (as applicable): Planning Commission Date: _____
Borough Council Date: _____

I hereby make application for a zoning permit only for the location and the work described herein and certify to the accuracy of that information. I further certify I am the property owner, or a duly authorized representative on behalf of the owner(s) of said property, and I have read and understand all of the conditions of this permit and will construct the project in compliance with those conditions and all applicable Borough Ordinances and requirements.

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

Complete Application Date Received: _____ Permit #: _____
Total Fee Paid: \$ _____ Plan Approved: _____
Approved/Denied (reason): _____
Zoning Officer Signature: _____

THE BOROUGH OF SEWICKLEY
ADDENDUM TO BUILDING AND ZONING PERMIT

For completion by municipal official:

Municipality: _____

Date Issued: _____

Permit #: _____

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

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

II. If a certificate of Insurance of Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy #: _____ Coverage Period Ends: _____

Name of Contractor/Policyholder: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contractor/Policyholder's Federal or State Employer Identification # (EIN): _____

1. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation, or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is a 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:

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Federal or State Employer Identification # (EIN): _____

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.

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. S4909 relating to unsworn falsifications to authorities.

Signature

Name (Please print)

Title

Name of Company

THE BOROUGH OF SEWICKLEY BUILDING AND ZONING PERMIT AGREEMENT

This form must be signed by the owner of record and the applicant

In consideration of the issuance by the Borough of Sewickley of a Building or Zoning Permit to the undersigned Applicant, the Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in inspecting work of the Applicant, employees of the Borough are only performing their duties to require compliance with the minimum requirements of the applicable ordinances of the Borough pursuant to the police power of the Borough, and are not warranting to the Applicant or to any third party, the quality or adequacy of the design, engineering or work of the Applicant. The Applicant further acknowledges that it will not be possible for the Borough to review every aspect of the Applicant's design and engineering, or to inspect every aspect of the Applicant's work. Accordingly, neither the Borough nor any of its elected or appointed officials or employees shall have any liability to the applicant for defects or shortcomings which should have been discovered during the Borough's review or inspections.

The Applicant agrees to defend, hold harmless, and indemnify the Borough, its elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action of any one or more third parties arising out of or relating to the Borough's review or inspection of the Applicant's design, engineering or work, or issuance of a permit or permits, or arising out of or relating to the design, engineering or work done by the Applicant pursuant to such permit or permits. All references in this agreement are applicable to the Applicant's employees, agents, independent contractors, subcontractors or any other persons or entities performing work pursuant to the issuance of the Building or Zoning Permit by the Borough.

Furthermore, the Applicant is hereby informed that any violation(s) of the Building Code and/or the Zoning Code for the Borough of Sewickley is subject to fines and penalties as stated in the applicable ordinance(s).

APPLICANT SIGNATURE

DATE

PROPERTY OWNER(S) SIGNATURE

DATE

PROPERTY OWNER(S) SIGNATURE

DATE

(Must be notarized if the property owner is not the applicant)

PERMIT #

DATE ISSUED

**THE BOROUGH OF SEWICKLEY
HISTORIC REVIEW COMMISSION APPLICATION
FOR EXTERIOR WORK IN A HISTORIC DISTRICT**



Date: _____
Address of Property: _____
Applicant name: _____ Phone: _____
Applicant address: _____
E-mail: _____
Property owner name: _____ Phone: _____
Property owner address: _____
E-mail: _____
Block/lot #: _____ Zoning district: _____

****A Certificate of Appropriateness must be recommended by the Historic Review Commission and approved by Borough Council prior to issuance of a Building Permit.**

REQUIREMENTS

Dependent upon the scope of the project, the building inspector will determine which of the requirements are necessary in each case to accompany the application in order for the commission to make an informed decision.

1. **Photographs:** 3" x 5" (or larger) photographs, in color if possible, showing the existing structure from all four (4) sides, its relationship with other structures on site or on adjacent property and its relationship on its block.
2. **Site Plan:** Scale 1 inch = 20.0 feet, identifying all property lines, metes and bounds, all structures, paved areas, acreage noted and adjacent properties with owners name noted.
3. **Floor Plan or Plans:** Showing detail for any affected area ¼ inch = 1.0 feet, detail and note affected area.
4. **Elevations:** Showing detail for any affected areas ¼ inch = 1.0 feet.
5. **Prospective and/or other renderings:** If necessary to enhance the presentation.
6. **General product specifications/cuts:** Noting products to be used, i.e., doors, windows, walls porches, light fixtures, etc.
7. **Samples:** Finish materials as may be necessary to enhance the presentations, i.e.; Bricks, siding, shingles.
8. **Historic Information:** Any available documentation of the history of the site and the structure and its architectural style would be useful to the commission in its deliberations.
9. **Sections:**

**THE BOROUGH OF SEWICKLEY
HISTORIC REVIEW COMMISSION APPLICATION FOR
EXTERIOR WORK IN A HISTORIC DISTRICT**

SUBMITTED MATERIALS	PROVIDED	ACCEPTED	DATE
A. PHOTOGRAPHS			
B. SITE PLAN			
C. FLOOR PLAN OR PLANS			
D. ELEVATIONS			
E. PERSPECTIVE/RENDERINGS			
F. GENERAL PRODUCT SPECS.			
G. SAMPLES			
H. HISTORIC INFORMATION			
I. SECTIONS			

Signatures:

Owner (mandatory): _____

Applicant: _____

Owners Representative: _____

Date of Historic Review Committee Meeting: _____

Recommendation: _____

 Secretary

Sewickley Borough Council at its regular meeting on _____, approved/denied this application. (DATE)

 PRESIDENT of COUNCIL