

Permit No. _____

Indian Lake Borough

1301 Causeway Drive

Central City, PA 15926

APPLICATION FOR ZONING LAND USE / ENCROACHMENT PERMIT

1. **Instructions:** All applicants seeking approval for construction, alterations, repairs, land disturbance, shoreline improvements, grading or other regulated activities within Indian Lake Borough shall complete this application in its entirety. Depending upon the nature of the proposed project, additional permits, plans, and approvals may be required from other governmental agencies. The application must be **Fully and completely filled out with no blank spaces**. The application must be acknowledged by all landowners.

Should the applicant answer “no” to any section or believe the section is not applicable to the proposed activity, the applicant must explain the reason for such answer. **Do not leave any section blank without an explanation.** Failure to complete every section may result in a denial of the permit application.

Prior to filling out this application, each applicant should review the Borough Ordinances relating to the proposed project for purposes of verifying compliance with such ordinances. The Indian Lake Borough Ordinances are located on the Borough Website at www.indianlakepa.gov under the Ordinance and Resolutions tab. Applicant must also conform with all restrictions and covenants set forth in any deed plan agreement or similar document as it pertains to that property.

Each applicant must submit as part of the application, **a recorded plot plan or current certified survey showing the location of the project on the lot**. The Zoning Officer may require the submission of a certified copy of the current deed or a current certified copy of a survey if it is deemed necessary for the review of this application. Also, attach all plans, drawings, designs, permit certificates, estimates, proposals or other applicable information to this application.

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APPLICATION FOR ZONING LAND USE / ENCROACHMENT PERMIT

Applicant Name: _____ Date: _____

Mailing address: _____ Phone: _____

Application is hereby made for a Zoning Land Use / Encroachment Permit pursuant to Borough Ordinance for property located on:

Lot/ Address no. _____ Street Name: _____.

This land is owned by:

Property Owner Name: _____

Mailing Address: _____

Telephone Number: _____

Zoning: The property on which building is to be built is zoned as:

R-1 _____ R-2 _____ C-G _____ C-M _____ C-R _____ A _____ Other _____

If "other", please explain: _____

Describe the proposed work: _____

Use: Use or uses for which structure is being erected or altered: _____

_____.

Dimensions: Height _____ Length _____ Width _____

Number of stories _____ Building Area (Sq. Ft.) _____

Basement _____ First Floor _____ Second Floor _____

Setbacks: Front _____ Back _____ Left Side _____ Right Side _____

Attach two (2) drawings of the proposed building and a map of its location on the lot.

Drawings “Must Include” dimensions of building and setback footages.

Will the project have an Earth Disturbance area greater than 5,000 square feet?

(Please Circle): Yes / No

If Yes, An Erosion and Sedimentation Control Plan is required. The Applicant is solely responsible for acquiring one from an Engineering firm that complies with the Soil Conservation District regulations.

Somerset Soil Conservation District

Phone Number: 1-814-289-4250

6024 Glades Pike Suite 103

E-mail: Keith-scd@wpia.net

Somerset, PA 15501

I understand this requirement. _____ Initials.

Is the project in contact with or over top the waters of Indian Lake? (Please Circle) Yes / No

If yes, under the Department of Environmental Protection (DEP) Chapter 105, An Encroachment Permit/ Permits are required from DEP. The Applicant is solely responsible for acquiring such permits from DEP.

Department of Environmental Protection Southwest Regional Office:

Phone No. 1-412-442-4000

Water Quality Specialist/ Waterways & Wetlands program:

Phone No. 1-412-442-4054

E-mail: Cgeddes@pa.gov

I understand this requirement. _____ Initials.

Has DEP issued a sewage permit for the Property? (Please Circle) Yes / No

If yes, date when issued _____. Please attach a copy.

If no, is a sewage permit required? (Please Circle) Yes / No

Why Not? _____

Is any tree removal required? (Please Circle) Yes / No

If yes, have you applied for a tree cutting permit? (Please Circle) Yes / No

PA Contractor State Registration Number: _____

Starting date of Construction: _____

Construction Value of entire project: _____

This Zoning Land Use/ Encroachment Permit shall expire within ninety (90) days from the date of issuance if the work described has not begun. If work begins within ninety (90) days, the permit shall expire within one (1) year from date of issuance if work progressively continues during the time frame.

