

# LAND USE PERMIT CHECKLIST

**NOTE TO APPLICANT:** Applicable items on this checklist shall be completed prior to your submission of an application for a building permit. Failure to complete any applicable item on this checklist shall be sufficient grounds for denial of the building permit application. Please contact your local municipal office or the local Commonwealth Code Inspection Service, Inc. office if you have any questions about the process for obtaining a building permit.

Municipality \_\_\_\_\_ County \_\_\_\_\_

Land Use Permit # \_\_\_\_\_ Tax Map Location \_\_\_\_\_

Work Site Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Construction \_\_\_\_\_

Estimated start date \_\_\_\_\_ Estimated date of completion \_\_\_\_\_

Estimated value of construction \_\_\_\_\_ New \_\_\_\_\_ Addition/repairs \_\_\_\_\_

Number of Additional Bedrooms \_\_\_\_\_

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Checklist of preliminary requirements for obtaining a building permit, approvals to be obtained prior to applying for a building permit. All items must be addressed. Mark N/A for those that are not applicable. Attach extra sheets if necessary to identify special requirements or conditions.

- |   |                        |
|---|------------------------|
| ___ Sewage facilities planning module, DEP Planning Code # _____,                               | Date of approval _____ |
| ___ Sub-division & Land Development, Municipal resolution # _____,                              | Date of approval _____ |
| ___ Sewage permit from Sewage Enforcement Officer, Permit # _____,                              | Date of approval _____ |
| ___ Storm water management module. Approved by: _____,  | Date of approval _____ |
| ___ Conservation District notification per Chapter 102.   | Date of approval _____ |
| ___ NPDES Permit # _____ for earth disturbances 1 acre or more,                                 | Date of approval _____ |
| ___ Driveway Permit, Penn DOT # _____ or Local # _____  | Date of approval _____ |
| ___ Public water tap, Permit # _____  | Date of approval _____ |
| ___ Public sewer tap, Permit # _____  | Date of approval _____ |
| ___ Historical Architectural Review Board, ___ Check here for Special conditions.               | Date of approval _____ |
| ___ Zoning, Permit # _____, ___ Check here for Special conditions.                              | Date of approval _____ |
| ___ Other; sluice pipe, road alteration, etc. ___ Check here for Special conditions.            | Date of approval _____ |
| ___ Floodplain mapping ___ Project may contain flood plain.                                     | Date of review _____   |
| ___ Aviation – Flight Path or Airport Impact Possible ___ Check here for FAA or Pa DOT approval | Date approved _____    |
| ___ Municipal setback clearances, ___ Check here for Special conditions.                        | Date of approval _____ |

\_\_\_ Extra Pages attached to describe special conditions or circumstance. There are \_\_\_ extra pages.

\_\_\_\_\_  
Municipal Official's Signature & Title \_\_\_\_\_ Date \_\_\_\_\_ {SEAL}

After completion of this checklist you may apply for a building permit by taking this form to Commonwealth Code Inspection Service, Inc., Chambersburg (717)262-0081, Bedford (814)624-0224, McConnellsburg (717)485-3295, Mifflintown (717) 436-5656. {Rev. 6.5 1/31/13}

**BOROUGH OF BEDFORD**

244 WEST PENN STREET  
 BEDFORD, PA 15522  
 TELEPHONE (814) 623-8192  
 FAX: (814) 623-3315

EMAIL: bedfordborough@bedboro.com

PLEASE TYPE OR  
 PRINT, USING  
 BLACK INK

COPY TO COUNTY [ ]

**APPLICATION FOR ZONING PERMIT**

PERMIT NO: \_\_\_\_\_

DATE: \_\_\_\_\_

**I. IDENTIFICATION**

	NAME(S)	MAILING ADDRESS	TELEPHONE
A. APPLICANT			
B. OWNER(S) OF LAND/FACILITY			
C. CONTRACTOR			

**REQUIREMENT OF THE COMMONWEALTH OF PENNSYLVANIA (77 P.S. § 462.2):**

Contractor's Workers Compensation Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Contractor's Federal [ ] or State [ ] Employer Identification Number: \_\_\_\_\_

Attach copy of Certificate naming the Borough of Bedford as a Worker's Compensation Policy Certificate Holder.

**OR**

Complete and attach an "Affidavit of Exemption" certifying that Workers Compensation Insurance is not required.

[ ] I certify that I am the owner of the land/facility, that all information included in this application is correct, and that I agree to conform to all applicable laws of this jurisdiction.

