Stockertown Borough
610-759-8393
209 Main Street, Stockertown, PA 18083

FEE:

RESIDENTIAL:	
Zoning App:	**$85**
Building Permit App:	**$100**
U&O:	**$25**
COMMERCIAL:	**Varies**

DECK PERMIT APPLICATION

Required Submittal(s):

1. **Decks 48" Above Grade, Presence of Roof, or Attached to the House**

☐Zoning Permit Application & Approval

- (3) Copies of Site Plan with
  - Length and width of lot,
  - distance from lot line,
  - deck measurements (length, width and height),
  - existing features and their dimensions on the lot (driveways, house, sidewalks, patios, pool, sheds, easements, etc.)
- Workman's Compensation Form (Notarized)

☐ Building Permit Application & Approval

- (3) Sets of Plans showing
  - post holes
  - lumber sizes
  - joint spans
  - deck beams
  - size and location
  - joist hander details
  - stair location
  - geometry and all railings and/or guarding.
- Workman's Compensation Form (Notarized)

2. **Decks Below 30" Above Grade, No Presence of Roof, and Not Attached to the Home**

☐Zoning Permit Approval

- (3) Copies of Site Plan with
  - Length and width of lot,
  - distance from lot line,
  - deck measurements (length, width and height),
  - existing features and their dimensions on the lot (driveways, house, sidewalks, patios, pool, sheds, easements, etc.)
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1. Applicant Information

Applicant Name:

Mailing Address:

Phone Number:

Email Address: _____

Relationship to Property: ☐ Owner ☐ Contractor ☐ Agent ☐ Other: _____

2. Property Information

Property Address: _____

Parcel Number (if known): _____

Zoning District: _____

Sewer	☐ On-Lot Well	☐ Public Water
Water	☐ On-Lot Sewer	☐ Public Sewer

3. Project Information

Deck Size (L x W in feet):

Length:_____ Width:_____

Deck Height from Ground (in feet):

Height from Grade: _____

Attached to Structure: ☐YES ☐ NO

Materials to be Used: _____

Setbacks:

Side Yard: _____Side Yard:_____Rear Yard: _____Front Yard_____

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4. Grading

Will there be any grading involved with this project? ☐YES ☐ NO

Please describe extent depth and of disturbance, if any

5. Flooding

Use the site located within an identified flood prone area? ☐YES ☐ NO

What Zone ☐ A ☐ AE ☐ X

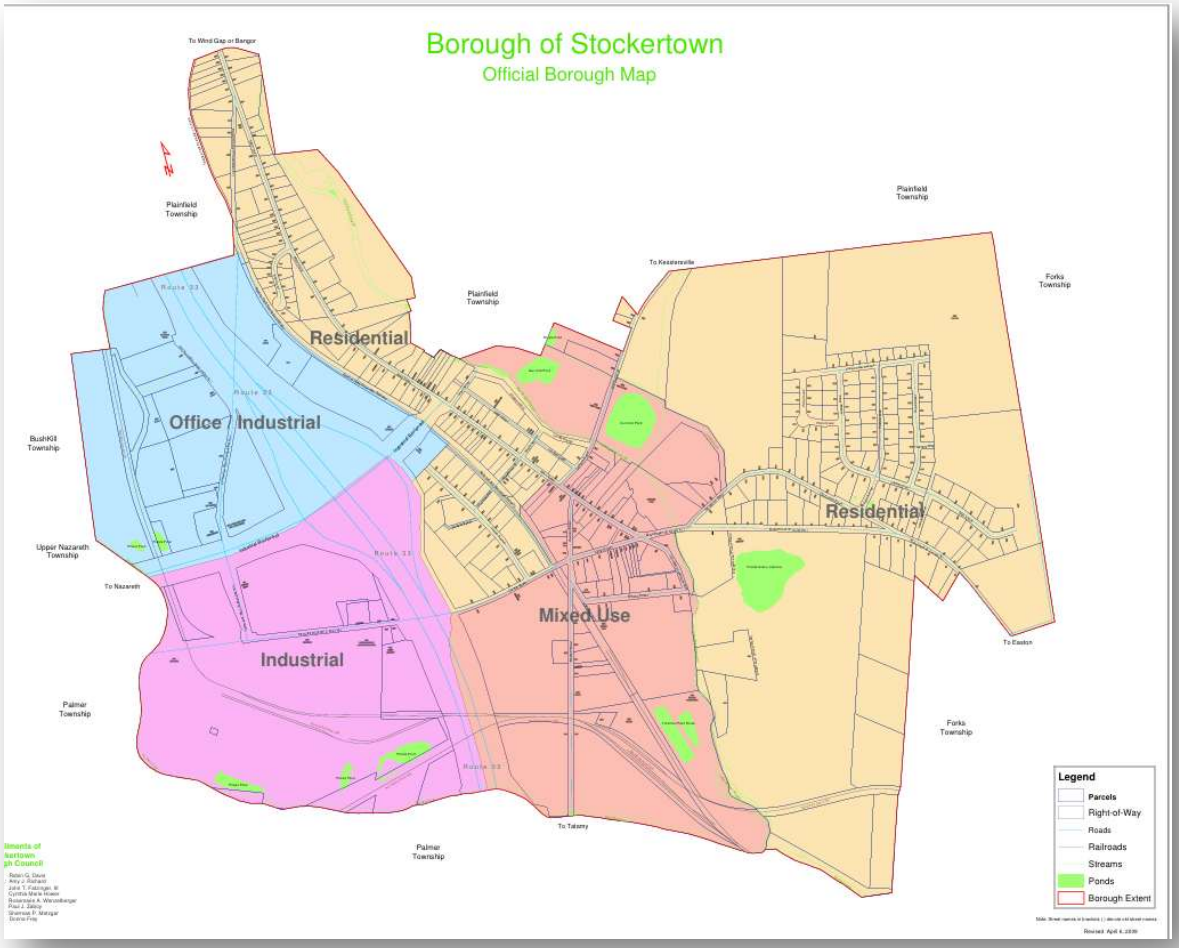
Will any portion of the flood prone area be developed? ☐YES ☐ NO

