

▶ **BEDFORD BOROUGH** ◀

244 W. Penn Street, Bedford, PA 15522 Phone: 814 623-8192

Email: bedfordborough@bedboro.com

Website: www.bedboro.com

Date Received: _____

Permit No.: _____

ZONING / HARB PERMIT APPLICATION

TO BE FILLED IN BY APPLICANT:

Application is hereby made for a permit in compliance with the Municipal Zoning Ordinance. The application shall be considered complete when all adequate required documentation is submitted, zoning permit fee has been paid and the application is signed by the applicant.

A **Site Sketch Plan/Plot Plan shall be submitted with this application** showing the location of the proposed building or use (scale not needed). Show dimensions of all property boundaries comprising the lot/parcel shape, locations of existing right-of- ways, stream(s), flood plain(s), public roadway(s), private road(s), driveway(s), well(s), septic(s), existing structures, and present usage or occupancy. No changes will be made to this application and/or Plot Plan without submitting written notification and plans for such changes.

1. Property Owner(s): _____ Phone: _____

2. Owner(s) Address: _____

3. Applicant: _____ Phone: _____

Cell Phone: _____ Email: _____

4. Applicant Address: _____

5. Location of Property: _____

6. Area of Lot/Parcel (sq.ft or acres): _____ Parcel/Tax I.D.#: _____

7. Parking Spaces (off street): Present: _____ Proposed: _____ Height of Proposed Building: _____

8. Present Use: _____ Proposed Use: _____

9. Describe Project (Check all that apply):
- | | | | | |
|--|---|---|-------------------------------------|--|
| <input type="checkbox"/> Erect a New Structure(s) | <input type="checkbox"/> Residential | <input type="checkbox"/> Pool | <input type="checkbox"/> Commercial | <input type="checkbox"/> Change of Occupancy |
| <input type="checkbox"/> Replace a Structure(s) | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Change of Land Use | <input type="checkbox"/> Demolition | <input type="checkbox"/> Fence / Wall |
| <input type="checkbox"/> Add to a Structure(s) | <input type="checkbox"/> Erect / Replace a Sign (See Sign Permit Zoning Application & attach with this application) | | | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

10. Cost of Proposed Project: _____

11. Describe Proposed Project/Use in more detail: _____

12. Property located within the Historic District. No Yes / Application will be reviewed by HARB (Historic Architectural Review Board).

I verify that the foregoing statements are true to the best of my information and belief. I understand that false statements herein are subject to the penalties of 18 PA C.S.A. relating to unsworn falsifications to authorities. I also understand that it is the applicant's responsibility to obtain a Building Permit prior to starting construction as per Act 45. I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and 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 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.

Applicant Name – please print

Signature of Applicant

Date

For official Use Only

TO BE FILLED IN BY ZONING OFFICER/ADMINISTRATOR:

The following shall be the minimum requirements for the proposed project(s) as set forth in the Municipal Zoning Ordinance.

- 1. Plot Plan Submitted? YES NO NOT REQUIRED
- 2. Zoning District of Property: _____
 Required Building Setback: Front: _____ Rear: _____ Side: _____
 Proposed Structure Setback: Front: _____ Rear: _____ Side: _____
 Second Structure Setback: Front: _____ Rear: _____ Side: _____

Does proposed project conform with Building Setback requirements? Yes No Not Applicable

Remarks: _____

- 3. Minimum Loading Space: _____ Loading Space Provided: _____
- 4. Maximum Sign Area: _____ Proposed Sign Area: _____
- 5. Maximum Lot Coverage: _____ Proposed Lot Coverage: _____

6. Remarks: _____

7. Fee: \$ _____ Date Paid: _____ (Check #: _____ Cash)

CERTIFICATION

- 1. The proposal DOES DOES NOT comply with the Municipal Zoning Ordinance
- 2. The proposal DOES DOES NOT require any new water and sewer connection, tapping fees or connection fees and complies with the Municipal Authority's Rules & Regulations
- 3. The proposal DOES DOES NOT comply with the Historic Architectural Review Board
- 4. A Uniform Construction Code Building Permit is required: YES NO
 Remark: _____
- 5. A Variance is required: YES NO
- 6. A Special Exception / Conditional Hearing is required: YES NO
- 7. A Permit for the above described project / use was: GRANTED DENIED EXEMPT
 on this _____ day of _____, 20 _____
- 8. This Permit expires on the _____ day of _____, 20 _____
- 9. If applicable, the following special exceptions conditions were placed by the Zoning Hearing Board:

Signature of Zoning Officer: _____ Date: _____

<p>✓ Checklist for the Plot Plan to be provided with the Zoning/Land Use Application</p>
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Prior to issuance of a Zoning/Land Use Permit a Plot Plan showing the following details is required. (*It is important that all information is legible*):

Contact Information

- Property Owner's Name(s)
- Address
- Phone Number(s)
- Email Address (*for contact purposes only*)

