

BOROUGH OF SOUTH GREENSBURG

- APPLICATION FOR BUILDING PERMIT -

NAME OF APPLICANT:

CONTRACTOR:

Name

Name

Address

Address

City State Zip

City State Zip

Phone No: _____

Phone No. _____

- Worker's Compensation Insurance Certificate attached (contracted work)
or
 Worker's Compensation Insurance Affidavit attached (non-contracted work)

Zoning District _____
Tax Map No. _____
 Sewer Tap Permit attached

APPLICATION IS MADE TO (CHECK ALL THAT APPLY):

PLOT PLAN:

- Erect
 Repair
 Alter
 Extend
 Residence
 Commercial Business
 Industry
 Accessory Building

- Attached
 Sketched on Back

MAIN STRUCTURE WILL BE AS FOLLOWS:

Number of Stories _____ (including basement foundation)

Size of Lot _____

1. _____ X _____ X _____ = _____
Length Width Height Cubic Feet
2. _____ X _____ X _____ = _____
Length Width Height Cubic Feet
3. _____ X _____ X _____ = _____
Length Width Height Cubic Feet

Front Yard Setback _____

Side Yard Setback _____

Rear Yard Setback _____

Total Cubic Feet = _____ -- 1,000 X _____ + _____ = _____
Residential = 15.00
Commercial = 10.00
[] 15.00
Grading Permit

Total Cost of Construction _____ Intended Use _____

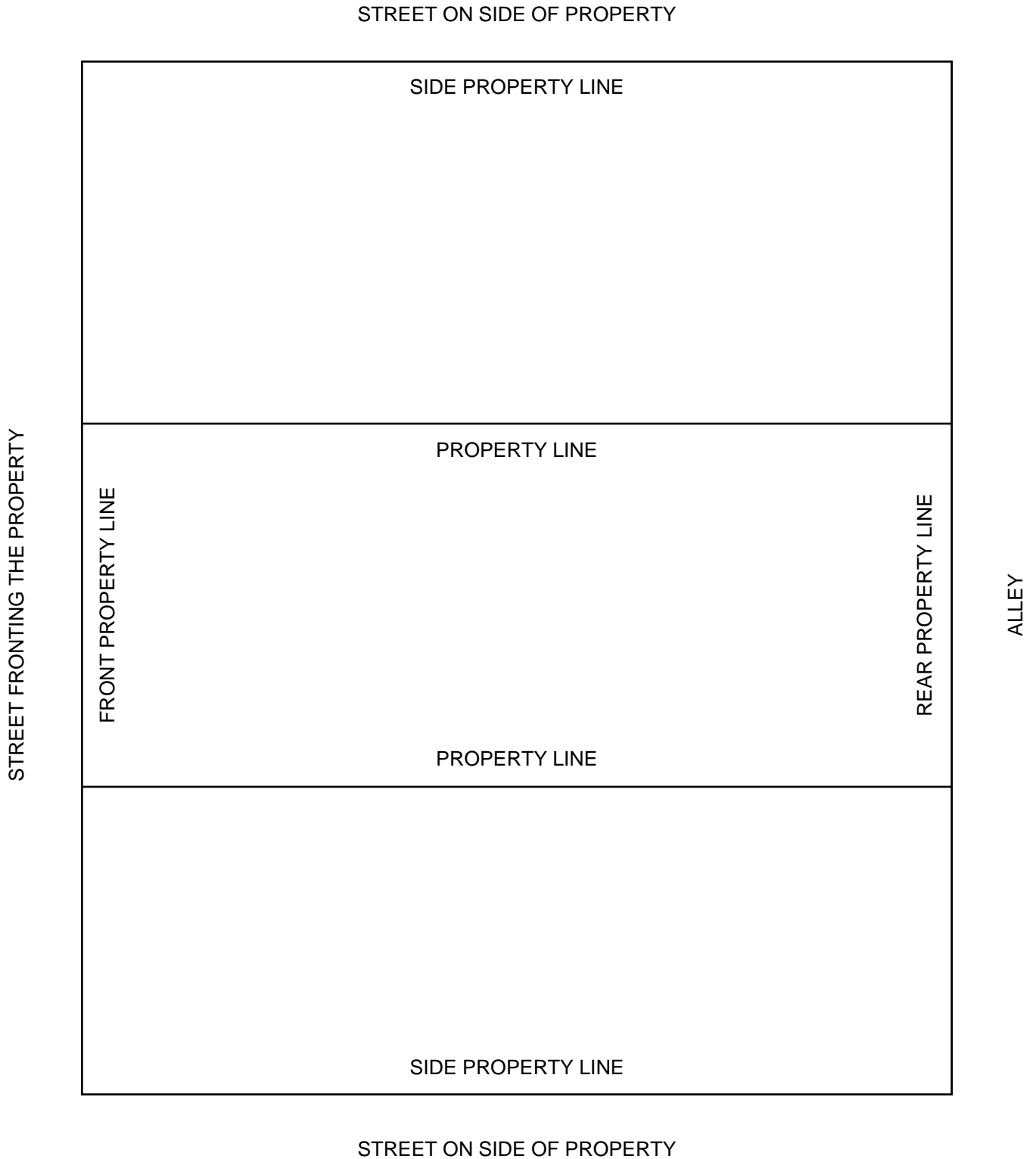
CERTIFICATION OF APPLICANT: I hereby affirm that the above statements are true and correct and also agree to comply with the provisions of all applicable laws and ordinances.

Date _____

Signature of applicant

This proposed structure will be built and located in accordance with the dimensions shown below:

Note: The Zoning Officer is NOT responsible for any property dimensions shown on this sketch. Establishment of property lines is the responsibility of the owner and/or his agent.



The following dimensions must be shown:

1. Front setback – distance from front property line to front of structure.
2. Side setbacks – distances from side property lines to nearest portions of structure thereto.
3. Rear setback – distance from center of alley to rear of structure.
4. Distances (described in 1, 2 & 3) to garage or accessory building.
5. Show street names adjoining property.

Irregular lots that do not conform to the above diagram must also be shown.

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WORKER'S COMPENSATION AFFIDAVIT

I, _____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a permit.

After receipt of the permit, if I employ any other persons I must notify the Zoning Officer and provide proof of worker's compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.L. 736), known as the Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

Signature of applicant

Address

City State Zip

Sworn to and subscribed before me this
____ day of _____, 20____.
My commission expires _____.

Signature of Notary Public