Certificate of Use and Occupancy: Upon completion of any building project, the owner is required to obtain a use and occupancy permit from Indian Lake Borough Office and/or the Building Codes Agency obtained for Building Code inspections. At this time, the Zoning Officer for Indian Lake Borough will inspect the structure for land use to ensure that all the project is in compliance with the work listed in the Zoning Land Use / Encroachment Permit. Where Applicable, The Building Code Agency acquired will inspect the project to ensure that all the buildings are in compliance with the Uniform Construction Codes.

I understand these requirements: _____ Initials.

Worker's Compensation: Effective 8-31-1993, and pursuant to Act 44 of the Pennsylvania Worker's Compensation Act, all applicants are required to submit proof of workers compensation insurance or provide a notarized affidavit stating that they qualify for exemption under the law. Please fill out the attached Worker's Compensation Insurance Coverage information form and return it along with this application.

To all applicants and contractors: Please be aware of the environmental sensitivity of the lake, streams, and woods of Indian Lake Borough. Do not dump, bury, burn or leave anything in the woods or water which will adversely affect the environment.

I verify that the statements herein are made subject to penalties of PA Code Section 18, subsection 4904, relating to unsworn falsifications to authorities.

Applicant Signature

Date

FOR OFFICE USE ONLY

Zoning Land Use / Encroachment Permit Application Fee: _____

Payment: Cash: _____ Pay On-Line: _____

Check Amount: _____ Check Number: _____

Zoning Land Use & Encroachment Permit Granted: Yes / No

Reasons for approval or denial:

_____.

This is to certify that the proposed project set forth complies with the provisions of the current zoning ordinances and all amendments.

Date of Approval: _____.

Zoning Committee Member

Date of Approval: _____.

Zoning Officer

Follow up Inspections:

Date: _____ Zoning Officer: _____

Date: _____ Zoning Officer: _____

Date: _____ Zoning Officer: _____

Date: _____ Zoning Officer: _____

Date: _____ Zoning Officer: _____

Date: _____ Zoning Officer: _____

Date: _____ Zoning Officer: _____

Date: _____ Zoning Officer: _____

Date: _____ Zoning Officer: _____

Final Inspection/ Completion:

Date: _____ Zoning Officer: _____

ACKNOWLEDGEMENT:

The applicants certify that all statements and information contained in this application are true and correct. It is understood that any misstatements, omissions, and any erroneous, untrue, or inaccurate submissions can result in the revocation of this permit at any time. Applicants have obtained the required permits, certificates, variances, and other requirements from the applicable Borough, County, State and Federal agencies with respect to the activities being conducted on the property.

Furthermore, the issuance of a permit based upon erroneous, untrue or inaccurate statements or information submitted by the applicant will stop the application from raising any defenses based upon reliance.

I (we) hereby certify under penalty of law that the application being submitted is true and correct.

Sworn and subscribed on this _____ day of _____, 20__.

Applicant Signature

Worker's Compensation Insurance Coverage Information

(attach to Zoning Land Use / Encroachment Permit application)

A. The applicant is:

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

_____ Yes, _____ No

If answer is "yes" please complete Section B. If "No" please complete Section C.

B. Insurance Information

Name of Applicant: _____

Federal or State Employer Identification Number: _____

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

_____ Certificate attached

Name of Worker's Compensation Insurer: _____

Worker's Compensation Policy Number: _____ certificate attached.

Policy Expiration Date: _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing Worker's Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of the Pennsylvania Worker's Compensation Law for one of the following reasons, as indicated:

_____ Contractor with no employees. **Contractor prohibited by law from employing any individual to perform work pursuant to this Zoning Land Use & Encroachment Permit unless contractor provides proof of insurance to the Borough.**

_____ Religious exemption under the Worker's Compensation Law.

Subscribed and sworn to before me this

_____ day of _____, 20____ Signature of applicant _____

Address _____

(signature of notary public)

County of _____

My Commission Expires: _____ Municipality of _____