

APPLICATION FOR RESIDENTIAL ZONING PERMIT

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THE PROCEDURE:

1. Complete this application and submit to the Canonsburg Borough office.
 - Please make sure to have your contractor provide the certificate of insurance.
 - Please provide a drawing (to scale) of any exterior work being done to your property.
2. The Canonsburg Borough zoning officer must verify any zoning and setback requirements.

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I understand the requirements of the applicable Building codes and I agree that constructing to compliance with all applicable Building Code standards is my responsibility.

I understand that any non-compliant construction discovered upon inspection will require re-construction to meet all applicable Building codes.

Applicant's Signature

APPLICATION FOR RESIDENTIAL ZONING PERMIT

APPLICATION DATE: _____

APPLICANT NAME: _____ PHONE: _____

OWNER NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LOCATION OF PROPERTY: _____

PARCEL I.D. NUMBER (REQUIRED): _____

ZONING DISTRICT OF PROPERTY: _____

SETBACKS: FROM RIGHT PROPERTY LINE: _____ FT LEFT PROPERTY LINE: _____ FT

FRONT PROPERTY LINE: _____ FT REAR PROPERTY LINE: _____ FT

LOT SIZE OF PROPERTY: _____

EXISTING USE OF STRUCTURE/PARCEL: _____

PROPOSED USE OF BUILDING/STRUCTURE:

- | | |
|--|--|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Two-Family Duplex Structure |
| <input type="checkbox"/> Rooming House – Number of Occupants _____ | <input type="checkbox"/> Multi-Family Dwelling – Number of Units _____ |
| <input type="checkbox"/> Garden Apartments – Number of Units _____ | <input type="checkbox"/> Townhouse – Number of Units _____ |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Other - _____ |
-

DETAILED DESCRIPTION OF CONSTRUCTION: _____

COST OF CONSTRUCTION: \$ _____

FEE: \$25.00 Minimum

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ARCHITECT/ENGINEER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

BUILDER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

WORKER'S COMPENSATION INFORMATION:

INSURER: _____

NAME OF POLICY HOLDER: _____

POLICY NUMBER: _____ EXPIRATION DATE: _____

CONTRACTOR'S FEDERAL OR STATE EMP. ID # _____

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MUNICIPALITY: CANONBURG BOROUGH

THE APPLICANT: _____
(PLEASE PRINT)

In consideration of the issuance of a zoning permit to the undersigned Applicant acknowledges that, in reviewing plans and specifications, in issuing permits and inspecting work of the Applicant, employees of The Municipality are only performing their duties to require compliance with the minimum requirements of the applicable Ordinances of the Municipality pursuant to the policy power of the Municipality 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. Applicant further acknowledges that it will not be possible for the Municipality to review every aspect of Applicant's design and engineering or to every aspect of Applicant's work. Accordingly, neither the Municipality nor any of its elected or appointed officials or employees shall have any liability to the Applicant for defects or shortcomings in such design, engineering or work, even if it is alleged that such defects or shortcomings should have been discovered during Municipality's review or inspection.

Furthermore, the Applicant agrees to defend, hold harmless and indemnify the Municipality, 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 Municipality's review or inspection of the Applicant's design, engineering work or issuance of a permit or permits or arising out of or relating to the design, engineering or work done by Applicant pursuant to such permit or permits. All references in this Agreement to Applicant's employees, agents, independent contractors, subcontractors or any other persons or entities performing work pursuant to the issuance of the building or grading permit by the Municipality.

Applicant/Owner is responsible for obtaining required highway occupancy permits from the PA Dept. of Transportation. I hereby agree that all applicable provisions of the Borough Codes, the Energy Conservation Act 222 of 1990 and the 2004 Uniform Construction Code shall be complied with, as well as the requirements of the Municipal Sewer and Water Authority whether specified or not.

I am fully aware of the U.S. Department of Labor, Occupation Safety and Health Administration (OSHA) standards and understand that I must comply with these standards for the duration of my construction project.

I certify that the information provided in this application package is true and correct.

APPLICANT'S SIGNATURE: _____

DATE: _____

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PLOT PLAN DONE BY A REGISTERED PROFESSIONAL

A survey done by a registered professional needs to be attached with the plot plan showing all requested development, all setbacks and any variances requested. A zoning schedule showing the Borough requirements and those proposed must be on the plan.

Any work not shown on this drawing will not be authorized by the permit.