**OR**

[ ] I certify that the proposed work is authorized by the owner of the land/facility, that I have been authorized by the owner to make this application as his/her agent, that all information included in this application is correct, and that I agree to conform to all applicable laws of this jurisdiction.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

**II. SITE LOCATION AND IDENTIFICATION**

LOCATED AT \_\_\_\_\_  
 (NO.) (STREET)

BETWEEN \_\_\_\_\_ AND \_\_\_\_\_  
 (CROSS STREET) (CROSS STREET)

SUBDIVISION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT NO. \_\_\_\_\_ LOT SIZE \_\_\_\_\_  
 SQ. FT.

ZONING DISTRICT \_\_\_\_\_

HISTORIC DISTRICT [ ] YES [ ] NO

FLOODPLAIN INFORMATION [CHECK ONE (1) OF THE FOLLOWING]:

[ ] The site of this project is outside of the identified floodplain and is not prone to flooding (Applicant to ignore Section V).

[ ] The site of this project is within the identified floodplain and/or is prone to flooding (Applicant to complete Section V). Please identify the 100-year floodplain elevation as it relates to the subject site \_\_\_\_\_ ft.

Also, please identify the lowest floor elevation, including any basement, as it relates to the subject property, \_\_\_\_\_ ft.

\*\*\*\*\*  
III. TYPE AND SELECTED CHARACTERISTICS OF IMPROVEMENTS

A. OWNERSHIP

- [ ] Private (Individual, corporation nonprofit institution, etc.)
- [ ] Public (Federal, State or Local Government or School District)

B. PURPOSE/USE

- [ ] Single-family Residential
- [ ] Multi-family Residential - - # of buildings \_\_\_\_\_ # of units \_\_\_\_\_
- [ ] Institutional – School – Library – Government Offices
- [ ] Professional Office
- [ ] Commercial
- [ ] Industrial
- [ ] Warehouse/Storage
- [ ] Accessory Building
- [ ] Swimming Pool
- [ ] Fence / Wall

C. TYPE OF IMPROVEMENT

- [ ] New Building/Structure
- [ ] Addition
- [ ] Alteration
- [ ] Repair/Replacement
- [ ] Relocation

D. Does this Application involve the creation of new lots, a change in property lines, the construction of two (2) or more residential units on a single lot, the construction of a non-residential building?

[ ] YES [ ] NO (If YES, please complete Section VI.)

\*\*\*\*\*  
IV. PROJECT DESCRIPTION

A. Setbacks from property lines – observer facing the front of the proposed or existing structure:

Front Yard \_\_\_\_\_ feet

Right Side Yard \_\_\_\_\_ feet (or other front yard if corner lot)

Left Side Yard \_\_\_\_\_ feet (or other front yard if corner lot)

Rear Yard \_\_\_\_\_ feet

B. Exterior dimensions of new construction \_\_\_\_\_ feet by \_\_\_\_\_ feet

C. Total square feet of floor area, all floors, based on exterior dimensions \_\_\_\_\_ sq. ft.

D. Height of new construction \_\_\_\_\_ feet

E. Number of floors \_\_\_\_\_

F. Will public water and sewer service be connected to the proposed structure/facility? [ ] YES [ ] NO  
If YES to above, will new taps to the Borough's water/sewer mains be required? [ ] YES [ ] NO

Number of bathroom(s) - - Full \_\_\_\_\_ - - Partial \_\_\_\_\_

G. Description of proposed project \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. If residential - number of bedrooms - - \_\_\_\_\_

I. Exterior wall(s) to be constructed/covered with:

[ ] STONE [ ] BRICK [ ] WOOD [ ] VINYL [ ] METAL

J. New access to State Highway required? [ ] YES [ ] NO

K. New access to Borough Street required? [ ] YES [ ] NO

\*\*\*\*\*  
V. MINIMIZATION OF FLOOD DAMAGE

If the site is within the floodplain or an area prone to flooding, please delineate the following information on attached sheets or on the Site Plan:

- Portion of site subject to flooding.
- Existing or proposed stream improvements; stormwater management facilities; utilities; and flood protection facilities.
- Plans and specifications for all floodplain and stormwater facilities.
- Elevations for all improvements.
- "Sealed" Certification by an engineer or architect that the effect of the proposed activity and other anticipated development will not increase the elevation of the 100-year flood by more than one(1') foot.
- Attach any required Federal and State permits and/or approvals.

I hereby certify that the proposed activity has been adequately designed to protect against flood damage and that the plans for the development of the site are in compliance with all local, commonwealth and federal rules and regulations concerning construction within an identified flood-prone area.