Address and details of Property getting the proposed improvement

- Street Address if different from above
- Drawing of approx. property layout
 - can use hand drawing, photocopy of survey or property layout from the courthouse
- Acreage
 - refer to deed or survey drawing
- Approx. boundary dimensions
 - can be gotten from the deed, field measurement, or a survey drawing.
- Parcel Number
 - obtained from the deed or your typical property tax notice

Existing Buildings / Structures with Corresponding Dimensions

- Houses
- Sheds
- Barns
- Swimming Pools
- Deck / Patios
- Other buildings or structures on the property
- Location of on lot well and septic IF applicable

Existing Driveway and Sidewalk Areas with Corresponding Dimensions

- Please include all areas of concrete, pavement, gravel, etc

Proposed Improvement(s)

- Proposed Structure Dimensions (House, Shed, Barn, Addition, Deck, etc.)
- Proposed Driveway or Sidewalk Areas and Dimensions

SAMPLE PLOT PLAN

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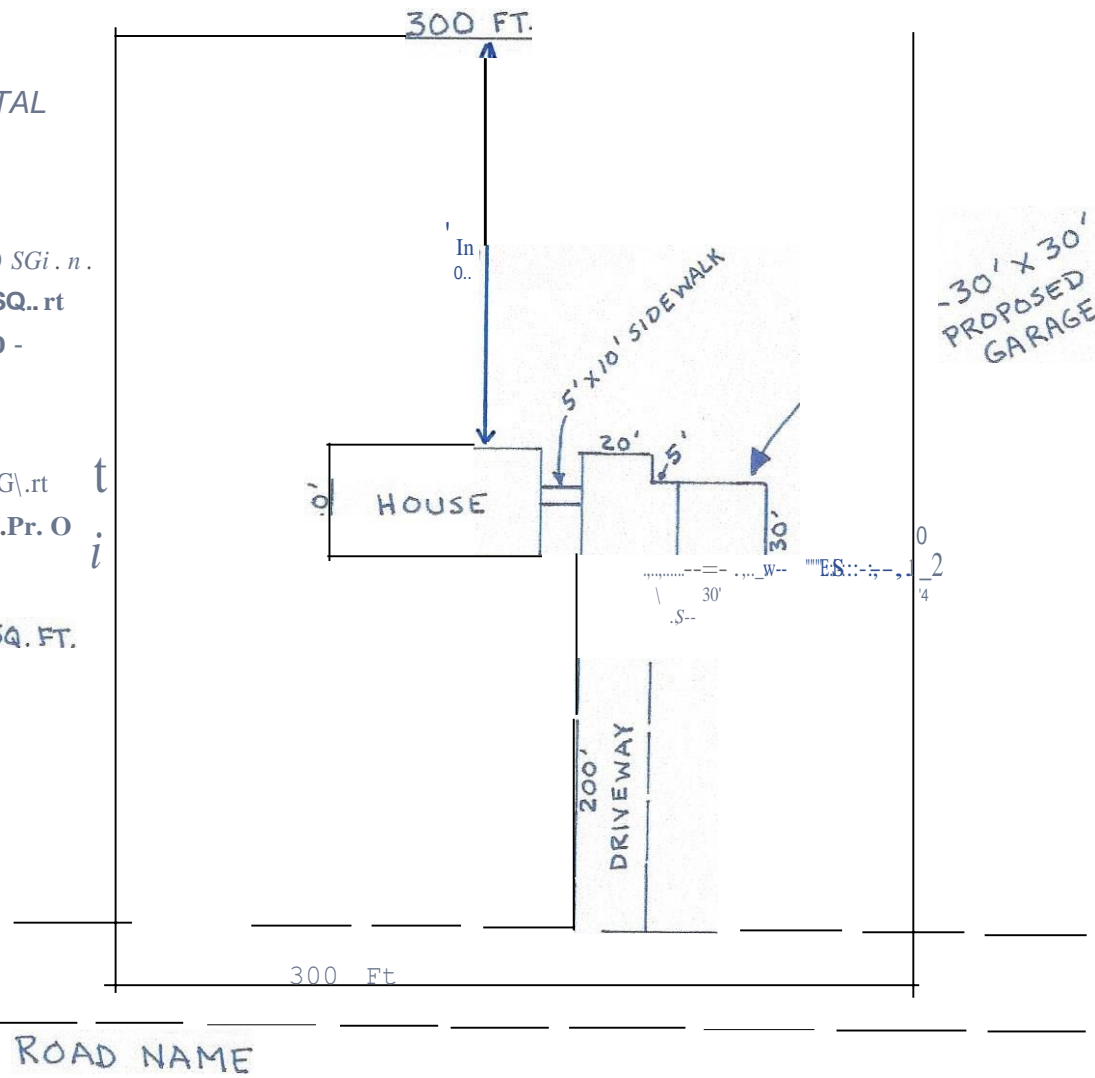
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(s'x30'P.-V1>eo)

TOTAL = 7500 SQ. FT.



SHEET TO BE USED FOR THE PLOT PLAN

► Workers' Compensation Insurance Coverage Information ◀

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 #: _____

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: _____