Will proposed construction activity comply with the requirements of the National Flood Insurance Programs and the Pennsylvania Flood Plain Management Act?

☐YES ☐ NO

6. Zoning District Information

ZONING MAP



Use above map and mark your property location with an X.

Which Zoning District is your property located in? My property is located in:

_____Residential Zoning District

_____Mixed-Use Zoning District

_____Office / Industrial Zoning District

_____Industrial Zoning District

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Area & Bulk Requirements by Zoning District

R-1 Residential District Requirements:

	Without Public Sewer	With Public Sewer
Maximum Building Coverage		
Single-family detached	20%	25%
Single-family semidetached	20%	25%
Other permitted uses	30%	40%
Maximum Lot Coverage		
Single-family detached	30%	40%
Single-family semidetached	30%	40%
Other permitted uses	50%	60%
Front yard, minimum	40 feet ~~30 feet~~	40 feet ~~30 feet~~
Rear yard, minimum	40 feet ~~35 feet~~	40 feet ~~35 feet~~
Side yards, minimum	25 feet	20 feet ~~10 feet~~
Maximum building height	2 stories or 35 feet	2 stories or 35 feet
Minimum square footage living space	1,000 square feet	1,000 square feet

M/U Mixed Use:

	Without Public Sewer	With Public Sewer
Maximum Building Coverage		
Single-family detached	20%	25% ~~45%~~
Single-family semidetached and two-family detached	20%	25% ~~45%~~
Multifamily dwellings (tract)		40% ~~45%~~
Mixed use	30%	55%
Other permitted uses	30%	55%
Mobile home park		40%
Maximum Lot Coverage		
Single-family detached	30%	40% ~~60%~~
Single-family semidetached and two-family detached	30%	40% ~~60%~~
Multifamily dwellings (tract)		60%
Mixed use	50%	70%
Other permitted uses	50%	70%
Mobile home park		40%
Front and Rear Yard, Minimum		
Single-family detached	35 feet	35 feet
Single-family semidetached and two-family detached	25 feet	25 feet
Multifamily dwellings (tract)		40 feet
Mixed use	35 feet	35 feet
Other permitted uses	35 feet	35 feet
Mobile home park		25 feet
Side Yards, Minimum		
Single-family detached	25 feet	20 feet ~~15 feet~~
Single-family semidetached and two-family detached	25 feet	20 feet ~~10 feet~~

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7. Estimated Project Timeline

Start Date: _____ Completion Date: _____

8. Estimated Project Cost

9. Contractor Information (if applicable)

Contractor Name: _____

Company Name: _____

License Number: _____

Phone Number: _____

Email Address: _____

10. Acknowledgement and Signature

I hereby certify that the information provided is true and complete. I understand that compliance with the Borough of Stockertown's zoning and building codes is required. No work may commence until approval is granted. I further understand I must contact Zoning for Inspection and Certificate of Use and Occupancy Permit upon completion of project. I further understand that any project not completed within 6 months of issuance, will require a new application and permit.