Name of registered engineer or architect \_\_\_\_\_

Signature of registered engineer or architect \_\_\_\_\_

SEAL

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*  
VI. SUBDIVISION/LAND DEVELOPMENT INFORMATION

Please identify any of the following direct or indirect effects as they pertain to the activity proposed in this application. Please check all that apply:

- This project involves a change in existing property lines without creating a new lot.
- This project involves the creation of two (2) lots from an existing lot of record.
- This project involves the creation of three (3) or more lots from an existing lot of record.
- This project involves the construction of a single non-residential building (please describe) on an existing lot of record.
- This project involves the construction of two (2) or more residential or non-residential buildings (please describe) on a single lot of record.

If any of the above have been checked, the Applicant must comply with the Borough of Bedford's Subdivision and Land Development Ordinance.

\*\*\*\*\*  
VII. SITE OR PLOT PLAN (See graph on next page)

A scaled (at appropriate scale of 1" = 40' or less) site plan is required for all applications. The enclosed grid sheet may be used if appropriate. At a minimum, the Site Plan shall include the following:

- North Arrow
- All property and lot lines with distances.
- Size(s) of the lot(s) of expressed in square feet.
- Contour lines (existing and finished) if construction of a new building is proposed or the existing land contours are to be altered).
- Location of all existing and proposed buildings, structures, and utilities (Including location of proposed water and sewer connections). The work proposed by this application shall be specifically designated.
- Setback distances to existing and proposed buildings/structures.
- Location of all existing and proposed streets, driveways, access ways, and rights-of-way/utility easements.
- Location of all surface waters and floodplains.

\*\*\*\*\*  
VIII. ADMINISTRATIVE

- A. Builder must provide a written warranty to the homeowner that the home is in compliance with Act 222 of 1980 which sets minimal energy conservation standards.
- B. If the proposed use is for a public building, has approval from the Commonwealth Code Inspection Service, Inc. been received?  
 YES     NO    If YES, what is the File # \_\_\_\_\_
- C. Projected starting date of construction \_\_\_\_\_
- D. Projected completion date of construction \_\_\_\_\_
- E. Builder must advise the Borough Office when the construction work for which this Permit was obtained has been completed.
- F. Estimated cost of construction rounded to nearest whole dollar \$ \_\_\_\_\_

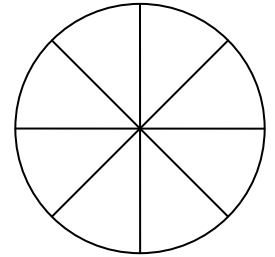
VII. SITE OR PLOT PLAN – For Applicant’s use.

SCALE: 1” = \_\_\_\_\_’

SHOW DIRECTION  
OF NORTH

USING BLACK INK, the following shall be neatly drawn/shown on this Plan:

- Street(s) with Names
- Property Lines with Dimensions
- Location of all Buildings
- Depth of Front Yard
- Width of Side Yard(s)
- Depth of Rear Yard



A large grid of blue dotted lines for drawing the site or plot plan.



The undersigned hereby certifies to the Borough of Bedford that Worker's Compensation Insurance is not required for the work to be performed pursuant to this Zoning Permit for the following reason:

A. All work will be done by the owner(s) of the land/facility acting as the contractor and no other individuals will be employed.

Owner's Federal  or State  Employer Identification Number or Social Security  Number: \_\_\_\_\_

B. All work will be done by the contractor who does not employ other individuals and who is not required to carry Worker's Compensation Insurance. No other individuals will be employed to perform work pursuant to this Zoning Permit

Contractor's Federal  or State  Employer Identification Number or Social Security  Number: \_\_\_\_\_

C. All work will be done by a contractor whose employees have been exempted from the requirement of Worker's Compensation by the Department of Labor & Industry for religious reasons pursuant to 77 P.S. § 484. (Attach copy of Labor & Industry Waiver)

Contractor's Federal  or State  Employer Identification Number or Social Security  Number: \_\_\_\_\_

The undersigned acknowledges that in the event there is a change in any of the circumstances certified above, the undersigned shall immediately stop all work until the Borough of Bedford is provided with a Certificate of Worker's Compensation Insurance or a revised Affidavit of Exemption and an authorization to resume work is issued by the Borough.

The undersigned says, subject to the penalties of 18 Pa C.S. §4904 relating to unsworn falsification to authorities, that the facts set forth in this Affidavit of Exemption and the Application for a Zoning Permit are true and correct to the best of the undersigned's knowledge, information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Owner/Contractor)