Applicant Name: _____ Phone: _____

Applicant Signature: _____ Date: _____

Property Owner Name: _____ Phone: _____

Property Owner Signature: _____ Date: _____

For Office Use Only

Application Number: _____ Date Received: _____
Fee Paid: [ ] Yes [ ] No Amount: $_____
Zoning Officer Approval: _____ Date: _____
Building Inspector Approval: _____ Date: _____
Permit Number: _____
Final Inspection Date: _____Notes / Conditions: _____

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WORKMAN'S COMPERNSATION INSURANCE

ESTABLISHING COMPLIANCE WITH ACT 44 OF 1993, 77 P.S. §462.2, RELATING TO PROOF OF WORKERS' COMPENSATION INSURANCE

Form MUST be notarized, if the Applicant is a Contractor claiming exemption from providing workers' compensation insurance.

PART I: APPLICANT INFORMATION

☐ **Property Owner (Proceed to Part IV)** ☐ **Contractor (Proceed to Part II)**

PART II: CONTRACTOR INFORMATION

Name of Contractor/Legal Entity (if not an individual):

Type of Contractor: ☐ For Profit Corporation ☐ Nonprofit Corporation

☐ IRC 501.3.C. Corporation ☐ Other (specify):

Contractor's Federal/State Employer Identification Number (EIN):

The applicant hereby submits:

☐ Certificate of Insurance (Complete Part III)

☐ Certificate of Self-Insurance (Complete Part III)

☐ Affidavit of Exemption (Complete Part IV)

PART III: VERIFICATION OF INSURANCE OR SELF-INSURANCE

I understand and agree that I and the insurer are required to notify the Borough of Stockertown of the expiration or cancellation of any such policy of insurance or policy certificate within three (3) business days of such expiration or cancellation. I understand and agree that if Borough of Stockertown receives notice of expiration or cancellation of this policy of insurance or certificate that it is required by law to issue a stop-work order.

I, the undersigned, do verify that I am authorized to make this verification on behalf of the contractor; that I have read and understand the provisions of this document;

that the information and facts contained in this contractor addendum are true, correct and complete; and that I understand that false statements herein are made subject to penalties of 18 PACS §4904 relating to unsworn falsification to authorities.

Applicant Printed Name_____ Applicant Signature_____

Date:_____

Insurance Information:

Applicant is a qualified self-insurer for workers' compensation:

☐ Certificate Attached

Name of Workers' Compensation Insurer:

Workers' Compensation Policy No.:

☐ Certificate Attached Certificate Attached Policy Expiration Date:

PART IV: AFFIDAVIT OF EXEMPTION
(IF CLAIMING EXEMPTION, FORM MUST BE NOTARIZED)

I hereby claim an exemption from the requirements for workers' compensation on the following basis:

☐ **Property Owner:** I am an individual who is performing ALL the work authorized by the permit AND I own the property on which the work is being performed.

☐ **Sole Proprietor/Contractor with No Employees:** I am an individual contractor who is a sole proprietorship without any employees, AND I am performing ALL the work authorized by the permit. *Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Borough.*

☐ **Religious:** All the employees who will be performing any of the work authorized by the permit are exempt for religious grounds pursuant to Section 304.2 of the Workers' Compensation Act.

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NOTARIZED EXEMPTION

Form MUST be notarized, if the Applicant is a Contractor claiming exemption from providing workers' compensation insurance.

I understand and agree that if Borough of Stockertown receives notice that the basis set forth above for an exemption from the requirements for workers' compensation insurance is or becomes incorrect that it is required by law to issue a stop-work order.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers'

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20 _____ _____ SIGNATURE OF NOTARY PUBLIC MY COMMISSION EXPIRES: _____ Religious exemption under the Workers' Compensation Law.

Applicant Printed Name_____ Applicant Signature_____

Date:_____

On this, the _____ day of 20___, _____ personally appeared before me, and proved to me through satisfactory evidence of identification to be the person whose name is signed on the preceding or Notary Information attached document in my presence.

Signature of Notary Public

My Commission Expires